

AMERICAN JOURNAL OF HEALTH STUDIES

REVIEW ACTIVITY

Objectives: Upon completion of this review activity, you should be able to do the following:

- ❶ Describe the process and theoretical basis used to develop the Survey to Predict Adolescent Athletes Dietary Supplement Use.
- ❷ Describe the results of a study designed to assess the relationship between cultural identity and tobacco use in a sample of African American middle school students.
- ❸ Identify considerations related to adequate response rates in health education surveys.

After completing the required readings, type the appropriate response for all questions related to each article. All answer sheets must be clearly numbered and TYPED. For questions requiring listings, each item in the listings should be no longer than a phrase or a sentence. For those questions requiring a description, the description should be 2-4 sentences. Specific directions will be provided for other types of questions. Please remember to include your **name, address** and **CHES #** at the top of each page of your answer sheet.

I. Development of a Theory-Based Instrument Regarding Adolescent Athletes and Dietary Supplements (p. 71).

1. Two assumptions must be met if the Theory of Reasoned Action (TRA) is to explain a behavior. List these two assumptions.
 2. Describe attitude toward the behavior, and subjectivenorms as they relate to TRA.
 3. Describe two reasons why Likert scales were used in the instrument developed by the author.
 4. List the nine stages used in the development of the instrument.
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II. Cultural Identification and Tobacco Use Among African American Middle School Students (p. 82).

1. Describe Oetting's definition of cultural identity as presented in this article.
 2. Describe two findings presented in the discussion section of this article.
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III. The Importance of an Adequate Survey Response Rate and Ways to Improve It (p. 107).

1. Describe capacity analysis or asset analysis.
2. Describe non-response bias.
3. List six principles for improving response rate.

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REVIEW ACTIVITY REGISTRATION FORM

Name _____ CHES # _____

Address _____

Daytime Telephone # _____

Email _____

Setting in which you practice Health Education (Circle one)

- ❖ School
- ❖ College/University
- ❖ Community
- ❖ Worksite
- ❖ Medical Care

Position Title _____ Years in Profession _____

Review Activity Evaluation

(Circle the appropriate response)

	STRONGLY DISAGREE				STRONGLY AGREE
1 Activities address objectives	1	2	3	4	5
2 Contact hours equivalent to actual work hours	1	2	3	4	5
3 Content relevant to professional practice	1	2	3	4	5
4 The activities contributed to my professional growth	1	2	3	4	5

Comments: _____

Note: A separate form must be submitted with each Review Activity.