

# Changes in Healthy Aging Post-Test

Name \_\_\_\_\_  
(Please enter legal name above)

Birth date (required)

Format: 01/03/1999

M	M	D	D	Y	Y	Y	Y

Where do you work? (example: HCMC, MVAHCS, etc.) Enter N/A if you are not employed.

Hospital \_\_\_\_\_ Unit \_\_\_\_\_

\*Email Address \_\_\_\_\_

\*TCHP hospitals must use work email address.

I verify that I have read this home study and have completed the post-test and evaluation.

By checking this box, I am submitting my electronic signature to this statement.

- 1) Oxygen-free radicals are formed from:
  - a) Exposure to lead or mercury
  - b) Cellular metabolism of oxygen containing food
  - c) Cigarette smoking
  - d) All of the above
- 2) Which of the following is not an anti-oxidant?
  - a) Vitamin C
  - b) Selenium
  - c) Vitamin K
  - d) Glutathione
- 3) Is it a normal part of aging to have more fat deposition around the waist and less in the extremities?
  - a) Yes
  - b) No
- 4) Which of the following measures is helpful in decreased the risk of heart attack in the elder?
  - a) Aerobic exercise
  - b) Controlling cholesterol
  - c) Stopping smoking
  - d) All of the above
- 5) Seniors should be discouraged from talking, as talking will injure the larynx.
  - a) True
  - b) False
- 6) Which of the following problems is not part of normal aging?
  - a) Diminished alcohol metabolism
  - b) Diminished benzodiazepine metabolism
  - c) Increased incidence of gallstones
  - d) Less gastric acid secretion
- 7) Maintaining safety in the face of sensory loss might include using a red hall light, removing rugs, and getting bifocals or trifocals.
  - a) True
  - b) False
- 8) What percentage of functional nephrons are lost by the age of 80?
  - a) 10-20%
  - b) 20-30%
  - c) 30-40%
  - d) 40-50%
- 9) How much calcium should a post-menopausal woman ingest per day to prevent bone demineralization?
  - a) 500 mg
  - b) 1000 mg
  - c) 1500 mg
  - d) 2000 mg

**Expiration date:** The last day that post tests will be accepted for this edition is **December 31, 2017**—your envelope must be postmarked on or before that day.

# Evaluation: Changes of Healthy Aging

Please complete the evaluation form below by placing an "X" in the box that best fits your evaluation of this educational activity. Completion of this form is required to successfully complete the activity and be awarded contact hours.

At the end of this home study program, I am able to:	Strongly Agree, Agree, Neutral, Disagree, Strongly Disagree
1. Identify the physical, psychological, and social changes that may occur in a healthy elder.	
2. Describe activities and interventions that will help seniors maintain a healthy, active lifestyle.	
3. The teaching / learning resources were effective. <i>If not, please comment:</i>	

The following were disclosed in writing prior to, or at the start of, this educational activity (please refer to the first 2 pages of the booklet).	YES or NO
4. Notice of requirements for successful completion, including purpose and objectives	
5. Conflict of interest	
6. Disclosure of relevant financial relationships and mechanism to identify and resolve conflicts of interest	
7. Sponsorship or commercial support	
8. Non-endorsement of products	
9. Off-label use	
10. Expiration Date for Awarding Contact Hours	
11. Did you, as a participant, notice any bias in this educational activity that was not previously disclosed? <i>If yes, please describe the nature of the bias:</i>	

12. How long did it take you to read this home study and complete the post test and evaluation:  
 \_\_\_\_\_hours and \_\_\_\_\_minutes.

13. Did you feel that the number of contact hours offered for this educational activity was appropriate for the amount of time you spent on it?  
 \_\_\_Yes  
 \_\_\_No, more contact hours should have been offered  
 \_\_\_No, fewer contact hours should have been offered

Expiration date: December 31, 2017