

**Florida Literacy Coalition
Health Literacy Grant Initiative**
Made possible through the generous support of Blue Cross and Blue Shield of Florida

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

True

False

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

True

False

5. Some chronic diseases do not have any symptoms.

True

False

6. Everyone needs to eat 2,000 calories per day.

True

False

7. When should you see a doctor?

Only when you're sick

When you are sick and for a yearly check-up

Only in emergencies

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

- Take one separate 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 together once a day.

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

- Congested
- Constipated
- Dizzy

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

- Skin
- Heart
- Eyes

11. What is a common risk factor for diabetes?

- Chest Pain
- Smoking
- Low birth weight

12. 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.

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13. What is a health history form?

- A form you fill out at your check-up to tell your doctor about the health problems you and your family have
- A list of questions for your doctor
- A list of things you are worried about

14. Which of the following is not a chronic disease?

- Asthma
- Flu
- Diabetes
- Heart Disease

15. Read the following text and answer the questions below:

| 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 10 g | | 18% |
| Saturated Fat 3g | | 15% |
| <i>Trans</i> Fat 3g | | |
| Cholesterol 30mg | | 10% |
| Sodium 470 mg | | 20% |
| Total Carbohydrate 31 | | 10% |
| Dietary Fiber 0g | | 0% |
| Sugars 5g | | |
| Protein 5g | | |

a) 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

b) How much salt is there in one serving of macaroni and cheese? _____

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16. Read the following text and answer the questions below.

| | |
|---|------------------------|
| GARFIELD, ANA MARIA | 16 Apr 2009 |
| 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. | |

a) 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? _____

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