

Theoretical Foundations of Health Education and Health Promotion, Third Edition
Manoj Sharma
Chapter 1 Test Bank

1. All of the following are components of a behavior, except:

- A. frequency.
- B. intensity.
- C. duration.
- D. timing.

<Answer: D>

<Complexity: Moderate>

<A-head: Health, Behavior, and Health Behavior>

<Subject: Chapter 1>

<Learning Objective: Define health, health behavior, health education, and health promotion>

2. Those preventive actions that are taken prior to the onset of disease or an injury with a view to removing the possibility of their ever occurring are known as:

- A. primary prevention.
- B. secondary prevention.
- C. tertiary prevention.
- D. quaternary prevention.

<Answer: A>

<Complexity: Easy>

<A-head: Health, Behavior, and Health Behavior>

<Subject: Chapter 1>

<Learning Objective: Define health, health behavior, health education, and health promotion>

3. Specific forms of behavior that are proven to be associated with increased susceptibility to a specific disease or ill-health are known as:

- A. health-directed behaviors.
- B. health-related behaviors.
- C. risk behaviors.
- D. protective behaviors.

<Answer: C>

<Complexity: Moderate>

<A-head: Health, Behavior, and Health Behavior>

<Subject: Chapter 1>

<Learning Objective: Define health, health behavior, health education, and health promotion>

4. All of the following are activities for health education, except:

- A. preparing health education informational brochures.

- B. facilitating role plays or simulations.
- C. analyzing case studies.
- D. lobbying for policy change.

<Answer: D>

<Complexity: Moderate>

<A-head: Health Education and Health Promotion>

<Subject: Chapter 1>

<Learning Objective: Differentiate between health education and health promotion>

5. All of the following are key action strategies for health promotion in the Ottawa Charter, except:

- A. building healthy public policy.
- B. creating physical and social environments supportive of individual change.
- C. reorienting health services to the population and partnership with patients.
- D. ensuring environmental sanitation.

<Answer: D>

<Complexity: Moderate>

<A-head: Health Education and Health Promotion>

<Subject: Chapter 1>

<Learning Objective: Differentiate between health education and health promotion>

6. In the CUP model, competencies and subcompetencies performed by health educators with a baccalaureate or master's degree and more than 5 years of experience are at this level:

- A. entry level
- B. advanced 1 level
- C. advanced 2 level
- D. advanced 3 level

<Answer: B>

<Complexity: Difficult>

<A-head: Responsibilities and Competencies for Health Educators>

<Subject: Chapter 1>

<Learning Objective: List the responsibilities of certified health education specialists>

7. The National Board of Public Health Examiners bestows the credential:

- A. certified health education specialists.
- B. certified in public health.
- C. certified in public health examination.
- D. certified health promotion specialists.

<Answer: B>

<Complexity: Moderate>

<A-head: Responsibilities and Competencies for Health Educators>

<Subject: Chapter 1>

<Learning Objective: List the responsibilities of certified health education specialists>

8. When a health educator respects the rights, dignity, confidentiality, and worth of people, he or she is showing:

- A. responsibility in the delivery of health education.
- B. responsibility to the profession.
- C. responsibility in research and evaluation.
- D. responsibility in professional preparation.

<Answer: A >

<Complexity: Moderate>

<A-head: Code of Ethics for Health Education Profession>

<Subject: Chapter 1>

<Learning Objective: List the responsibilities of certified health education specialists>

9. One of the limitations of a theory is that it does not provide guidance regarding timing of the interventions.

<Answer: False>

<Complexity: Moderate>

<A-head: Role of Theory in Health Education and Health Promotion>

<Subject: Chapter 1>

<Learning Objective: Explain the role of theory in health education and health promotion>

10. Community members getting organized to identify needs, set objectives, prioritize issues, develop plans, and implement projects for community improvement in health and related matters is called community mobilization.

<Answer: False>

<Complexity: Difficult>

<A-head: Basic Vocabulary in Health Education and Health Promotion>

<Subject: Chapter 1>

<Learning Objective: Delineate community-related terms>

11. The World Health Organization defined health in its constitution as “a state of complete _____, _____, and _____ well-being and not merely the absence of disease or infirmity.”

- A. physical, mental, social
- B. political, emotional, environmental
- C. economic, political, social
- D. physical, emotional, environmental

<Answer: A>

<Complexity: Easy>

<A-head: Health, Behavior, and Health Behavior>

<Subject: Chapter 1>

<Learning Objective: Define health, health behavior, health education, and health promotion>

12. Actions taken after the onset of disease or an injury with a view to assisting diseased or disabled people are known as:

- A. primary prevention.
- B. secondary prevention.
- C. tertiary prevention.
- D. quaternary prevention.

