

**AMERICAN JOURNAL OF HEALTH STUDIES**

**REVIEW ACTIVITY**

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**Objectives:** Upon completion of this review activity, you should be able to do the following:

- ❶ Identify correlates of self-assessed health among Black and White elderly.
- ❷ Identify correlates of screening and diagnosis for osteoporosis among older Southern women.
- ❸ Describe evidence indicating the validity of the Perceived Wellness Survey (PWS) as a measure of perceived health.

After completing the required readings, type the appropriate response for all questions related to each article. All answer sheets must be clearly numbered and TYPED. For questions requiring listings, each item in the listings should be no longer than a phrase or a sentence. For those questions requiring a description, the description should be 2-4 sentences. Specific directions will be provided for other types of questions. Please remember to include your **name, address** and **CHES #** at the top of each page of your answer sheet.

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**I. Correlates for Osteoporosis Screening and Diagnosis Among Southern Older Women (p. 194).**

1. Describe goals of the federal government relative to osteoporosis and hip fractures.
  2. Describe the purpose of the study presented in this article.
  3. List the two risk factors examined in this study that were found to be correlated with screening and diagnosis of osteoporosis.
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**II. Correlates of Health Status Among Black and White Elderly (p. 199).**

1. Describe the purpose of the study presented in this article.
  2. Based on the authors' conclusion for this study, what are the six most important correlates for self-assessed health regardless of race and age.
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**III. Construct Validation of the Perceived Wellness Survey (p. 212).**

1. Describe the six samples of subjects in this study.
2. List the six separate subscales included in the Perceived Wellness Survey (PWS).
3. Describe three unique features of the PWS.
4. Based on the results of the study, describe specific inferences for persons with high perceived wellness for any two of the PWS subscales.
5. Describe three limitations of this study.

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**REVIEW ACTIVITY REGISTRATION FORM**

Name \_\_\_\_\_ CHES # \_\_\_\_\_

Address \_\_\_\_\_

\_\_\_\_\_

Daytime Telephone # \_\_\_\_\_

Setting in which you practice Health Education (Circle one)

- ❖ School
- ❖ College/University
- ❖ Community
- ❖ Worksite
- ❖ Medical Care

Position Title \_\_\_\_\_ Years in Profession \_\_\_\_\_

**Review Activity Evaluation**

*(Circle the appropriate response)*

	STRONGLY DISAGREE				STRONGLY AGREE
1 Activities address objectives	1	2	3	4	5
2 Contact hours equivalent to actual work hours	1	2	3	4	5
3 Content relevant to professional practice	1	2	3	4	5
4 The activities contributed to my professional growth	1	2	3	4	5

Comments: \_\_\_\_\_

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**Note: A separate form must be submitted with each Review Activity.**