

POST-HEALTH LITERACY ASSESSMENT

What is your name? _____

What is today's date? _____

1. To buy over-the-counter medicines at a pharmacy you must have a prescription.

True False

2. Most people eat too much fiber.

True False

3. Do I know where I can go in my community to get free or low cost medical care?

Yes No

4. Medicine labels tell you the medicine's expiration date.

True False

5. If my medicine expires, I should check with my pharmacist or doctor.

True False

6. Asthma is when your body has trouble using sugar to make energy.

True False

7. Fiber helps the body get rid of waste.

True False

8. When should you see a doctor?

Only when you are sick

When you are sick and for a yearly check-up

Only in emergencies

Turn to the next page

9. What does "take one pill twice daily" mean?

- Take a pill at two different times in the same day.
- Cut a pill in two and take each half at different times in the day.
- Take two pills at the same time once a day.

10. If your nose is full and you cannot breathe through your nose, you are:

- Constipated
- Congested
- Dizzy

11. Which of the following foods is highest in carbohydrates?

- Tomatoes
- Celery
- Potatoes

12. What is another name for salt?

- Soda
- Saturated
- Sodium

13. If a word begins with Cardio- it probably means it's related to the:

- Skin
- Heart
- Eyes

Turn to the next page

Read the following text to answer questions 14 and 15:

| NUTRITION FACTS | |
|-------------------------------|-----------------------|
| Serving Size 1 Cup (228g) | |
| Serving Size Per Container 2 | |
| <hr/> | |
| Amount Per Serving | |
| CALORIES 250 | Calories from Fat 110 |
| | %Daily Value |
| Total Fat 12 g | 18% |
| Saturated Fat 3g | 15% |
| <i>Trans</i> Fat 3g | |
| Cholesterol 30mg | 10% |
| Sodium 470 mg | 20% |
| Total Carbohydrate 31g | 10% |
| Dietary Fiber 0g | 0% |
| Sugars 5g | |
| Protein 5g | |

- 14) Your doctor has put you on a low fat diet (you should not eat more than 10g of fat per meal). Can you eat this whole box of macaroni and cheese for dinner? (Circle the best answer) Yes No
- 15) How much salt is there in one serving of macaroni and cheese? _____

Please choose the best answer:

16. Which of the following is NOT a chronic disease?

- | | |
|-----------------------------------|--|
| <input type="checkbox"/> Asthma | <input type="checkbox"/> Flu |
| <input type="checkbox"/> Diabetes | <input type="checkbox"/> Heart Disease |

17. What is an insurance deductible?

- The amount you or your employer pays for your insurance coverage
- The amount you have to pay before your insurance company will begin to pay
- A health problem you have before your health insurance starts

Turn to the next page

18. What is a health history form?

- A form you fill out to apply for health insurance
- A form you fill out so you can ask your doctor questions
- A form you fill out sharing the health problems of you and your family

19. What is a common risk factor for diabetes?

- Being overweight
- Asthma
- Chest pain

Read the following text to answer questions 20 and 21:

| | |
|---|------------------------|
| GARFIELD, ANA MARIA | 16 Apr 2013 |
| RX# FF941858 | Dr. LUBIN, MICHAEL |
| PENICILLIN VK 250MG/tablet | 30 round white tablets |
| Take one tablet by mouth three times a day for ten days. | |
| 2 Refills. | |

- 20) If you take all tablets as prescribed by your doctor, how many tablets will you have left over at the end of the ten days? _____
- 21) Once these pills are gone, how many times can you get more pills with this prescription? _____

Thank you for completing this assessment. Please give it back to your teacher.

Florida Health Literacy Initiative
Made possible through the generous support of Florida Blue

STUDENT SURVEY

1. Are you: (Please check one)

- Man
 Woman

2. What language do you speak at home? _____

3. What is the highest level of education you completed? (Please check one)

- | | |
|--|---|
| <input type="checkbox"/> Elementary School | <input type="checkbox"/> Middle School |
| <input type="checkbox"/> High School | <input type="checkbox"/> Associate's Degree (2 Yrs College) |
| <input type="checkbox"/> Bachelor's Degree (4 Yrs College) | <input type="checkbox"/> Master's Degree |
| <input type="checkbox"/> Doctoral/Professional Degree | <input type="checkbox"/> Other: _____ |

