**NUR 335 Practicum Assignment 5.1**

**Health Promotion Assessment Worksheet**

A health promotion assessment is a targeted assessment where the nurse assesses for health risks and education gaps that can be improved through health promotion interventions

Use this worksheet to interview an individual. There is a section at the bottom for you to add additional assessment information. Document your findings on the worksheet

|  |  |
| --- | --- |
| **Demographics** |  |
| **Initials: K.G.\_\_\_\_\_\_\_\_\_\_\_\_\_\_****Age: \_16\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_****Sex: \_Female\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** | **Primary Language Spoken: English\_\_\_\_\_\_\_\_\_\_\_\_****Cultural Background: Asian****\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_****\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** |
| **General Health** |  |
| How would you rate your general health? | **Moderate**  |
| Have you had a wellness checkup with a healthcare provider in the past year? | **Yes**  |
| Have you ever been told by a health care provider that you have a chronic disease such as hypertension, diabetes, heart disease, stroke, arthritis or kidney disease? | **Yes** |
| In the past month, have you had pain on more than three days that impacted your ability to perform your normal daily activities?If yes:* Where was the pain located?
* What have you tried to relieve the pain?
 | **Yes****Joints****Physical exercise** |
| How would you rate the quality of your sleep? * How many hours do you regularly sleep in a night?
* Do you ever wake up before you wanted to?
* Do you have problems falling asleep?
 | **Moderate****6 hours****Yes****Yes**  |
| **Medications** |  |
| Are you currently taking medicine for any chronic condition?* Do you know what the medication is used to treat?
* Have you missed doses of your medication in the last week?
 | **Yes****Arthritis****Yes** |
| **Women Only:** |  |
| Are you pregnant or planning on becoming pregnant in the next year? | **No** |
| A mammogram is an x-ray of each breast to look for breast cancer. Have you ever had a mammogram?* If yes, when was your last mammogram?
 | **No** |
| A Pap test is a test for cancer of the cervix. Have you ever had a Pap test?* If yes, when was your last Pap test?
 | **No** |
| **Men Only:** |  |
| A PSA test is a test for cancer of the prostate. Have you ever had a PSA test? * If yes, when was your last PSA test?
 | **N/A** |
| **Lifestyle**  |  |
| Do you now smoke cigarettes every day, some days or not at all?* If you are currently smoking, have you tried to quit?
* If yes, what methods have you used to quit smoking?
	+ Were the methods successful?
 | **Not at all****N/A****N/A** |
| **For the questions below consider the past week in your answer:** |  |
| How many times did you take part in physical activity of at least 30 minutes during the past week?* If yes, what type of physical activity?
* If no, why?
* Was the past week representative of your normal level of physical activity?
 | **Twice a day****Stretching****Yes**  |
| How many hours a day in the past week do you think you spent on sedentary activities where you remained sitting for extended periods of time? * What activities were you doing during these times?
 | **4 hours****Computer use** |
| To the best of your recollection, what food items have you eaten for breakfast in the past week? | **Legumes, baked foods and dairy products** |
| To the best of your recollection, what food items have you eaten for lunch in the past week? | **Vegetables, meat and cereals** |
| To the best of your recollection, what food items have you eaten for dinner in the past week? | **Vegetables, sweet potatoes and fruits** |
| What beverages do you routinely drink? * How many times per week did you drink soda or pop?
* How many glasses of water do you drink in a day?
 | **Plain water, tea, soda****2****8** |
| Do you eat snacks throughout the day?* If yes, what snacks do you routinely eat?
* What time in the day do you regularly eat snacks?
 | **Yes****Salted chips and candy****3pm** |
| How many times per week have you skipped meals? | **3** |
| **For the questions below consider the past 30 days in your answer:** |  |
| What is the largest number of alcoholic drinks you had on any occasion in the past 30 days? | **N/A** |
| Have you used any drugs or other substances, other than those that are prescribed for medical reasons?* If yes, what substance(s) did you take?
* How many times have you used this substance in the past 30 days?
 | **NO** |
| In the past 30 days, how many times have you eaten a meal outside of the home; at a restaurant or other venue? | **15** |
| **For the question below, consider all lifestyle behaviors (combined) in your answer:** |  |
| Do you believe you lead a healthy lifestyle?Please explain your answer?  | **Yes****I try to exercise and eat healthy diet as advised by my doctor.** |
| **Mental Well-Being** |  |
| How often do you experience stress that exceeds your ability to cope?* What strategies do you use to control stress?
 | **2 times a week****Sharing my challenges with family members** |
| How often do you get the emotional and social support you need?* Who would you describe as your support system?
 | **In most cases****My mom** |
| Over the last two weeks, how many days have you felt down, depressed or hopeless?* If you have felt these feelings, what actions did you take to make yourself feel better?
 | **2 times****I shared with family members** |
| **Access to Preventative Services** |  |
| Do you feel you have access to preventative health screenings and education? * Do you have health insurance?
* Have you ever skipped care (Prescriptions, therapy, specialist visits etc.) that was recommended to you because of concerns regarding the cost of the care?
 | **Yes** **Yes****Yes** |
| **Education** |  |
| Where do you normally receive health information? Examples could be the internet, health care provider, family or friends, etc.  | **Health care provider** |
| What health topic(s) would you like to have more information on, if available? | **Arthritis control, management and treatment** |
| **Other Assessment Information** |  |
| *Are you married?*Do you find those who are assisting you in managing your health condition reliable? | **No****Yes** |

**To be filled out by the participant:**

Which of the following describes you, regarding each of these activities?



Adapted from the CDC National Healthy Worksite Program (NHWP) Employee Health Assessment (CAPTURETM)

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