

AMERICAN JOURNAL OF HEALTH STUDIES

REVIEW ACTIVITY

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

- ❶ Identify issues related to the nutrition knowledge of college students.
- ❷ Identify factors related to school violence.

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 listing 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.

I. Knowledge of College Students Regarding Three Themes Related to Dietary Recommendations (pg. 177)

1. Based on research on dietary practices, list four behaviors of college students that are associated with poor quality diets.
2. List five factors that may influence college students to adopt poor dietary practices.
3. Describe the process for recruiting students for the study.
4. List the three themes addressed in Part Two of the questionnaire used in the study.
5. The results of the study suggest a low level of awareness among participants for three topics. List these three topics.
6. List three health education/promotion strategies suggested by the authors to increase nutrition knowledge and skills.

II. An Examination Using the PRECEDE Model Framework to Establish a Comprehensive Program to Prevent School Violence (pg. 199)

1. Describe the five phases of the PRECEDE model.
2. List three factors that predispose students to commit violent act.
3. List three reinforcing factors for students' violent behavior.
4. List two enabling factors related to violent behavior among students.
5. List three life skills that the authors suggest for inclusion in to the school curriculum.

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REVIEW ACTIVITY REGISTRATION FORM

Name: _____ CHES # _____

Address: _____

Daytime Telephone: _____ Email: _____

Setting in which you practice (circle one)

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

Position Title _____ Years in Profession _____

Review Activity Evaluation

(circle the most appropriate response)

	Strongly Disagree	1	2	3	4	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: _____

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