

Health Assessment and Promotion Plan

Patricia A. Kraemer

Ferris State University

Abstract

This paper is an assessment of my health using the health promotion concepts found in the Nursing 310 text, Health Promotion in Nursing Practice authored by Pender, Murdaugh, and Parsons (2006). After using appropriate tools to evaluate my current state of health, I used the nursing wellness diagnosis that best described my assessment. I then developed a plan to improve my wellness based on the nursing process of assessment, diagnosis, plan, intervention, and evaluation. By designing this plan, I will be able to incorporate the ideas I have learned about health promotion into my own lifestyle.

Health Assessment and Promotion Plan

In 1974, the World Health Organization (WHO) defined health as “a state of complete physical, mental, and social well-being and not merely the absence of disease and infirmity (WHO, 1986a, 1996)” (Pender, Murdaugh, and Parsons, 2006, p.17). Also discussed in Chapter 1 of Pender et al., are the “nine ‘images’ of health proposed by Arnold and Breen (1988), which include health as the antithesis of disease, a balanced state, a growth phenomenon, functional capacity, goodness of fit, wholeness, well-being, transcendence, and empowerment” (p.18). In this paper, I will examine my current state of health while exploring my potential for wellness or balance of all my systems, growth, and empowerment. I will attempt to find a good fit in the personal solutions I discover to promote my health.

Self Assessment

I began my self assessment with the Health Beliefs Survey (Appendix A) included for use in the Nursing 310 syllabus. I discovered I have a moderately strong sense of personal control over my health based on a score of 54 on the internal items. I have a low sense of others being in control of my health, with a score of 26 in that section. A score of 32 in the chance section of the survey does not surprise me. It places me just barely above the scores in considering that my health is “by chance”. Many events in my life over the last few years have been out of my control, leaving me feeling at times that I had no power over my wellbeing. This leads to the second assessment I have included of my health, a Depression screening tool (Appendix B). I searched many sites for a comprehensive tool and found most screening tools asked about the same questions. I used the Goldberg Depression Inventory (1993) as an assessment only because it was more reproducible than others. The resulting score ranking me with borderline depression

was a testimony to the fact that I have made great progress in improving my depression in the last 2 years. Combining the depression screening with the results of the Self-Esteem Questionnaire (Appendix C) found in the syllabus for Nursing 310 which places me at low-normal, I feel I am ready to move past that time in my life where I had no control and to be in charge of my health. I feel empowered and identify a readiness to explore some health areas for personal growth as a strength. It was the “perception of lack of control over the environment” (Pender et al., p.62) and depression following many losses in my life that I can identify as barriers to my being able to seek a balance of health and wellness. In the last 3 years, I have lost my mother, my mother-in-law, my children have both moved out of state and my husband has had 2 serious illnesses. In addition, I have been diagnosed with Diabetes Mellitus Type II, nursed my only sister through five surgeries and chemotherapy, and lost all 3 of my pets to old age in the last year. My physician defined my depression as reactionary (personal communication, S. Lehman, September 2007) and with the help of a therapist, temporary medication, a supportive spouse, and time, I feel capable of working toward a healthier lifestyle. My current weight places me in the severely obese range of the BMI scale (Pender et al., p.104). This, combined with the life stress I have encountered in the last few years and a sedentary lifestyle, increases my risk for “heart disease, cancer, and gastrointestinal disorders” (Pender et al., p.104). On the positive side, I have lowered my cholesterol with diet and a statin drug from 279 on 11/28/06 to 160 on 4/14/09 and lowered my LDL from 191 to 74. This combined with controlling my blood sugars will help decrease my risk for cardiovascular disease.

