

Florida Health Literacy Grant Initiative
2018 Pre-Assessment: Staying Healthy for Beginners

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.

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Staying Healthy Beginners - Pre Assessment

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|--|---|
| 1. <input checked="" type="checkbox"/> A <input type="checkbox"/> B | 8. <input type="checkbox"/> A <input checked="" type="checkbox"/> B <input type="checkbox"/> C |
| 2. <input checked="" type="checkbox"/> A <input type="checkbox"/> B | 9. <input type="checkbox"/> A <input checked="" type="checkbox"/> B <input type="checkbox"/> C |
| 3. <input checked="" type="checkbox"/> A <input type="checkbox"/> B | 10. <input type="checkbox"/> A <input checked="" type="checkbox"/> B <input type="checkbox"/> C |
| 4. <input type="checkbox"/> A <input type="checkbox"/> B <input checked="" type="checkbox"/> C | 11. <input checked="" type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C |
| 5. <input type="checkbox"/> A <input checked="" type="checkbox"/> B <input type="checkbox"/> C | 12. <input type="checkbox"/> A <input checked="" type="checkbox"/> B |
| 6. <input type="checkbox"/> A <input checked="" type="checkbox"/> B <input type="checkbox"/> C | 13. <input checked="" type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C |
| 7. <input type="checkbox"/> A <input type="checkbox"/> B <input checked="" type="checkbox"/> C | |

Form Identifier -- Do not mark

