

Course No:HSM2310
Course Title: Health Education
Date: 21/05/2014
No. of Questions: (4)
Time: 2hours
Using Calculator (No)

University of Palestine



Midterm Exam
2013/2014
Total Grade:

Instructor Name: Dr. R. Baroud
Student No.: _____
Student Name: _____
College Name: _____
Dep. / Specialist: _____
Using Dictionary (No)

Question One:

(10 marks)

Answer the following by using correct (T) for the correct statement and (F) for the wrong statement:

1. Health education forms an important part of the health promotion activities.
2. To be effective, prevention needs to target multiple causes of a disease, such as dietary and physical activity patterns, peer influences and supports, and the stress of one's social circumstances.
3. Health promotion is viewed as a combination of health education activities and the adoption of healthy public policies.
4. Health education is considered as an umbrella of health promotion and health literacy.
5. Health promotion = Health education x Healthy public policy.
6. The strongest assistant of any health education effort is the people it serves.
7. Health education initiatives should not be based on the needs and capacities of the local community.
8. There is no importance that the rights and privacy of individuals and communities are respected in health education field.
9. A code of ethics provides a framework of shared values.
10. One of health education's greatest challenges relates to the strong commercial forces that flex their economic muscle to suppress not enough prevention budgets and efforts.

10	9	8	7	6	5	4	3	2	1	question
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Question Two: (10 Marks)

Match the following terms on the left column with its meaning on the right column

1	Health	a way of living based on identifiable patterns of behaviour which are determined by the interplay between an individual's personal characteristics, social interactions, and socioeconomic and environmental living conditions".
2	Health education	anticipatory action taken to reduce the likelihood of some future undesired event or condition, or to increase the likelihood of some future desired event or condition.
3	Primary health care	is the "process of systematically finding, appraising and using ... qualitative and quantitative research findings as the basis for decisions in the practice of health education".
4	Lifestyle	is a social science that draws from the biological, environmental, psychological, physical and medical sciences to promote health and prevent disease, disability and premature death through education- driven voluntary behavior change activities
5	Health promotion	Is a local or country policies and laws that regulate or support healthy actions and practices for disease prevention, early detection, control and management.
6	A code of ethics	refers to the ability of individuals to access and use health information to make appropriate health decisions and maintain basic health.
7	Evidence-based health education	the process of enabling people to increase control over, and to improve their health" and identified five categories of strategy to guide the health sector in the process of engaging in health promotion.
8	Public policy	Is an essential health care based on practical, scientifically sound and socially acceptable methods and technology made universally accessible ... at a cost that the community and country can afford.
9	Health literacy	a state of complete physical, social and mental well-being, and not merely the absence of disease or infirmity
10	Prevention	is a set of guidelines that is designed to set out acceptable behaviour for members of a particular group, association or profession.

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Question Three:

(10 Marks)

Answer the following questions:

- a. According to the code of ethics for health education, Enumerate the 6 main responsibility of health educator?
- b. Enumerate why prevention continues to be a “hard sell”?

Question Four:

(30 Marks)

Following 20 MCQ questions, please select the only one correct answer from them and circle it.

1. Risk reduction targets:

- a. People who are at moderate levels of risk for health problems
- b. People who have developed the health problems
- c. People in higher risk because of environmental conditions or risk behaviour
- d. a + c
- e. a + b

2. The purpose of health education is:

- a. To positively influence the health behavior of individuals and communities
- b. To positively influence the living and working conditions that influence their health
- c. To positively influence the bad behavior
- d. a + b
- e. None of them

3. The goals of health education include the following except:

- a. To improves the health status of individuals and families
- b. To increase the costs both financial and human
- c. To enhances the quality of life for all people
- d. To reduces premature deaths

4. Increasingly, health education professionals are using a concept born out of the continuous quality improvement discipline called “best practices”. this notion has been renamed:

- a. Normal practices
- b. Leading practices
- c. Bad practices
- d. Acceptable practices

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5. University campus health educators work on:

- a. identify needs
- b. teach whole courses or individual classes
- c. develop mass media campaigns
- d. train peer educators, counselors
- e. All of them
- f. c + d

6. Health educator should addressing the needs of the most vulnerable population groups and implementing the following principles except:

- a. Respect for human dignity and rights
- b. Respect for individual and family independence
- c. Client full consent
- d. Confidentiality
- e. Discriminate or stigmatize people

7. The Code of Ethics is grounded in fundamental ethical principles that underlie all health care services that are:

- a. respect for autonomy,
- b. promotion of social justice,
- c. active promotion of good, and avoidance of harm.
- d. a + c
- e. a + b + c