<Answer: C>

<Complexity: Moderate>

<A-head: Health, Behavior, and Health Behavior>

<Subject: Chapter 1>

<Learning Objective: Define health, health behavior, health education, and health promotion>

13. Albert Bandura's social cognitive theory is an example of a descriptive theory.

<Answer: False>

<Complexity: Moderate>

<A-head: Role of Theory in Health Education and Health Promotion>

<Subject: Chapter 1>

<Learning Objective: Name different types of theories and provide examples>

14. All of the following are priorities for health promotion in the Jakarta Declaration, except:

- A. promoting education in biostatistics.
- B. promoting social responsibility for health.
- C. increasing investments for health development.
- D. expanding partnerships for health promotion.

<Answer: A>

<Complexity: Difficult>

<A-head: Health Education and Health Promotion>

<Subject: Chapter 1>

<Learning Objective: Differentiate between health education and health promotion>

15. When community members actively participate to plan or implement projects, it is called:

- A. community mobilization.
- B. community participation.
- C. community organization.
- D. community development.

<Answer: B>
<Complexity: Moderate>
<A-head: Basic Vocabulary in Health Education and Health Promotion>
<Subject: Chapter 1>
<Learning Objective: Delineate community-related terms>

16. Theory helps in identifying the method to use in health education or health promotion.

<Answer: True>
<Complexity: Easy>
<A-head: Role of Theory in Health Education and Health Promotion>
<Subject: Chapter 1>
<Learning Objective: Explain the role of theory in health education and health promotion>

17. All of the following are areas of responsibilities for health education specialists, except:

- A. planning health education/promotion.
- B. conducting evaluation and research related to health education/promotion.
- C. raising funds for health education/promotion.
- D. serving as a health education/promotion resource person.

<Answer: C>
<Complexity: Moderate>
<A-head: Responsibilities and Competencies for Health Educators>
<Subject: Chapter 1>
<Learning Objective: List the responsibilities of certified health education specialists>

18. Beliefs are relatively constant feelings, predispositions, or views directed toward an idea, object, person, or situation.

<Answer: False>
<Complexity: Moderate>
<A-head: Basic Vocabulary in Health Education and Health Promotion>
<Subject: Chapter 1>
<Learning Objective: Define terms related to antecedents of behavior>

19. The organization that advances the practice of health education and health promotion through health behavior research is the:

- A. American Academy of Health Behavior.
- B. American Association for Health Education.
- C. American College Health Association.
- D. American School Health Association.

<Answer: A>
<Complexity: Moderate>
<A-head: Responsibilities and Competencies for Health Educators>
<Subject: Chapter 1>
<Learning Objective: Identify 10 national health education organizations>

20. Actions that block the progression of an injury or disease at its incipient stage are known as:

- A. primary prevention.
- B. secondary prevention.
- C. tertiary prevention.
- D. quaternary prevention.

<Answer: B>
<Complexity: Easy>
<A-head: Health, Behavior, and Health Behavior>
<Subject: Chapter 1>
<Learning Objective: Define health, health behavior, health education, and health promotion>

21. A behavior may be a conscious or unconscious action.

<Answer: True>
<A-head> Health, Behavior, and Health Behavior, Chapter 1

22. There are limitations with the World Health Organization's definition of health because the definition is:

- [1] objective.
- [2] narrow in focus.
- [3] hard to measure.
- [4] realistic.

<Answer: 3>
<A-head> Health, Behavior, and Health Behavior, Chapter 1

23. Health promotion differs from health education in that it:

- [1] is systemic and planned.
- [2] is a scientific approach.
- [3] encourages voluntary behavior change.
- [4] forces behavior change.

<Answer: 4>
<A-head> Health Education and Health Promotion, Chapter 1

24. Health education influences behavior changes through knowledge, attitudes, and beliefs.

<Answer: True>
<A-head> Health Education and Health Promotion, Chapter 1

25. An individual only needs to pass the required certification exam to be identified as a certified health education specialist.

