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### Abstract

This article describes the revision of the Health-Promoting Lifestyle Profile and the psychometric evaluation of the Health-Promoting Lifestyle Profile II (HPLPII). The 52-item HPLPII is composed of a total scale and six subscales to measure behaviors in the theorized dimensions of health-promoting lifestyle: spiritual growth, interpersonal relations, nutrition, physical activity, health responsibility, and stress management. Data from 712 adults aged 18 to 92 were used to assess validity and reliability. Content validity was established by literature review and content experts' evaluation. Construct validity was supported by factor analysis that confirmed a six-dimensional structure of health-promoting lifestyle, by convergence with the Personal Lifestyle Questionnaire ( $r = .678$ ), and by a non-significant correlation with social desirability. Criterion-related validity was indicated by significant correlations with concurrent measures of perceived health status and quality of life ( $r$ 's = .269 to .491). The alpha coefficient of internal consistency for the total scale was .943; alpha coefficients for the subscales ranged from .793 to .872. The 3-week test-retest stability coefficient for the total scale was .892. This revised and updated instrument will enable researchers to measure patterns of health-promoting behavior in intervention and outcome studies necessary for the advancement of the state of the science in health promotion.

### Defining the Dimensions of Health-Promoting Lifestyle

To further strengthen content validity and insure congruence with the current state of the science, the recent literature concerning the dimensions of health-promoting lifestyle was reviewed. As a result, the names of three dimensions were modified from those used in the HPLP to more accurately characterize their nature and content. The Self-Actualization subscale, which users frequently confused with the outcome state described by Maslow (1954), was renamed Spiritual Growth. The Interpersonal Support subscale was renamed Interpersonal Relations to distinguish it from the broader construct of social support. The Exercise subscale was renamed Physical Activity to reflect the wider range of levels of activity recognized as beneficial for health within the Healthy People 2000 initiative (USDHHS, 1991). It was recognized that the dimensions of interpersonal relations and spiritual growth are closely aligned since both involve a sense of connectedness and belonging. The literature review, however, supported sufficient uniqueness to maintain them as separate subscales. The six dimensions of health-promoting lifestyle measured by the HPLPII are defined below. These definitions guided the evaluation of items for retention on or addition to each subscale.

Spiritual Growth focuses on the development of inner resources and is achieved through transcending, connecting, and developing. Transcending puts us in touch with our most balanced selves; it provides us with inner peace and opens us to possibilities of creating new options for becoming something more by going beyond who and what we are. Connecting is the feeling of harmony, wholeness, and connection with the universe. Developing involves maximizing human potential for wellness through searching for meaning, finding a sense of purpose, and working toward goals in life (Dossey, Keegan, Kolkmeir, & Guzzetta, 1989; Lane, 1987; Travis & Ryan, 1988).

Interpersonal Relations entails utilizing communication to achieve a sense of intimacy and closeness within meaningful, rather than more casual, relationships with others. Communication

involves the sharing of thoughts and feelings through verbal and nonverbal messages (Travis & Ryan, 1988; Walker, Sechrist, & Pender, 1987).

Nutrition involves knowledgeable selection and consumption of foods essential for sustenance, health, and well-being. It includes choosing a healthful daily diet consistent with guidelines provided by the Food Guide Pyramid (Ardell, 1986; USDA, 1992; USDHHS, 1988).

Physical Activity involves regular participation in light, moderate, and/or vigorous activity. It may occur within a planned and monitored program for the sake of fitness and health or incidentally as a part of daily life or leisure activities (Bouchard, Shepard, Stephens, Sutton, & McPherson, 1990; Dishman, 1988; USDHHS, 1991).

Health Responsibility involves an active sense of accountability for one's own well-being. It includes paying attention to one's own health, educating oneself about health, and exercising informed consumerism when seeking professional assistance (Ardell, 1986; Travis & Ryan, 1988; Walker, Sechrist, & Pender, 1987).

Stress Management entails the identification and mobilization of psychological and physical resources to effectively control or reduce tension (Antonovsky, 1987; Ardell, 1986; USDHHS, 1991).

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