Diagnosis

Using the nursing diagnosis of Readiness for Enhanced Hope, which by definition is “a pattern of expectations and desires that is sufficient for mobilizing energy on ones’ own behalf and that can be strengthened” (Sparks and Taylor, 2008, p.855), it is my assessment that I am ready to set some personal goals, see possibilities for the future, see hope for my health, and begin to use problem solving in seeking that health (Sparks and Taylor, p.855). Using the Transtheoretical Model of Health Promotion (TTM) (Pender et al., p. 43), I have moved past precontemplation and contemplation and am in the planning stage of making these positive changes to improve my wellbeing. I must confess that I was at this stage a year ago, when I had what I define as a relapse. Indeed, I was exercising regularly, losing weight using the Weight Watcher Plan, and my hgbAC1 was 6.8. My husband then suffered a second major illness with hospitalization and my last shred of emotional support was yanked from under me. According to the Relapse Prevention Model, “the client who lapses and has no coping responses to draw upon is likely to experience decreased self-efficacy... feeling guilty and ’out of control” (Pender et al., p.46) resulting in relapse. I returned to the negative coping mechanisms of compulsive eating and sedentary lifestyle. I have gained 15# and it was necessary to start on Insulin to control my diabetes when my fasting blood sugars climbed to 150-160 mg/dl this fall.

Plan

I can acknowledge many lifestyle changes that would improve my health and ultimately my diabetes. Using a stress journal (Appendix D), I identified that I use food as a coping mechanism with the majority of my compulsive eating occurring between 2-6pm. I am very conscious of healthy food choices and make healthy meals with attention to carbohydrate counting for my spouse and me. It is the compulsive eating of sweets after a stressful day at work

that I need to control. I think I would be best helped by starting an exercise program. I need to replace my compulsive eating time daily with physical activity. “There is increasing evidence about the key role of exercise in increasing physical functioning, with beneficial effects on general health condition, the quality of life and life expectancy, as well as preventing the occurrence of new diseases or disease progression” (Apolone and Mosconi, 2007, p.187).

Quality of life is defined by Apolone and Mosconi, as “a broad and multidimensional concept related to personal satisfaction or happiness with life” (p.183). Moscatiello, Manini, Marzocchi, and Marchesini (2007) discuss studies that prove that physical exercise is a means to improve quality of life “through enhanced self-esteem, improved mood states, body image and stress responsiveness, reduced state and trait anxiety and depression” (2007, p.193). Modest increases in regular exercise can promote weight loss (Mannucci, 2007, p.171), loss of visceral fat and decrease overall mortality by twofold (DeFeo, DiLoreto, Ranchelli, Fatone, Lucidi, and Santeusano, 2007, p.30).

The effects of physical activity on mood states are particularly relevant, considering that depression may be observed in subjects with obesity and diabetes. Leisure time physical activity, mental health, and depression are significantly related; physically active women experience better mental health and less depression in two large surveys carried out by the means of the Beck Depression Inventory and State-Trait Anger Scale, and even a low level of physical activity (1-2 times per week) had a positive effects on women’s mental health. (Moscatiello et al., 2007, p.194)

I do snowshoe or walk with my spouse about once a week for leisure but this is not even close to achieving the daily recommendations of 30 minutes of moderate exercise given by the American

Diabetes Association (ADA) (DeFeo et al., 2007, p.25). Given the benefits of exercise on weight loss, diabetes, depression and quality of life, I think to optimize my initial change in lifestyle, I will receive the most reward from a regular exercise program. Perhaps this change in behavior will encourage me to make other healthier choices in the future.

Intervention

I have explored the options of joining a gym, using the many pieces exercise equipment I own at home, and general physical activity. I lack the enthusiasm to work out alone and I find it difficult to motivate in cold weather. Therefore, I think the best option would be to renew my Curves membership until spring when I can walk outside in warmer weather. I will join the Suttons Bay location, which will have the added benefit of increasing my socialization within my community. I have lost touch with many people since I took a full time position in Traverse City and my children graduated from high school, and this is another source for developing a support system. I can easily use this facility after work and on my days off. I will continue to snowshoe or walk with my husband 1-2 times a week during our leisure time.

Evaluation

I have attached as Appendix E an exercise log. I will maintain this log weekly and evaluate my progress in monthly increments. It will help to evaluate which exercise makes me feel the best emotionally as I may want to focus on those to encourage continuation of some daily form of physical activity. I will monitor my fasting blood sugars daily, watching for fasting sugars below 100 mg/dl. Achieving this level would mean I have to adjust the amount of

insulin I take at bedtime. I have a scheduled lab draw and doctor's visit in early May to evaluate my hgbAC1 and cholesterol levels.

