

1- Mcq questions : (20 marks)

1. Primary prevention of mental illness focuses on:

- A. Treat individual in any psychiatric setting.
- B. **Teach stress management techniques to any population.**
- C. Refer clients who demonstrate symptoms to other appropriate mental health care providers.
- D. Provide ongoing outpatient therapy group that meets for mutual support of members.

2. Saffinax is:-

- A. Antimanic
- B. Antianxiety
- C. Antidepressant
- D. **Antipsychotic**

3. Erikson described the psychosocial tasks of the developing person in his theoretical model. The primary developmental task of the young adult (age 18 to 25) which is:

- A. **Intimacy versus isolation**
- B. Industry versus inferiority
- C. Generativity versus stagnation.
- D. Trust versus mistrust

4. According to Freud's psychosexual theory, the ego has several functions, one of which is to:

- A. Serve as the source of instinctual drives..
- B. Stimulate psychic energy.
- C. Operate as a conscience that controls unacceptable drives
- D. **Test reality and direct behavior**

5. If a child sucks his thumb which of Freud's psychosexual stages is he stuck in?

- A. Anal stage
- B. Latency stage

C. Phallic stage

D. Oral stage

6. Which part of the brain involved with visual recognition, auditory, perception, memory and emotions ?

A . Frontal lobes

B. Parietal lobes

(C). Temporal lobes

D. Occipital lobes

7. Which part of the brain concerned with integration of affective Emotional aspects of behavior, memories, and basic drives.

A. Sympathetic system

B. Para sympathetic

C. Parasympathetic system.

D. Limbic system.

8- Being aware of patient's likes and dislikes is means of showing:

A- Consistency

B- Assurance

C- Understanding

D- Acceptance

9. Man reacts to news of death of a loved one by saying, No, I don't believe you.

A. Denial.

B. Projection.

C. Repression.

D. Rationalization

10. Five years old girl dresses in the mother's shoes and dress and meets her father at the door

A. Intellectualization.

B. Suppression.

C. Isolation.

D. Identification.

11. The client tells the nurse that the television set in the room is really a two way radio. The client states that “voices are coming from the TV and everything we say in this room is being recorded.” The appropriate nursing response would be:

A. What are the voices saying?

B. That must be very frightening.

C. Do you recognize the voices?

D. Is the television set turned on?

12. A patient's spouse died three months ago. The patient says "I would like my friend Tom to have my collection of artwork because I don't need to look at them anymore". Which of the following responses by the nurse would be proper?

A. Did Tom ask for the artwork?

B. Are you planning to commit suicide?

C. Does Tom know you want to give him the artwork?

D. Why do you want to give the artwork away?

13. Acceptance, trust and boundaries are established during which phase of the therapeutic nurse-client relationship?

A. Working

B. Termination

C. Orientation

D. Preinteraction

14. The patient who refuses to eat his meals stating the food is poisoned is expressing an example of:-

A. Hallucination.

B. Delusion.

C. Negativism.

D. Depersonalization.

15. While the patient believes that his lover or partner is unfaithful. This means that the patient has:

- A. Delusion of persecution.
- B. Delusion of infidelity.**
- C. Obsession.
- D. Delusion of sin.

16. While you make assessment for the patient at the outpatient clinic, and you did not understand anything, this means:

- A. Flight of ideas.
- B. Confabulation.
- C. Incoherence.**
- D. Blocking.

17. The best approach for the mental health nurse to take when a client thinks his food is poisoned is to:

- A. assure the client that all food served on the hospital is safe to eat.
- B. obtain an order for a tube feeding for the client.
- C. provide the client with food in unopened containers.**
- D. tell the client that irrational thinking is detrimental to good health.

18- A 18 years old patient is admitted to the inpatient unit with a diagnosis of schizophrenia. The patient has had episodes of school absenteeism, withdrawal from friends, and bizarre behavior, including talking to his or herself.

Which types of disturbance the patient complain from?

- A. Altered thought process.
- B. sensory perceptual alteration.**
- C. Ineffective individual coping.
- D. Anxiety.