8. Evidence-based health education interventions are those that are:

- a. most likely to be based on theory
- b. have been shown through empirical study to be effective.
- c. No need for intervention
- d. b + c
- e. a + b
- f. none of them

9. Community members should be involved in all phases of a programmer's development which includes the following except:

- a. paying all costs of programs
- b. identifying community needs
- c. enlisting the aid of community organizations
- d. planning and implementing programme activities
- e. evaluating results

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10. In health care settings, health educators educate patients about:

- a. medical procedures, operations
- b. services and therapeutic regimens
- c. create activities and incentives to encourage use of services by high-risk patients
- d. conduct staff training and consult with other health care providers
- e. all of them

11. A code of ethics shows individuals who are outside an organization that:

- a. members of the organization are committed to basic ethical guidelines in the course of doing their work
- b. members of the organization are not committed to basic ethical guidelines
- c. members of the organization are committed to basic salaries in the course of doing their work
- d. members of the organization are committed to employers in the course of doing their work

12. Risk conditions are:

- a. Aspects external to the individual (social, economic, environmental)
- b. That are associated with increased susceptibility to disease or ill-health.
- c. a + b
- d. None of them

13. Health enhancement:

- a. Targets the entire community
- b. The activities may help prevent disease or reduce risk
- c. Their main focus is to develop or enhance health rather than to reduce or prevent illness.
- d. All of them
- e. a + b

14. Many organizations govern themselves with a code of ethics, especially:

- a. When they handle sensitive issues like investments
- b. When they handle health care or.
- c. When they interactions with other cultures
- d. All of them
- e. None of them

15. All true about Health literacy except:

- a. An outcome of effective health education
- b. Increasing individuals' capacities to access and use health information
- c. To make appropriate health decisions and maintain basic health
- d. Beliefs about the effectiveness

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16. Lifestyle is determined by the interplay between:

- a. An individual's personal characteristics
- b. Social interactions, and socioeconomic and
- c. Environmental living conditions
- d. All of them
- e. a + c

17. Repeated exposure to a message, especially when it is delivered through multiple channels:

- a. May decrease its impact on audience members
- b. May increase its impact on audience members
- c. May decrease the interest of audience members
- d. May decrease its impact on health educator

18. Health education as a tool for health promotion is critical for:

- a. improving the income of populations
- b. improving the style of populations
- c. improving the health of populations
- d. improving the skills of populations

19. The following are the Health promotion priority areas except:

- a. building healthy public policy
- b. exclude supportive environments
- c. strengthening community action
- d. developing personal skills
- e. reorienting health services

20. Health promotion includes the following:

- a. health education, health promotion, prevention
- b. health education, health protection and health promotion
- c. health education, health protection, prevention
- d. health promotion, health protection, prevention

21. Evidence-based health education interventions are:

- a. Those that are most likely to be based on theory
- b. Have been shown through empirical study to be effective
- c. a + b
- d. None of them

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22. The logic behind leading practices is:

- a. sharing ideas /applications / processes in an organized fashion
- b. diffusion of successful practices will be hastened
- c. the need to learn by trial and error is minimized.
- d. all of them
- e. none of them

23. Wide and comprehensive representation of community members on

- a. programme planning bodies provides:
- b. a sense of ownership that enhance the programmer's impact
- c. a sense of ownership that disrupt the programmer's impact
- d. a sense of ownership that delays the programmer's impact
- e. None of them

24. A comprehensive programme is:

- a. they deal with multiple risk factors,
- b. use several different channels of programme delivery,
- c. target several different levels
- d. designed to change the risk behaviour
- e. All of them

25. Health education programmes should be:

- a. Designed to produce unstable and lasting changes in health behaviour.
- b. Designed to produce stable and lasting changes in health behaviour
- c. Designed to produce stable and short time changes in behaviour
- d. All of them

26. Research and evaluation in health education should be:

- a. A comprehensive
- b. Document programme outcomes and effects
- c. Describe programme formation and process
- d. Cost-effectiveness and beneficial
- e. All of them

27. Health education address issues related to the following except:

- a. Disease prevention
- b. Consumer expenditure
- c. Environmental health
- d. Emotional health
- e. Sexual health

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28. Health educators can do community activities include:

- a. organizing and outreach,
- b. grant-writing,
- c. coalition-building and advocacy.
- d. develop, produce and evaluate mass media health campaigns.
- e. all of them

29. The Health Education profession is dedicated to:

- a. Excellence in the practice of promoting individual, family, organizational, and
- b. Community health
- c. Excellence in despising medication
- d. Excellence in treating patients
- e. Excellence in hospital services

30. Health Educators should be truthful about:

- a. their qualifications and
- b. their limitations of their expertise
- c. provide services consistent with their competencies
- d. All of them
- e. None of them

End of Questions
Good Luck