Goals

My immediate goal is to meet the daily exercise objective recommended by the ADA. I would like to see my hgbAC1 below 7 by May. I am hoping by exercising, I will lose at least 15# in 6 months and decrease my dyslipidemia. In addition, the Curves program does a monthly weigh in and measurements to help me keep track of my weight and abdominal girth. According to Pender et al., maintenance of health behavior changes begins at six months (p.43). With this plan firmly in place, I will maintain my new habits and have healthy coping skills available when the next crisis in my life occurs. Improving the quality of my life will encourage me to continue to make additional healthy changes but I can only look at one step at a time or it becomes overwhelming. "Attempting to change or initiate a number of new behaviors at one time may result in confusion, discouragement, and the client's abandonment of the health promotion-prevention plan" (Pender et al., p.135).

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Appendix A

Health Beliefs Survey

For each item, indicate the extent to which it is true, by checking the appropriate box next to the item.

The questionnaire is designed to determine the way in which different people view certain important health-related issues. Each item is a belief statement, with which you may agree or disagree. Beside each statement is a scale that ranges from strongly disagree (1) to strongly agree (6). For each item, choose the number that represents the extent to which you disagree or agree. This is a measure of your personal beliefs; obviously, there are no right or wrong answers.

Please answer these items carefully, but do not spend too much time on any one item. As much as you can, try to respond to each item independently. When making your choice, do not be influenced by your previous choices. It is important that you respond according to your actual beliefs and not according to how you feel you should believe or how you think we want you to believe.

1 - Strongly Disagree; 2 - Moderately Disagree; 3 - Slightly Disagree; 4 - Slightly Agree; 5 - Moderately Agree; 6 - Strongly Agree

	1	2	3	4	5	6
1. If I get sick, it is my own behavior that determines how soon I will get well again.					x	
2. No matter what I do, if I am going to get sick, I'll get sick.				x		
3. Having regular contact with my physician is the best way for me avoid illness.					x	
4. Most things that affect my health happen to me by accident.	x					
5. Whenever I don't feel well, I should consult a medically trained professional.		x				
6. I am in control of my health.					x	
7. My family has a lot to do with my becoming sick or staying healthy.			x			
8. When I get sick, I am to blame.		x				
9. Luck plays a big part in determining how soon I will recover		x				

from an illness.						
10. Health professionals control my health.	x					
11. My good health is largely a matter of good fortune.		x				
12. The main thing that affects my health is what I myself do.					x	
13. If I take care of myself, I can avoid illness.					x	
14. When I recover from illness, it's usually because other people have been taking good care of me. (doctor, nurses, family)	x					
15. No matter what I do, I'm likely to get sick.			x			
16. If it's meant to be, I will stay healthy.				x		
17. If I take the right actions, I can stay healthy.					x	
18. Regarding my health, I can only do what my doctor tells me to do.	x					

These three subscales, and the items included in each, are as follows:

- Internal Items: 1, 6, 8, 12, 13, 17
- Chance Items: 2, 4, 9, 11, 15, 16
- Powerful-others items: 3, 5, 7, 10, 14, 18

The score on each subscale is the sum of the values for each item in that subscale multiplies by 2. Scores within each subscale can range from 12 to 72. The higher the score on the internal subscale, the more personal control clients believe that they exercise over their own health. The higher the scores on the chance subscale and power-others subscale, the higher the beliefs in the importance of chance and others respectively in controlling personal health. Normative means for adults on each subscale are as follows:

Internal, 50.4 Personal score 54

Chance, 31.0 Personal score 32

Powerful-others, 40.9 Personal score 26

Appendix B

Depression Screening Quiz

Instructions: The 18 items below refer to how you have felt and behaved **DURING THE PAST Week**

You can take this test once to see if you may have depression, or take it on a weekly basis to track your mood. It also might be used to show your doctor how your symptoms have changed from one visit to the next. Changes of **five or more points** are significant. This scale is not designed to make a diagnosis of depression or take the place of a professional diagnosis. *If you suspect that you are depressed, please consult with a mental health professional as soon as possible.*