19. Recurrent, intrusive, senseless ideas, thoughts, and images that are ego-dystonic and involuntary are termed as

- A. Hypochondriasis
- B. Obsessions**
- C. Compulsions

D. Obtrusiveness

20-In order to assume the sick role intentionally produced physical or psychological symptoms are known as?

- A. Factitious disorder
- B. Conversion disorder
- C. Somatization disorder
- D. Hypochondriasis

2- True or false questions : (20 marks)

1.The central theme of the jealous delusion is unfaithfulness or infidelity of a spouse or lover.	<u>T</u>	F
2.Visual hallucinations are common in schizophrenic patient.	T	<u>F</u>
3.Is it more common for men to get depression than women	T	<u>F</u>
4.Certain medications used to treat somatic illnesses have been known to trigger a manic response.	<u>T</u>	F
5. Manipulative behavior is common in manic patient as attempt to fulfill personal desires.	<u>T</u>	F
6.Anxiety disorders are a disturbance caused by a stressful event or a perceived threat to self. The coping become ineffective in dealing with threat.	T	<u>F</u>
7-Using restraints may increase agitation in patients with dementia.	<u>T</u>	F
8-Tricyclic antidepressants are the first oldest class of antidepressant drugs.	<u>T</u>	F
9-The Selective serotonin reuptake inhibitors (SSRIs) are the class of antidepressants commonly used as the first line treatment for depression.	T	<u>F</u>

10- Instruct client who receive antidepressant drugs rise slowly from lying or sitting position to avoid Orthostatic hypotension.	<u>T</u>	F
11- Antidepressant drugs may be taken after food to minimize GIT distress.	<u>T</u>	F
12- For Sedation of antidepressant drugs, give the drug at bed time.	<u>T</u>	F
13-Anti- anxiety toxicity develops in overdose or accumulation of the drug in the body from liver dysfunction	T	<u>F</u>
14-Anti- anxiety drugs depress sub cortical levels of the central nervous system	<u>T</u>	F
15-Altruism is mutual sharing and concern for each other	<u>T</u>	F
16-In psychoanalysis the client is able to express true feelings toward individuals (represented by group members) with whom he or she has unresolved conflicts.	T	<u>F</u>
17-Principle is a rule that guides one's action.	<u>T</u>	F
18-Reassurance means taking another person at face value without punishing or approving his behavior.	T	<u>F</u>
19-staff behavior often mirrors patient's behavior and vice versa – it means confidentiality.	T	<u>F</u>
20.Conversion is transform anxiety on an unconscious level to physical symptoms that has organic cause	T	<u>F</u>

3- Situation : (20 marks)

Mr. Ali is a 40-year-old. His wife brought him to the admission office because he had exhibited strange behavior for several months. He accused his wife of poisoning his food, spending all money, having an affair with his boss, and telling stories about him. He displayed no facial expression during his initial interview. At the end of interview, Mr. Ali whispered to the interviewer and told him that he had been receiving messages from God while watching television. On the ward, he was observed to be agitated, violent, claiming that people are against him.

Based in this situation , please answers of the following questions :

1- The most important nursing diagnosis for Mr. Ali is : (3.5 marks)

- A. Altered thought process**
- B. Sensory perceptual alteration
- C. Social isolation
- D. Alteration in food intake less than body requirement

2- The most effective drug should be taken in case of Mr. Ali is: (3.5 marks)

- A. Lithante
- B. Clozapex**
- C. Tofranil
- D. Xanax

3- Mr. Ali claimed that people are against him this is consider: (3.5 marks)

- A. Delusion of grandeur
- B. Delusion of persecution**
- C. Delusion of reference
- D. Delusion of control

4- The best communication technique when we talk with Mr. Ali about his delusion is: (3.5 marks)

- A. Giving broad opining
- B. Voicing doubt**
- C. Focusing
- D. Encouraging comparison

5- Mr. Ali displayed no facial expression during his initial interview this means that he has: (3 marks)

- A. Blunted affect
- B. Flat affect**
- C. Inappropriate affect

D. labile affect

6- When we make nursing intervention about Mr. Ali's delusion we should:

