Florida Health Literacy Grant Initiative

2020 Pre-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.

Health Literacy Pre-test Assessment

1. Ⓐ Ⓑ Ⓒ Ⓓ Ⓔ	8. Ⓐ Ⓑ Ⓒ Ⓓ Ⓔ	15. Ⓐ Ⓑ Ⓒ Ⓓ Ⓔ
2. Ⓐ Ⓑ Ⓒ Ⓓ Ⓔ	9. Ⓐ Ⓑ Ⓒ Ⓓ Ⓔ	16. Ⓐ Ⓑ Ⓒ Ⓓ Ⓔ
3. Ⓐ Ⓑ Ⓒ Ⓓ Ⓔ	10. Ⓐ Ⓑ Ⓒ Ⓓ Ⓔ	17. Ⓐ Ⓑ Ⓒ Ⓓ Ⓔ
4. Ⓐ Ⓑ Ⓒ Ⓓ Ⓔ	11. Ⓐ Ⓑ Ⓒ Ⓓ Ⓔ	18. Ⓐ Ⓑ Ⓒ Ⓓ Ⓔ
5. Ⓐ Ⓑ Ⓒ Ⓓ Ⓔ	12. Ⓐ Ⓑ Ⓒ Ⓓ Ⓔ	19. Ⓐ Ⓑ Ⓒ Ⓓ Ⓔ
6. Ⓐ Ⓑ Ⓒ Ⓓ Ⓔ	13. Ⓐ Ⓑ Ⓒ Ⓓ Ⓔ	20. Ⓐ Ⓑ Ⓒ Ⓓ Ⓔ
7. Ⓐ Ⓑ Ⓒ Ⓓ Ⓔ	14. Ⓐ Ⓑ Ⓒ Ⓓ Ⓔ	21. Ⓐ Ⓑ Ⓒ Ⓓ Ⓔ

Form Identifier -- Do not mark