1. I do things slowly.

- Not at all
- Just a little
- Somewhat
- Moderately
- Quite a lot
- Very much

2. My future seems hopeless.

- Not at all
- Just a little
- Somewhat
- Moderately
- Quite a lot
- Very much

3. It is hard for me to concentrate on reading.

- Not at all
- Just a little
- Somewhat
- Moderately
- Quite a lot
- Very much

4. The pleasure and joy has gone out of my life.

- Not at all
- Just a little
- Somewhat
- Moderately
- Quite a lot
- Very much

5. I have difficulty making decisions.

- Not at all
- Just a little
- Somewhat
- Moderately
- Quite a lot
- Very much

6. I have lost interest in aspects of life that used to be important to me.

- Not at all
- Just a little
- Somewhat
- Moderately
- Quite a lot
- Very much

7. I feel sad, blue, and unhappy.

- Not at all
- Just a little
- Somewhat
- Moderately
- Quite a lot
- Very much

8. I am agitated and keep moving around.

- Not at all
- Just a little
- Somewhat

- Moderately
- Quite a lot
- Very much

9. I feel fatigued.

- Not at all
- Just a little
- Somewhat
- Moderately
- Quite a lot
- Very much

10. It takes great effort for me to do simple things.

- Not at all
- Just a little
- Somewhat
- Moderately
- Quite a lot
- Very much

11. I feel that I am a guilty person who deserves to be punished.

- Not at all
- Just a little
- Somewhat
- Moderately
- Quite a lot
- Very much

12. I feel like a failure.

- Not at all
- Just a little
- Somewhat
- Moderately
- Quite a lot
- Very much

13. I feel lifeless -- more dead than alive.

- Not at all
- Just a little
- Somewhat
- Moderately
- Quite a lot
- Very much

14. My sleep has been disturbed -- too little, too much, or broken sleep.

- Not at all
- Just a little
- Somewhat
- Moderately
- Quite a lot
- Very much

15. I spend time thinking about *HOW* I might kill myself.

- Not at all
- Just a little
- Somewhat
- Moderately
- Quite a lot
- Very much

16. I feel trapped or caught.

- Not at all
- Just a little
- Somewhat
- Moderately
- Quite a lot
- Very much

17. I feel depressed even when good things happen to me.

- Not at all
- Just a little

- Somewhat
- Moderately
- Quite a lot
- Very much

18. Without trying to diet, I have lost, or gained, weight.

- Not at all
- Just a little
- Somewhat
- Moderately
- Quite a lot
- Very much

[Score My Depression Questionnaire](#)

[Clear](#)

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SCORES

If you scored...	You may have...
54 & up	Severe depression
36 - 53	Moderate/severe depression
22 - 35	Mild to moderate depression
18 - 21	Borderline depression
10 - 17	Possible mild depression
0 - 9	No depression likely

02/05/10 Score 18

Appendix C**SELF-ESTEEM QUESTIONNAIRE**

The way you feel about yourself, your self-esteem, or self-assurance affects your life more than you know. It is a simple psychological fact that you cannot love anyone unless you first love yourself. Self-esteem leads to a better life for you and everyone with whom you come in contact.

Do you have a healthy regard for yourself? To find out, just answer the 30 questions below. Remember, there are no right or wrong answers, only answers that will help you learn more about yourself.

Each question can be answered with the word never, rarely, seldom, occasionally, or always. Select your answer, then write down the number that corresponds to the word you have chosen.

1 = Never 2 = Rarely 3 = Seldom 4 = Occasionally 5 = Always

 3 1. If someone hurts my feelings I tell them so.

 3 2. People value my opinions.

 5 3. I feel intelligent.

 4 4. Nothing is too good for me.

 4 5. With few exceptions, I am satisfied with myself the way I am.

 3 6. I consider comparing myself with other people to see if I rate higher than they, or if they rate higher than me a waste of time.

 4 7. I enjoy meeting and talking with new people.

 4 8. I feel at ease at parties.

 4 9. I am happy being me and, with few exceptions, wouldn't want to change places with others.

