structure. Although the primary interest is the child's temporary residence in various localities, also inquire about close family members' travel, especially during tours of military service or business trips. Children are especially susceptible to parasitic infestation in areas of poor sanitary conditions and to vector-borne diseases, such as those from mosquitoes or ticks in warm and humid or heavily wooded regions.

## **Family Structure**

Assessment of the family, both its structure and function, is an important component of the history-taking process. Because the quality of the functional relationship between the child and family members is a major factor in emotional and physical health, family assessment is discussed separately and in greater detail apart from the more traditional health history.

**Family assessment** is the collection of data about the composition of the family and the relationships among its members. In its broadest sense, **family** refers to all those individuals who are considered by the family member to be significant to the nuclear unit, including relatives, friends, and social groups (such as the school and church). Although family assessment is not family therapy, it can and frequently is therapeutic. Involving family members in discussing family characteristics and activities can provide insight into family dynamics and relationships.

Because of the time involved in performing an in-depth family assessment as presented here, be selective in deciding when knowledge of family function may facilitate nursing care (see Nursing Care Guidelines box). During brief contacts with families, a full assessment is not appropriate, and screening with one or two questions from each category may reflect the health of the family system or the need for additional assessment.

## Nursing Care Guidelines

## **Initiating a Comprehensive Family Assessment**

Perform a comprehensive assessment on:

Children receiving comprehensive well-child care