Continuing Education

Continuing Education Questionnaire

This continuing education questionnaire offers dietetics professionals the opportunity to earn continuing professional education credit while also offering medical professionals the opportunity to earn continuing medical education credit. The questions and evaluation form are the same for both types of credit, but there are separate instructions and reporting forms for each. Please follow the instructions and fill out the appropriate form for the type of continuing education credit you are eligible to receive.

Continuing Professional Education Instructions
After reading the continuing professional education article, please answer the following questions by indicating your responses on the self-assessment questionnaire form. Once the Questionnaire has been mailed to and recorded by the ADA, you may fill out the Certificate of Completion on page 2032. Answers to the continuing education questionnaire can be found on page 2032.

This service is provided at no cost to ADA members, who may simply send this completed page to the address below. Nonmembers must include a check for $45 for each article completed. Send to: Kim Cardwell, American Dietetic Association, 120 South Riverside Plaza, Suite 2000, Chicago, IL 60606-6995.

Questionnaires must be returned within 1 year of their appearance in the *Journal* in order to be eligible for credit. Notification will not be sent if the hours are approved.

Continuing Medical Education Instructions
Release date: December 1, 2005
Expiration date: December 31, 2006
Estimated time to complete activity: 2 hours

There is no fee for participants who apply for Continuing Medical Education (CME) credit for this activity. On completion of this activity, to obtain American Medical Association (AMA) Physician's Recognition Award (PRA) category 1 credit, participants must forward the completed answer sheet and evaluation form via fax (800/201-7217) or mail to: Elsevier Office of Continuing Medical Education, Department 910162, 685 Route 202/206, Bridgewater, NJ 08807.

❑ ARTICLE 1: Intake of Added Oils and Fats among Middle-Aged French Adults: Relationships with Educational Level and Region of Residence

1. Countries from northern Europe tend to have lower rates of ischemic heart disease than southern European countries or the United States.
   ○ (a) True
   ○ (b) False

2. In this study, there was an inverse association between added animal fat and margarine intakes and:
   ○ (a) Age
   ○ (b) Educational level
   ○ (c) Socio-economic status
   ○ (d) Sex

3. Individuals living on the Mediterranean Coast of France had a higher consumption of oils with polyunsaturated fatty acid and oils with monounsaturated fatty acid than individuals in other parts of the country.
   ○ (a) True
   ○ (b) False

4. Over the last 3 decades, global aggregate consumption of added oils and fats has increased by:
   ○ (a) 20%
   ○ (b) 27%
   ○ (c) 32%
   ○ (d) 38%

5. Studies have shown that there is no difference in the amount of animal fats consumed when considering the social class of the individual.
   ○ (a) True
   ○ (b) False

6. Subjects in this study kept a 24-hour dietary record every 2 months. Information was then collected by:
   ○ (a) Face-to-face interviews
   ○ (b) Computerized transmittal
   ○ (c) Telephone interviews
   ○ (d) Mailed surveys

7. Europe has a uniform food composition database to facilitate nutritional study.
   ○ (a) True
   ○ (b) False

8. Which of the following is NOT an oil that is composed predominately of monounsaturated fatty acids?
   ○ (a) Olive oil
   ○ (b) Colza oil
   ○ (c) Sunflower oil
   ○ (d) Goose fat

9. For each level of energy intake, higher consumption of fats was associated with a net reduction in daily diet costs.
   ○ (a) True
   ○ (b) False

10. In this study, which group was the highest contributor to total fat intake?
    ○ (a) Added oils and fats
    ○ (b) Sausages and ham
    ○ (c) Milk and dairy products, including cheese
    ○ (d) Processed foods

❑ **ARTICLE 2: Dietary Intakes of Nutrients Thought to Modify Cardiovascular Risk from Three Groups of American Indians: The Strong Heart Dietary Study, Phase II**

1. American Indians who live in the southwest have higher rates of cardiovascular disease than tribes in the northern plains.
   ○ (a) True
   ○ (b) False

2. There is an increase in the prevalence of all of the following in American Indian communities except:
   ○ (a) Type 1 diabetes
   ○ (b) Impaired glucose tolerance
   ○ (c) Dyslipidemia
   ○ (d) Hypertension

3. Almost 80% of the female Strong Heart Study, Phase II participants in Arizona were diabetic.
   ○ (a) True
   ○ (b) False

4. Which of the following statements is true concerning the prevalence of obesity among American Indians compared to the US population?
   ○ (a) Half as many American Indians adults are obese.
   ○ (b) American Indian adults have the same prevalence of obesity.
   ○ (c) Twice as many American Indian adults are obese.
   ○ (d) Three times as many American Indian adults are obese.

5. In this study, intakes of total and saturated fat for both men and women _____ as age increased.
   ○ (a) Decreased
   ○ (b) Increased

6. Researchers reported that consumption of fruits and vegetables by adults on Lakota Indian reservations was negatively affected by all of the following except:
   ○ (a) Seasonal variations in produce
   ○ (b) Poor quality of produce
   ○ (c) Lack of availability
   ○ (d) Cost

7. Diets consumed by American Indian adults living on tribal reservations differed significantly in nutrient intake from the general population.
   ○ (a) True
   ○ (b) False

8. Mean dietary intakes of participants at all centers exceeded recommended intake for all of the following except:
   ○ (a) Protein
   ○ (b) Carbohydrate
   ○ (c) Folate
   ○ (d) Sodium

9. Nutrient intakes of the various American Indian nations varied greatly depending on traditional food habits, geographic location, and climate.
   ○ (a) True
   ○ (b) False

10. Recommendations of this study included all of the following except:
    ○ (a) Need for increased awareness of cardiovascular disease risk factors among adult American Indians through social marketing campaigns.
    ○ (b) Increased use of vitamin/mineral supplements to enhance nutritional status.
    ○ (c) Education about and incorporation of traditional food sources of nutrients.
    ○ (d) Increased intakes of fruit, vegetables, and whole grains to improve dietary compliance with national nutritional guidelines.

FOR DIETETICS PROFESSIONALS ONLY

CONTINUING PROFESSIONAL EDUCATION REPORTING FORM

Continuing Professional Education Articles, December 2005

Article Expiration Dates: Postmarked December 31, 2006.

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