__4__ 10. I don't want to be somewhere else, doing something else.

__3__ 11. I am content with the way I live my life.

__4__ 12. I like the place where I live.

__4__ 13. I enjoy my work.

__2__ 14. People generally admire me.

__4__ 15. I am a kind person.

__2__ 16. I enjoy getting up in the morning.

__5__ 17. I can take care of myself.

__5__ 18. Other people need me.

__2__ 19. I enjoy watching what I eat, getting proper exercise, and taking good care of myself.

__4__ 20. I try to make sure I lead a balanced life, enough sleep, enough work, enough play.

__5__ 21. I don't mind being alone.

__5__ 22. I enjoy my time alone.

__4__ 23. I like myself.

__4__ 24. I respect myself.

__3__ 25. I value myself.

__2__ 26. I see myself as a good-looking person.

__1__ 27. I see myself as a sexual person.

__4__ 28. I see myself as a loving person..

__4__ 29. I see myself as a sharing person.

__3__ 30. I see myself as a confident person.

Score 108

How to Evaluate Your Score

150 Points If your score adds up to 150, it means you have answered every question "always and given yourself 5 points for each answer. This indicates that you have very high self-esteem. All your relationships would be very rewarding. Keep up the good work.

149 - 120 Points Your self-esteem is in the high-normal range. You can take people and situations in stride. You also have enough confidence to improve if you need to.

119 - 90 Points You are in the low-normal range. Try to raise your self-esteem; you have the confidence to do it yourself.

89 - 60 Points Your self-esteem is low. You can build it up yourself if you are willing to work hard.

59 - 30 Points You may need help to raise your self-confidence level.

How to Raise Your Self-Esteem

If your score indicated that you must raise your level of confidence and that you can do it yourself, here are some ways to do it.

- 1) First, recognize the areas in which help is needed. Look back at the quiz and recheck those questions you answered never (1) or rarely (2). Is your answer fair or are you being too hard on yourself? Most people who lack self-esteem do so because they are too hard on themselves.
- 2) Try this exercise: Stand before a full-length mirror. Look at the person you see there. Tell that person they are a very special person who deserves the best break.

- 3) Every chance you get, take advantage of your good nature and treat yourself better. Give yourself credit for the things you do right; don't just criticize yourself when things go wrong.

Remember, you have the power to see the positive as well as the negative. You can see the good as well as the bad.

Appendix D

Stress Management Journal

1).

Time: Last few weeks

Stressor: Writing this paper d/t difficult and sometimes painful introspection.

Coping mechanism: procrastination, delay and compulsive eating

Effective: Not

Additional coping mechanism: set deadline and allow no distractions. Divide work into manageable sections.

Effective: Yes

2).

Time: 7a-3p Tues., Weds. & Thurs this week.

Stressor: Difficult high risk labor patient X 3 days

Coping mechanism: eating compulsively from 2pm until dinner

Effective: Not

3).

Time: ongoing but specifically 02/04/10-present

Stressor: Youngest daughter's employment situation, lack of benefits, and relationship with boyfriend.

Coping mechanism: watching television and eating compulsively

Effective: Not

4).

Time: Since New Year

Stressor: Sister's recurring incisional breast infection

Coping mechanism: sitting around and what else but compulsive eating.

Effective: Not

5).

Time: last 3-4 years

Stressor: Loss of parents, children moving out, significant illnesses of spouse and sister, loss of 3 pets, and changes in personal health

Coping mechanisms: Therapy, short term antidepressant use, returning to school, and of course eating.

Effective: Yes, except for the eating.

Appendix E**PERSONAL EXERCISE JOURNAL****Week One****February 2008**

Time of Day	Type of Exercise	Amount of Time Spent	Aerobic / Non-Aerobic	Alone/With Someone Feelings
2-7-10 2p	Walk in Suttons Bay	30mins	aerobic	With Ken/ happy with sunshine
2-8-10 4p	Walked 2 miles @ Civic Center	45 min	aerobic	Alone/ still happy with sunshine
2-9-10 4p	Walked the mall	30min	Aerobic	Alone /stressed after work
2-10-10	treadmill	30min	aerobic	Alone/stressed after work
2-11-10	treadmill	30min	aerobic	Proud that I exercised 5 days in a row but bored.

