

Florida Health Literacy Grant Initiative
2020 Pre-Assessment: Staying Healthy for Beginners

Student First Name _____

Student Last Name _____

Organization Name _____

Please record answers on this answer sheet. Read each test question and fill in the answer circle that has the letter of the correct answer.

Lea cada pregunta y llene el círculo con la letra que corresponde con la respuesta correcta.

Ⓐ Ⓑ Ⓒ

- | | |
|----------|-----------|
| 1. Ⓐ Ⓑ Ⓒ | 8. Ⓐ Ⓑ Ⓒ |
| 2. Ⓐ Ⓑ Ⓒ | 9. Ⓐ Ⓑ Ⓒ |
| 3. Ⓐ Ⓑ Ⓒ | 10. Ⓐ Ⓑ Ⓒ |
| 4. Ⓐ Ⓑ Ⓒ | 11. Ⓐ Ⓑ Ⓒ |
| 5. Ⓐ Ⓑ Ⓒ | 12. Ⓐ Ⓑ Ⓒ |
| 6. Ⓐ Ⓑ Ⓒ | 13. Ⓐ Ⓑ Ⓒ |
| 7. Ⓐ Ⓑ Ⓒ | |

Form Identifier — DO NOT MARK