(3 marks)

- A. Encourage patient to attend group and unit activities
- B. Contract with patient to tell someone if his suicidal thinking increase.
- C. Reinforce and focus on reality.**
- D. Encourage verbalization of problems associated with his delusion



Community Health Nursing
Guide model 4th year exam

Part I: Circle the (T) if the statement is true, and circle (F) if the statement is false (30 Marks one for each)

1.	Community health nurse must be a political and sectarian in her relationship with people.	F
2.	In community health practice, providing nursing care is different than in hospitals.	T
3.	Biological agents are many of viruses and gases which have potential hazards on the health of the workers	F
4.	Premarital education should be started early during pre-pregnancy.	F
5.	During pregnancy blood group is determined because of the risk of infection.	F
6.	Nuclear family is several generations or age-groups live together in the same household.	F
7.	DOTS rise the chance of treatment failure and relapse	F
8.	Schools and public places should have 10% for window from the floor area.	F
9.	The standards of potable water are chemical neutral or slightly acid.	F
10.	Health and health related facilities are an important indicator to get a clear picture about community.	T
11.	Teenager is most likely to have hepatitis C.	F
12.	Systemic routine visits made in response to specific problem.	F
13.	One characteristics of school age period are stress and strain.	T
14.	Isolation of child with measles belongs to the primary level of prevention	T
15.	Healthy community is one in which members have a high degree of awareness and uses its natural	T
16.	Primary health care aims and views at the shifting of minimum health facilities to target areas	F
17.	One of the declared aims of health education is to inform the public about the health services	T
18.	Hormonal replacement therapy should be advocated as a routine services for all older women	F
19.	Water account 40- 70% of the total body weight	F
20.	Rural community is an area where commercial is considered as the chief occupation of the people.	F
21.	Focus groups usually consisted of 20 to 30 people.	F
22.	Population consists from a specialized aggregate who live within the boundaries of the community	F
23.	In community health practice, providing nursing care is different than in hospitals.	T
24.	Endemic is the continuing presence of a disease or infectious agent in each geographic area	T
25.	Home visit enables the nurse to see the first hand of interacting factors that impact on the client's health status.	T

26.	An idiot is the best example for psychological handicapped children.	F
27.	Anyone who is unable or prevents the fulfillment of a role that is normal and affects the social relation namely disabled.	F
28.	Treatment of disability aims to improve the physical, social and psychological condition of the patient.	F
29.	One characteristics of school age period are stress and strain.	T
30.	Window area in classroom should be at least one- quarter of the floor area	F

Part II: - Read the following statements and circle only one best answer:(30 marks one for each):

1- Advantages of face to face methods include:

- a- There is no involvement and participation of the recipient.
- b- It is one way of communication.
- c- It provides immediate and personal rewards.
- d- It is fixed and rigid.

2- Ali has 6 children. His house is consisting of 2 rooms, bathroom is shared, lack of electricity, and presence of tap water outside the home. The best description of his house is:

- a- cluster houses
- b- slum houses
- c- municipal houses
- d- organized houses

3- Nontraditional family includes:

- a- nuclear family
- b- a nuclear-dyad family
- c- single-parent family
- d- Ganges family

4- Objectives of maternal and child health program includes:

- a- ensure that every expectant and nursing mother maintain good health
- b- history taking
- c- physical examination
- d- assessment

5- Mother should visit antenatal clinic during pregnancy at least:

- a- 10-12 visits in normal cases
- b- 15-17 visits in normal cases
- c- 15-20 visits in normal cases
- d- 12-15 visits in normal cases

6- The hepatitis B virus does not spread by:

- a- Having unprotected sex with an infected person
- b- Kissing, hugging, or sharing a toilet
- c- Sharing needles for IV drugs, steroids, piercing or tattooing
- d- From mother to baby during birth

7- Community diagnosis must consist of the following components:

- 1- The problem faced by recipient
- 2- The factors contributing
- 3- The participation by citizens
- 4- The community dynamics

The answer:

- a- 1 and 2 b- 3 and 4 c- 2 and 3 d- 1 and 3

8- Physical environment of classroom usually includes:

- a. 6×8 or 5×7 meters
- b. 4×6 or 5×8 meters
- c. 5×-6 or 5×5 meters
- d. 6×6 or 5×4 meters

9- Diminution of community as client includes:

- a- climate
- b- Plaint
- c- Location
- d- Economic

10- Factors affecting the health of any community include the following Except:

- a- welfare
- b- Physical environment
- c- Geography and climate
- d- Industrial condition

11- The severity of damage produced by radiation depends on:

- 1- The type of tissue absorbing the radiation
- 2- Advance technology
- 3- Frequency and duration
- 4- Intensity of energy

The answer:

- a) 1, 2, 3 b) 2, 3, 4 c) 2, 3, 4 d) 1, 3, 4

12- Blanching fingers resulted from exposure to one of the following hazards:

- a- Mechanical hazards
- b- Chemical hazards
- c- Physical hazards
- d- Biological hazards

13- Accident can be prevented by the following:

- a-Emergency care
- b-Home care
- c-Vision care
- d-Physical disabilities

14- Body mass index is used to:

- a-Reduce risk of chronic disease
- b-Build a base for healthy
- c-Evaluate weight in adult
- d-Recommendation dietary allowance

15- Which of the following is an appropriate goal of nursing care for a client at risk for nutritional problems?

- a-Provide oxygen.
- b-Promote healthy nutritional practices.
- c-Treat complications of malnutrition.
- d-Increase weight

16-One of the following considers characteristic for chronic disease:

- a- Un-residual disability
- b- Caused by reversible pathogenic alterations
- c- Caused by non-pathogenic alterations
- d- Need average time of supervision and care

17- In assessment of chronic disease the community health nurse collect data about:

- a- Morbidity and mortality
- b- Nutritional status
- c- Lifestyle
- d- Psycho-social condition

18-The importance of home visits is:

- a- Strengthening family function
- b- The nurse has unusual opportunities for case finding
- c- Focus on client out comes and cost effectiveness
- d- Requires a well-trained staff

19- What is the pathogen that causes typhoid fever?

- a- Shigella dysentery
- b- Salmonella typhi
- c- Escherichia coli
- d- Vibrio cholera

20- Tertiary prevention is needed in which stage of the natural history of disease?

- a- Pre-pathogenesis
- b- Pathogenesis
- c- Prodromal
- d- Terminal

21- Clarifying the purpose for home visit occurs in

- a- Initiation phase.
- b- Pre-visit
- c- Actual visit
- d- Post visit

22- The school health committee is recommended comprehensive medical examination

- a. Every year
- b. Every new grade
- c. Every four years
- d. Every two years

23-Which the rehabilitation types that making strengthen of the weak muscles and maintain proper body alignment?

- a. Vocational rehabilitation
- b. Social rehabilitation.
- c. Medical rehabilitation
- d. Psychological rehabilitation

24-Preventive school health services include the following: -

- a - Treatment of any discovered disease.
- b- Follow-up and counseling for normal child.
- c- Referral for specialist care.
- d- Dental care

25- Nurse is supervising a group of elderly clients in a residential home setting. Which of the following reason is at greater risk of developing sensory deprivation for elderly client?

- a. Increased sensitivity to the side effects of medications.
- b. Decreased visual, auditory, and gustatory abilities.
- c. Isolation from their families and familiar surroundings.
- d. Decrease musculoskeletal function and mobility

26- Community Health Nurse concerned with establishing a trustful relation with the family. This is most likely done by any of the following actions.

- a. Implementing nursing process
- b. Initiating referrals.
- c. Making brief socialization.
- d. Controlling interruptions

27-Which of the following are considering perinatal cause of disability:

- a. The age of the mother
- b. Maternal health and nutrition
- c. Illness of the mother
- d. Sexually transmitted diseases

28- The pre-visit activities for home visiting are:

- a. Gathering information.
- b. Accepting the client.
- c. Explaining the reason for the visit.
- d. Observing the home environment.

29- Which type of the following examination required for food handlers?