Week Two

Time of Day	Type of Exercise	Amount of Time Spent	Aerobic / Non-Aerobic	Alone/With Someone Feelings
2-15-10 3p	treadmill	30min	aerobic	Alone and bored! Need to join Curves.
2-16-10 3p	treadmill	30min	aerobic	Found movie to watch while on treadmill/ holds my interest and makes time go faster!

Week Three				
Time of Day	Type of Exercise	Amount of Time Spent	Aerobic / Non-Aerobic	Alone/With Someone Feelings
Week Four				
Time of Day	Type of Exercise	Amount of Time Spent	Aerobic / Non-Aerobic	Alone/With Someone Feelings

Appendix F

PERSONAL HEALTH ASSESSMENT AND HEALTH PROMOTION PLAN GRADING

ASSESSMENT CRITERIA	POINTS POSSIBLE	POINTS EARNED
Assessment tools appropriate for the area to be assessed	10	
Rationale provided and sourced for tools in first area to be assessed	10	
Rationale provided and sourced for "Readiness for Change" instrument	5	
Analysis is appropriate, reflects critical thinking.	10	
Wellness diagnosis/diagnoses congruent with assessment findings.	10	
Health plan follows principles of health promotion. Includes all stages of change	10	
Implementation is appropriate for time period. Is documented with reliable evidence.	10	
Outcome measures are recorded and appropriate.	5	
Long-term outcomes are included.	5	
APA: Title page, Running Head, Margins, Headers with page numbers, Use of headings	10	
Grammatical: Spelling, Typing, Grammar, Neatness, Sentence Structure & Paragraphing.	5	
Critical Thinking using elements of reasoning and Intellectual Standards. (Not to be used as outline points)	10	
TOTAL POINTS	100	

Appendix G**Checklist for submitting papers**

CHECK DATE, TIME, & INITIAL	PROOFREAD FOR: APA ISSUES
02/05/10 PAK	1. Page Numbers: Did you number your pages using the automatic functions of your Word program? [p. 230 and example on p. 40)]
02/05/10 PAK	2. Running head: Does the Running head: have a small “h”? Is it on every page? Is it less than 50 spaces total? Is the title of the Running head in all caps? Is it 1” from the top of your title page? (Should be a few words from the title of your paper). [p. 229 and example on p. 40]
02/05/10 PAK	3. Abstract: Make sure your abstract begins on a new page. Is there a label of Abstract and it is centered at the top of the page? Is it a single paragraph? Is the paragraph flush with the margin without an indentation? Is your abstract a summary of your entire paper? Remember it is not an introduction to your paper. Someone should be able to read the abstract and know what to find in your paper. [p. 25 and example on p. 41]
02/05/10 PAK	4. Introduction: Did you repeat the title of your paper on your first page of content? <u>Do not use ‘Introduction’</u> as a heading following the title. The first paragraph clearly implies the introduction and no heading is needed. [p. 27 and example on p. 42]
02/05/10 PAK	5. Margins: Did you leave 1” on all sides? [p. 229]
02/05/10 PAK	6. Double-spacing: Did you double-space throughout? No triple or extra spaces between sections or paragraphs except in special circumstances. This includes the reference page. [p. 229 and example on p. 40-59]
02/05/10 PAK	7. Line Length and Alignment: Did you use the flush-left style, and leave the right margin uneven, or ragged? [p. 229]
02/05/10	8. Paragraphs and Indentation: Did you indent the first line of every paragraph? See

