

**Florida Health Literacy Grant Initiative
2020 Post-Assessment for Staying Healthy Intermediate**

Student First Name _____

Student Last Name _____

Organization Code _____

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. ☐ A ☐ B ☐ C ☐ D

2. ☐ A ☐ B ☐ C ☐ D

3. ☐ A ☐ B ☐ C ☐ D

4. ☐ A ☐ B ☐ C ☐ D

5. ☐ A ☐ B ☐ C ☐ D

6. ☐ A ☐ B ☐ C ☐ D

7. ☐ A ☐ B ☐ C ☐ D

8. ☐ A ☐ B ☐ C ☐ D

9. ☐ A ☐ B ☐ C ☐ D

10. ☐ A ☐ B ☐ C ☐ D

11. ☐ A ☐ B ☐ C ☐ D

12. ☐ A ☐ B ☐ C ☐ D

13. ☐ A ☐ B ☐ C ☐ D

14. ☐ A ☐ B ☐ C ☐ D

15. ☐ A ☐ B ☐ C ☐ D

16. ☐ A ☐ B ☐ C ☐ D

17. ☐ A ☐ B ☐ C ☐ D

18. ☐ A ☐ B ☐ C ☐ D

19. ☐ A ☐ B ☐ C ☐ D

20. ☐ A ☐ B ☐ C ☐ D

21. ☐ A ☐ B ☐ C ☐ D

Form Identifier -- Do not mark

