According to the Health Belief Model, which of the following demonstrates a cue to action?

A. Placing an article in the local paper about influenza vaccination.
B. Having people in a smoking cessation program identify a quit date.
C. Asking students to choose the type of game they want to play in a physical education class.
D. Serving low sodium food at a senior center.

Which of the following demonstrates content on a flyer geared toward increasing the flu immunization rates of older adults, using the Health Belief Model construct of perceived susceptibility?

A. The dates and times vaccinations are available at the health department
B. A list of possible symptoms
C. The age groups most at risk for contracting the flu
D. A detailed explanation of flu complications in the different age groups

Which of the following theories would be most appropriate to base an intervention on that aims to increase participation in testicular cancer screening among high school students in an effort to combat the idea that cancer is an “old person’s disease”?

A. Health Belief Model
B. Attribution Theory
C. Theory of Reasoned Action
D. Self-Efficacy Theory

Which of the following is true of the Health Belief Model?

A. It is the most commonly used theory in health education and promotion.
B. It was initially developed to explain why people didn’t exercise.
C. It is based on rational emotive therapy.
D. It examines behavior from a religious perspective.

The Health Belief construct of perceived seriousness is best explained by which of the following?

A. The medical definition of the cause and effects of the illness.
B. An individual’s own opinion of the detrimental effects of a disease
C. Societal beliefs of the extent of disease seriousness.
D. Subjective norms attitudes toward the extent of disability caused by the disease.

6. The construct of perceived barriers refers to:
   A. a person’s lack of comprehension about the seriousness of a health problem.
   B. beliefs related to the financial obligations of adopting a new behavior.
   C. the things a person sees as impediments to change.
   D. any rule or regulation that may interfere with changing behavior.

7. The perception of threat in the Health Belief Model refers to:
   A. the likelihood of contracting a fatal illness.
   B. the perception of disease seriousness in combination with susceptibility.
   C. the degree to which a person is afraid of a disease.
   D. the individual belief of the outcome of contracting a particular illness.

8. The Health Belief Model was first developed in response to:
   A. the HIV/AIDS epidemic.
   B. an increase in cultural diversity in urban areas.
   C. the need to understand why people were not accessing free screenings.
   D. the lack of comprehensive model to explain behavior.

9. The underlying concept of the Health Belief Model explains that behavior results from:
   A. intention to engage in the behavior as a result of beliefs.
   B. the relationship between the environment, societal beliefs and the person.
   C. a series of stages and processes.
   D. individual beliefs and perceptions.

True and False

10. According to the Health Belief Model, benefits have to outweigh barriers in order for behavior to change.

11. The construct of perceived seriousness in the Health Belief Model explains that behavior cannot be changed unless the health issue is fatal.
12. Perceived susceptibility in the Health Belief Model explains that behavior is the result of individual belief in risk to a specific health issue.

13. Perceived threat refers to the person’s fear of dying from a disease.

14. The extent of personal belief of susceptibility to a disease and the seriousness of it, reflects the construct of perceived threat.

15. The construct of perceived benefits in the Health Belief Model explains that behavior change is influenced by the extent of expected positive results from the new behavior.