
AMERICAN JOURNAL OF HEALTH STUDIES

REVIEW ACTIVITY

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

- ❶ Identify important considerations in the development and implementation of weight management/weight loss programs.
- ❷ Describe strategies for addressing low literacy in adults in health education programs.
- ❸ Identify important considerations in the use of questionnaires.

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. Addressing Health Literacy: A Description of the Intersection of Functional Literacy and Health Care (pg. 7)

1. Describe literacy as defined by the National Adult Literacy Survey.
2. List five of the ten signs of functional illiteracy in adults.
3. List five methods for detection and intervention for low literacy.

II. Weight Loss 101: A Healthy Weight Loss Program for College Students (pg. 26)

1. List three goals for weight loss and weight management programs as identified by NHLBI.
2. List four behavior change strategies that can be used with dietary treatments for weight control.
3. Describe two of the behavior change strategies listed in #2.
4. List four considerations for developing weight loss programs for college students.
5. List three guidelines identified by CDC that can be used in planning nutrition education programs for young adults.

III. Techniques to Improve Questionnaire Format (pg. 36)

1. List three advantages for using a booklet format for questionnaires.
2. List five recommended components for a cover letter.

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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				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.