PAK	P. 229 for exceptions.
02/05/10 PAK	9. Spacing After Punctuation Marks: Did you space once at the end of separate parts of a reference and initials in a person's name? Do not space after periods in abbreviations. Space twice after punctuation marks at the end of a sentence. [p. 87-88]
02/05/10 PAK	10. Typeface: Did you use Times Roman 12-point font? [p. 228]
02/05/10 PAK	9. Abbreviation: Did you explain each abbreviation the first time you used it? [p. 106-111]
02/05/10 PAK	11. Plagiarism: Cite all sources! If you say something that is not your original idea, it must be cited. You may be citing many times...this is what you are supposed to be doing! [p. 170]
02/05/10 PAK	12. Direct Quote: A direct quote is exact words taken from another. An example with citation would look like this: "The variables that impact the etiology and the human response to various disease states will be explored" (Bell-Scriber, 2007, p. 1). Please note where the quotation marks are placed, where the final period is placed, no first name of author, and inclusion of page number, etc. Do all direct quotes look like this? [p. 170-172]
02/05/10 PAK	13. Quotes Over 40 Words: Did you make block quotes out of any direct quotes that are 40 words or longer? [p. 170-172]
02/05/10 PAK	14. Paraphrase: A paraphrase citation would look like this: Patients respond to illnesses in various ways depending on a number of factors that will be explored (Bell-Scriber, 2007). Do all paraphrased citations look like this? [p. 171 and multiple examples in text on p. 40-59]
02/05/10 PAK	15. Headings: Did you check your headings for proper levels? [p. 62-63].
02/05/10 PAK	16. General Guidelines for References: A. Did you start the References on a new page? [p. 37] B. Did you cut and paste references on your reference page? If so, check to

	<p>make sure they are in correct APA format. Often they are not and must be adapted. Make sure all fonts are the same.</p> <p>C. Is your reference list double spaced with hanging indents? [p. 37]</p>
	PROOFREAD FOR GRAMMAR, SPELLING, PUNCTUATION, & STRUCTURE
02/05/10 PAK	13. Did you follow the assignment rubric? Did you make headings that address each major section? (Required to point out where you addressed each section.)
02/05/10 PAK	14. Watch for run-on or long, cumbersome sentences. Read it out loud without pausing unless punctuation is present. If you become breathless or it doesn't make sense, you need to rephrase or break the sentence into 2 or more smaller sentences. Did you do this?
02/05/10 PAK	15. Wordiness: check for the words "that", and "the". If not necessary, did you omit?
02/05/10 PAK	16. Conversational tone: Don't write as if you are talking to someone in a casual way. For example, "Well so I couldn't believe nurses did such things!" or "I was in total shock over that." Did you stay in a formal/professional tone?
02/05/10 PAK	17. Avoid contractions. i.e. don't, can't, won't, etc. Did you spell these out?
02/05/10 PAK	18. Did you check to make sure there are no hyphens and broken words in the right margin?
02/05/10 PAK	19. Do not use "etc." or "i.e." in formal writing unless in parenthesis. Did you check for improper use of etc. & i.e.?
02/05/10 PAK	20. Stay in subject agreement. When referring to 1 nurse, don't refer to the nurse as "they" or "them". Also, in referring to a human, don't refer to the person as "that", but rather "who". For example: The nurse that gave the injection...." Should be "The nurse who gave the injection..." Did you check for subject agreement? Likewise, don't refer to "us", "we", "our", within the paper...this is not about you and me. Be clear in identifying. For example don't say "Our profession uses empirical data to support" . Instead say "The nursing profession uses empirical data....."

02/05/10 PAK	21. Did you check your sentences to make sure you did not end them with a preposition? For example, "I witnessed activities that I was not happy with." Instead, "I witnessed activities with which I was not happy."
02/05/10 PAK	22. Did you run a Spell-check? Did you proofread in addition to running the Spell-check?
02/05/10 PAK	23. Did you have other people read your paper? Did they find any areas confusing?
02/05/10 PAK	24. Did you include a summary or conclusion heading and section to wrap up your paper?
02/05/10 PAK	25. Do not use "we" "us" "our" "you" "I" etc. in a formal paper! Did you remove these words? Okay with this paper
02/05/10 PAK	26. Does your paper have sentence fragments? Do you have complete sentences?
02/05/10 PAK	27. Did you check apostrophes for correct possessive use. Don't use apostrophes unless it is showing possession and then be sure it is in the correct location. The exception is with the word it. It's = it is. Its is possessive.

Signing below indicates you have proofread your paper for the errors in the checklist:

Patricia A. Kraemer _____ DATE: 02/05/10 _____