<Answer: False>

<A-head> Responsibilities and Competency for Health Educators, Chapter 1

26. Which of the following is a responsibility of a health educator?

[1] Diagnose public illnesses

[2] Perform needs assessment

[3] Publish annual education pamphlets

[4] Run for public office

<Answer: 2>

<A-head> Responsibilities and Competency for Health Educators, Chapter 1

27. A code of ethics provides a professional standard of performance.

<Answer: True>

<A-head> Code of Ethics for the Health Education Profession, Chapter 1

28. Respecting the rights, dignity, and privacy of others while conducting research is a responsibility of the health educator.

<Answer: True>

<A-head> Code of Ethics for the Health Education Profession, Chapter 1

29. Which of the following organizations was formed in 1885 and has undergone a name change most recently in 2014?

[1] Society of Health and Physical Educators

[2] Society for Public Health Education

[3] Directors of Health Promotion and Education

[4] American Academy of Health Behaviors

<Answer: 1>

<A-head> Health Education Organizations, Chapter 1

30. The mission of the Society of Public Health Education is to contribute to the advancement of education theory.

<Answer: True>

<A-head> Health Education Organizations, Chapter 1

31. The level of the cognitive domain that involves putting parts together to form a whole and create new meaning is called:

[1] application.

[2] comprehension.

[3] synthesis.

[4] evaluation.

<Answer: 3>

<A-head> Basic Vocabulary in Health Education and Health Promotion, Chapter 1

32. Which of the following should occur before an individual considers a behavior change?

[1] Knowledge of the facts

- [2] Awareness of a need
- [3] Analysis of the facts
- [4] Determine beliefs and values

<Answer: 2>

<A-head> Basic Vocabulary in Health Education and Health Promotion, Chapter 1

33. Which of the following should a health educator use to ensure an effective educational program outcome?

- [1] Theoretical foundation
- [2] Focus on individuals
- [3] Limit the interventions
- [4] Interview experienced educators

<Answer: 1>

<A-head> Role of Theory in Health Education and Health Promotion, Chapter 1

34. An effective program objective should be developed from a sound theoretical basis.

<Answer: True>

<A-head> Role of Theory in Health Education and Health Promotion, Chapter 1

35. By the end of the 19th century, the word health was considered colloquial and was replaced with the word hygiene, which was considered more scientific.

<Answer: True>

<Complexity: Easy>

<A-head: Health, Behavior, and Health Behavior>

<Subject: Chapter 1>

<Learning Objective: Define health, health behavior, health education, and health promotion>

36. The dimensions mentioned in the WHO definition of health are adequate.

<Answer: False>

<Complexity: Moderate>

<A-head: Health, Behavior, and Health Behavior>

<Subject: Chapter 1>

<Learning Objective: Identify the limitations of the traditional definition of health>

37. A behavior is any covert action, conscious or unconscious, with a measurable frequency, intensity, and duration.

<Answer: False>

<Complexity: Difficult>

<A-head: Health, Behavior, and Health Behavior>

<Subject: Chapter 1>

<Learning Objective: Define health, health behavior, health education, and health promotion>

38. Health behavior is any activity undertaken by an individual, regardless of actual or perceived health status, for the purpose of promoting, protecting, or maintaining health, whether or not such behavior is objectively effective toward that end.

<Answer: True>

<Complexity: Easy>

<A-head: Health, Behavior, and Health Behavior>

<Subject: Chapter 1>

<Learning Objective: Define health, health behavior, health education, and health promotion>

39. Health education is any planned combination of educational, political, environmental, regulatory, or organizational mechanisms that support actions and conditions of living conducive to the health of individuals, groups, and communities.

<Answer: False>

<Complexity: Moderate>

<A-head: Health Education and Health Promotion>

<Subject: Chapter 1>

<Learning Objective: Differentiate between health education and health promotion>

40. All of the following are limitations of the WHO definition of health, except:

- A. Health has been described as a “state,” whereas it is dynamic and changes from time to time.
- B. The dimensions mentioned in the definition are inadequate to capture variations in health.
- C. It is too easy to measure health the way it has been defined and there should be more rigor.
- D. The word “well-being” is subjective.

<Answer: C>

<Complexity: Moderate>

<A-head: Health, Behavior, and Health Behavior>

<Subject: Chapter 1>

<Learning Objective: Identify the limitations of the traditional definition of health>

41. Actions that are performed for reasons other than health but have health effects are known as:

- A. health-directed behaviors.
- B. health-related behaviors.
- C. risk behaviors.
- D. protective behaviors.

<Answer: B>

<Complexity: Moderate>

<A-head: Health, Behavior, and Health Behavior>

<Subject: Chapter 1>

<Learning Objective: Define health, health behavior, health education, and health promotion>

42. Statement A: Unlike health education, health promotion does not endorse voluntary change in behavior and utilizes measures that compel an individual to change behavior.
Statement B: Health promotion is done at the individual level.