4. Did you have health insurance at the start of this program? (Please circle one)

Yes No

5. Did your children have health insurance? (Please circle one)

Yes No I don't have children

6. Have you shared the information you learned with friends and/or family?

Yes No

7. Would you recommend this program to someone else? Yes No

8. Have you or any member of your family done any of the following because of the information you learned in your class? (Please check ALL that apply):

- | | |
|--|--|
| <input type="checkbox"/> Seen a doctor | <input type="checkbox"/> Visited a free or low-cost clinic |
| <input type="checkbox"/> Enrolled in a health insurance plan | <input type="checkbox"/> Applied for Florida KidCare |
| <input type="checkbox"/> Applied for Medicare | <input type="checkbox"/> Applied for Medicaid |
| <input type="checkbox"/> Applied for WIC (Nutrition Program for Women, Infant, and Children) | |
| <input type="checkbox"/> Applied for the Florida Discount Drug Card | |
| <input type="checkbox"/> Changed eating habits | <input type="checkbox"/> Started exercising regularly |
| <input type="checkbox"/> Visited health-related websites | <input type="checkbox"/> Other: _____ |

9. Has the health information you learned in this class helped you in your everyday life? Yes No

10. If yes, how? _____

11. What is one thing that you learned that is important to you?

12. Is there anything that you would change about the program?

13. Why? _____

Florida Health Literacy Initiative
 Made possible through the generous support of Florida Blue

Teacher Survey

| | |
|----------------------|--|
| Agency/Organization: | |
| Teacher/Tutor: | |
| Phone: | |
| Email: | |

How many students did you teach using the health literacy materials? _____

Which chapters did you cover? (Circle all that apply) Health Care Your Doctor
 Medicines Nutrition Chronic Diseases Staying Healthy

What level were your students? _____

Approximately how many hours did you dedicate to the health literacy curriculum? _____

How long did it take you, on average, to teach one unit? _____

Overall Evaluation

Please rate the Student Staying Healthy Book and Teacher's Guide as a resource in helping you to teach English, health and nutrition?

Poor Fair Good Very Good Excellent
 1 2 3 4 5

Content (Student Staying Healthy Book)

Strongly Disagree Disagree Agree Strongly Agree
 1 2 3 4

1. The quantity of content presented was appropriate to our needs
 1 2 3 4

2. The quality of the content presented was appropriate to our needs
1 2 3 4

3. The content was presented at the appropriate English level for my students
1 2 3 4

Comments: _____

Teacher's Guide

| Strongly Disagree | Disagree | Agree | Strongly Agree |
|---|----------|-------|----------------|
| 1 | 2 | 3 | 4 |
| 1. The lesson plans were easy to follow | 2 | 3 | 4 |
| 2. The number of activities were sufficient | 2 | 3 | 4 |
| 3. The activities were diverse enough to suit my students' different learning styles | 2 | 3 | 4 |
| 4. Having the teacher's guide saved me significant amount of time that I would normally use researching health literacy materials | 2 | 3 | 4 |
| 5. I would recommend using the teacher's guide when teaching the student resource book | 2 | 3 | 4 |

Comments: _____

Learning Gains

| Strongly Disagree | Disagree | Agree | Strongly Agree |
|-------------------|----------|-------|----------------|
| 1 | 2 | 3 | 4 |

1. My students gained knowledge and skills that will help them to make informed choices when it comes to their health and nutrition

| | | | |
|---|---|---|---|
| 1 | 2 | 3 | 4 |
|---|---|---|---|

2. My students are now better prepared to ask questions of their doctor or other health care professionals

| | | | |
|---|---|---|---|
| 1 | 2 | 3 | 4 |
|---|---|---|---|

Would you recommend these materials to your colleagues? Yes No

Please list other health topics that you and your students would like to see addressed by additional materials in the future _____

Please tell us what you found most valuable in the curriculum and materials:

Please tell us what you found most challenging about the curriculum and materials:

We would welcome a statement or quote about these materials and/or your experience using them that may be used when promoting this curriculum. (optional)

While researching local health care services for your students, did you come across agencies and organizations that you would recommend listing on our website under "local health care services for the underinsured"? If so, please provide us with basic information about them (e.g. name, location, services provided, contact info, etc.)

THANK YOU FOR YOUR FEEDBACK!