**Chapter 2**

1. Eclectic, creative, simplified, miniaturized applications of concepts for addressing problems are known as:

A. models.

B. theories.

C. replicas.

D. molds.

2. The first *P* in the PRECEDE-PROCEED model stands for:

A. planned.

B. practical.

C. predisposing.

D. premeditated.

3. Changes in health status (such as mortality, morbidity, disability indicators, etc.) and quality of life concerns (such as perceived quality of life, unemployment, etc.) are measured in:

A. process evaluation.

B. impact evaluation.

C. outcome evaluation.

D. cost-benefit evaluation.

4. The *P* in the PATCH model stands for:

A. participatory.

B. planned.

C. predisposing.

D. practical.

5. The acronym PRECEDE stands for policy, regulatory, and enabling constructs in educational/environmental diagnosis and evaluation. True or False

6. All of the following are unique features of the APEXPH model, *except*:

A. It is a form of self-assessment tool.

B. It leads to development of a practical plan of action.

C. It focuses on a local health department’s capacity and a community’s actual and perceived needs.

D. It fits national situations and resources.

7. The second step in model for health education planning is:

1. program initiation.
2. goal setting.
3. needs assessment.
4. planning.

8. The first phase in model for health education planning and resource development (MHEPRD) is:

1. research programs.
2. information and statistics.
3. demonstration programs.
4. health education plans.

9. The second phase in the PRECEDE-PROCEED model is:

A. social assessment and situational analysis.

B. educational and ecological assessment.

C. epidemiological assessment.

D. administrative and policy assessment and intervention alignment.

10. Assessment of the immediate effects of the program on its target behaviors or environments and their predisposing, enabling, and reinforcing antecedents is known as:

A. process evaluation.

B. impact evaluation.

C. outcome evaluation.

D. needs assessment.