- A. Statement A is true and statement B is false.
- B. Statement A is false and statement B is true.
- C. Both statements are true.
- D. Both statements are false.

<Answer: A>

<Complexity: Difficult>

<A-head: Health Education and Health Promotion>

<Subject: Chapter 1>

<Learning Objective: Differentiate between health education and health promotion>

43. Lobbying is an active support of an idea or cause that entails especially the act of pleading or arguing for something.

<Answer: False>

<Complexity: Moderate>

<A-head: Basic Vocabulary in Health Education and Health Promotion>

<Subject: Chapter 1>

<Learning Objective: Delineate community-related concepts>

44. CHES stands for:

- A. certification in health education studies.
- B. certified health education specialist.
- C. certification in higher education studies.
- D. certification in health, education, and sanitation.

<Answer: B>

<Complexity: Moderate>

<A-head: Responsibilities and Competencies for Health Educators>

<Subject: Chapter 1>

<Learning Objective: List the responsibilities of certified health education specialists>

45. All of these are core functions of public health identified in the Future of Public Health report, except:

- A. assessment.
- B. health promotion.
- C. policy development.
- D. assurance.

<Answer: B>

<Complexity: Moderate>

<A-head: Responsibilities and Competencies for Health Educators>

<Subject: Chapter 1>

<Learning Objective: List the responsibilities of certified health education specialists>

46. Ethics is the study of:

- A. knowledge.
- B. righteousness.
- C. morality.
- D. religion.

<Answer: C>

<Complexity: Moderate>

<A-head: Code of Ethics for Health Education Profession>

<Subject: Chapter 1>

<Learning Objective: List the responsibilities of certified health education specialists>

47. The capacity of an individual to obtain, interpret, and understand basic health information and services and the competence to use such information and services in ways that are health enhancing is called information processing.

<Answer: False>

<Complexity: Moderate>

<A-head: Basic Vocabulary in Health Education and Health Promotion>

<Subject: Chapter 1>

<Learning Objective: Define terms related to antecedents of behavior>

48. The collection of facts related to an action, idea, object, person, or situation is called:

- A. awareness.
- B. knowledge.
- C. comprehension.
- D. information.

<Answer: D>

<Complexity: Moderate>

<A-head: Basic Vocabulary in Health Education and Health Promotion>

<Subject: Chapter 1>

<Learning Objective: Define terms related to antecedents of behavior>

49. Statements of perceived fact or impressions about the world are:

- A. beliefs.
- B. attitudes.
- C. values.
- D. feelings.

<Answer: A>

<Complexity: Easy>

<A-head: Basic Vocabulary in Health Education and Health Promotion>

<Subject: Chapter 1>

<Learning Objective: Define terms related to antecedents of behavior>

50. Learning of facts and gaining insights related to an action, idea, object, person, or situation is called:

- A. knowledge.
- B. awareness.
- C. information.
- D. health literacy.

<Answer: A>

<Complexity: Moderate>

<A-head: Basic Vocabulary in Health Education and Health Promotion>

<Subject: Chapter 1>

<Learning Objective: Define terms related to antecedents of behavior>

51. Which of the following is an example of a macro theory?

- A. Social cognitive theory
- B. Social functioning theory
- C. Theory of reasoned action
- D. General adaptation syndrome

<Answer: B>

<Complexity: Moderate>

<A-head: Role of Theory in Health Education and Health Promotion>

<Subject: Chapter 1>

<Learning Objective: Name different types of theories and provide examples>

52. Which of the following is not a benefit of theory in health education and health promotion?

- A. Helps in discerning measurable program objectives
- B. Allows the educator to do what he or she wants to do
- C. Specifies the methods for behavior change
- D. Identifies the timing for interventions

<Answer: B>

<Complexity: Easy>

<A-head: Role of Theory in Health Education and Health Promotion>

<Subject: Chapter 1>

<Learning Objective: Explain the role of theory in health education and health promotion>

53. The national professional health education honorary society is:

- A. Society for Public Health Education.

- B. SHAPE America.
- C. Delta Omega.
- D. Eta Sigma Gamma.

<Answer: D>

<Complexity: Moderate>

<A-head: Responsibilities and Competencies for Health Educators>

<Subject: Chapter 1>

<Learning Objective: Identify 10 national health education organizations>