



**HEB SELF-STUDY  
CONTINUING EDUCATION CREDITS  
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**Measuring Exposure to Health Messages in Community-Based Intervention  
Studies: A Systematic Review of Current Practices**

*Daniel S. Morris, Megan P. Rooney, Ricardo J. Wray, and Matthew W. Kreuter*

1. What is not one of the three hallmarks of effective communication program evaluation design, according to Hornik?
  - a. Evidence of behavior changes
  - b. Effects follow a priori theoretical pathways
  - c. Effects reflect a dose-response
  - d. Alternate explanations of effects are ruled out
  
2. How does exposure differ from reach in terms of health communication?
  - a. Exposure is a population-level measure, reach refers to individuals
  - b. Exposure is an individual-level measure, reach is population-level
  - c. Exposure and reach are synonymous
  - d. Exposure is just one media channel, reach covers all channels
  
3. What is the most common way to assess exposure to health communications?
  - a. Self-report
  - b. Media content analysis
  - c. Audience Tracking
  - d. Media buy data
  
4. True or False: Increasing the specificity of recall items will enhance accuracy.
  - a. TRUE
  - b. FALSE
  
5. What the greatest threat to validity of studies about communication interventions?
  - a. Self-report bias

- b. Hawthorne effect
  - c. Selective exposure
  - d. Loss to follow-up
6. Misclassifying exposure in analysis of health communication will tend to:
- a. Confound variables
  - b. Exaggerate intervention effects
  - c. Bias results toward the null
  - d. Alter mediating relationships
7. What kind of exposure measures are needed to assess dose-response relationships in terms of health communication?
- a. Dichotomous
  - b. Scale
  - c. Longitudinal
  - d. Categorical
8. What measures tend to overestimate exposure to health communications?
- a. Recall
  - b. Recognition
  - c. Ringer
  - d. Confirmed recall
9. True or False: The majority of health communication studies reviewed by Morris, Rooney, Wray, and Kreuter used exposure measurements to analyze intervention effects.
- a. TRUE
  - b. FALSE
10. When describing outcomes, a failure to consider differing levels of exposure to health communication is the same as:
- a. Assuming all people in the experimental group received the same intervention dose
  - b. Assuming a minimal level of exposure
  - c. Assuming that exposure is co-linear with some respondent characteristics
  - d. Ruling out selective exposure bias