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## Health Promotion Project

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**HEALTH SURVEY 2021****\*Korean Translation available at Front Desk\***

**Purpose:** This health survey was a tool created by SPU nursing students for the agency's staff for the purpose of creating programs and providing resources that fit the needs of the community. This information will not be shared with any outside organization/individuals mentioned above.

Please do **NOT** share any personal information regarding personal financial account details, health insurance information, contact information, etc. **\*Complete BOTH sides\***

Medical	Question	Circle the answer
1	Overall, how is your health?	Excellent    Very Good    Good    Fair    Poor
2	Have you been vaccinated for the flu this year?	YES    NO
3	Would you be interested in getting vaccinated for COVID?	YES    NO
4	Which statement best describes your level of hearing without hearing aid?	Good    A little trouble    A lot of trouble    Deaf
5	Do you have trouble seeing even with glasses or contacts?	YES    NO
6	Are you diagnosed with any of the following conditions? <i>Circle all that apply.</i>	Cancer History of stroke Lung disease (asthma, COPD, bronchitis, emphysema, etc.) Heart disease (hypertension, heart failure, coronary artery disease) Diabetes Alzheimer's
7	How many medications do you take in a day?	None    1    2    3    4    5    More
8	Do you remember to take your medication every day?	YES    NO
9	How often do you see a health care professional or visit a clinic/hospital?	Never Once a month    Once a year More    Several times a year

Mental Health	Question	Circle the answer
1	In the past month, what emotion did you feel most?	Happy    Content    Restless    Sad    Worried    Angry Anxious    Depressed
2	Have you had suicidal thoughts in the past year?	Yes, I have    Yes, I have attempted suicide or have a plan No, I have had neither

Financial	Question	Circle the answer
1	What is your source of income?	Family support    Employed    Retirement fund Other: _____
2	How well do you keep track of your finances?	Needs help    Does not need help Does not perform this activity

Lifestyle	Question	Circle the answer
1	What is your preferred language?	English Korean Tigrinya Amharic Other: _____
2	How many meals do you eat a day?	0 1 2 3 4+
3	What foods do you eat in a day? <i>Circle all that apply.</i>	Grains Meat Vegetables Fruits Dairy Legumes
4	Do you consume alcohol?	Never Once a week Few times a week Everyday
5	Do you smoke?	Tobacco Marijuana Both Neither
6	How much do you smoke a day?	< 1 pack 1 pack 2 packs > 2 packs
7	Are you sexually active?	YES NO
8	Do you use protection or have access to protection?	YES NO
9	Do you live alone?	YES NO
10	Do you have access to the following? <i>Circle all that apply.</i>	Internet Cellphone Computer Tablet None

Social	Question	Circle the answer
1	How often have you had in-person contact with friends or family from outside your household?	Everyday Few times a week Once a week Occasionally
2	How often have you had contact with someone virtually?	Everyday Few times a week Once a week Occasionally
3	Are you interested in a community support group?	YES NO

Activity	Question	Circle the answer
1	Do you need any assistive devices to walk?	Electric/motorized wheelchair Walker Cane I do not need an assistive device
2	How far can you walk without the use of assistive devices?	None 10 steps ¼ mile ½ mile More
3	Have you had a fall in the last 6 months?	YES NO
4	How often do you exercise?	Never Once a month Multiple times a month 3-5 times per week Everyday

**Once complete, turn in your survey to the FRONT DESK by 4:00 PM on TUESDAY, FEB. 16<sup>th</sup>.**



# COVID VACCINE INFORMATION



## GENERAL INFO

- Pfizer Vaccine requires 2 vaccines, 21 days apart
- Moderna Vaccine requires 2 vaccines, 28 days apart.
- Nurses will observe you for 15 minutes after your shot for side effects

## PROS

- All people 65 years + are eligible to receive the vaccine in the state of Washington right now. (Phase 1B)
- Vaccine is free.
- Data from large clinical trials show the vaccines are safe and effective.
- Moderna and Pfizer vaccines are 95% effective.
- The vaccine cannot transmit COVID-19.
- Side effect from the vaccine usually lasts no longer than 1 to 2 days.

## CONS

- Moderna and Pfizer have only been approved for Emergency use by the FDA
- Research will continue to be monitored until 2 years after the second dose of the vaccine was administered.
- Long term effects are unknown at this time.
- Side Effects:
  - Injection site pain, tiredness, headache, muscle pain, chills, joint pain, fever, nausea, vomiting, swollen lymph nodes

## HOW TO GET YOUR VACCINE

- Call your primary doctor's office  
OR
- Call 1 (800)-525-0127 then press #
  - Available MON-FRI 6 AM-10 PM;  
SAT-SUN 8AM - 6PM
- Visit [www.cdc.gov/vaccines/covid-19/index.html](http://www.cdc.gov/vaccines/covid-19/index.html)