- a. Complete blood count
- b. chest X ray
- c. urine analysis
- d. Anthropometric measurement

30-The ranking of groups within society by income, education, occupation, prestige, or a combination of these factors is considered:

- a. Welfare system
- b. Communication system
- c. Social Class
- d. Cultural Characteristics

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Good luck



Nursing Administration Department



Guided questions of Nursing Administration

for Fourth Year Students

Prepared By

Teaching Staff of Nursing Administration Department

I- True Or False

Check (T) in front of true sentences and (F) in front of false sentences:

Statements	Answers
1. The number of nursing staff available should be divided equally among the three shifts	(F)
2. Retrospective audit is audit To assess the past and present care given To client	(F)
3. Outcome standard is the effect of care on the patient people significant to him and community.	(T)
4. The centralized approach to staffing is easier for handling absenteeism.	(T)
5. The head nurse position in the hospital is the first line manager.	(T)
6. Task oriented leadership style "put high concern for the people who perform the task and low concern for task.	(F)
7. Win – win strategy of conflict resolution occurs when the two parties gets what they want.	(T)
8. Emotional reasons of procrastination is escape an over whelming task.	(T)
9. The autocratic style of leadership is a style of the best choice for nurses who are managers.	(F)
10. To be effective performance appraisal needs to provide objective assessment of the knowledge, skills, and abilities of employees.	(T)
11. Informal group usually exists to meet needs of the group.	(T)
12. Group goal are established in the working phases in group development.	(T)
13. Responsibility of change agent in refreezing support others so that change remains.	(T)
14. Intrapersonal conflict occurs between two or more individuals.	(F)
15. Poor planning and in ability to delegate one considered external time waster.	(F)
16. Emergency situations call for participative management.	(F)

17. Formal appraisal quickly encourages desirable performance and discourages undesirable action before it becomes habitual.	(T)
18. Anxiety often high during orientation phase in group development.	(T)
19. Responsibility of change agent in unfreezing stage is developing plan.	(F)
20. Horn effect mean: over emphasizes negative event, under-rates Total performance.	(T)
21. Administrative procedures referring mainly to rules and regulations of the nursing services department.	(T)
22. In telephone report you should listen carefully and do not repeat information	(F)
23. The change process is similar to nursing process.	(T)
24. The change agent is the outsider helper used to plan and implement the change.	(F)
25. Resistance to change is un expected.	(F)
26. The successful change involves phases unfreezing, moving and refreezing.	(T)
27. The successful manager will use one style of leadership in all occasions.	(F)
28. The ideal manager is able to utilize all leadership styles.	(T)
29. Performance appraisal tool simplicity means that it is easy to use and does not require complicated procedures.	(T)
30. Performance evaluation should never based on the personal traits	(T)
31. In checklist form, the rater lists a number of traits that ranges from unsatisfactory to exceptional or excellent or outstanding.	(F)
32. In numerical rating form usually includes numbers against a list of behaviors or factors to be evaluated.	(T)
33. Informal appraisal should conduct annually, semiannually, or quarterly depending on the organizational policies.	(F)
34. Documentation can be a source for determining educational needs of the patient.	(T)

35. Democratic leader allows subordinates To set their own activities and To do what ever they desire.	(F)
36. The "grapevine" constitutes social interaction	(T)
37. Case management is similar to primary and team methods of assignment.	(F)
38. A real learning need is something a person feels he needs to know.	(F)
39. When writing the patient care assignment geographical location should be considered.	(T)
40. It is not necessary To up-date the job description.	(F)
41. A patient classification system is one that describes the system for delivery of nursing care (e.g. team nursing or primary nursing).	(F)
42. The centralized approach to staffing is easier for handling absence.	(T)
43. Report is a comprehensive collection of data that describes a patient's condition health care needs, health care services received and response to care.	(T)
44. A cyclical staffing system means the work schedule is regularly repeated for specific number of weeks.	(T)
45. Decentralized scheduling is unbiased and allows consistent scheduling and equitable application of agency policy.	(F)
46. Centralized scheduling is planned at the unit level, usually by the head nurse.	(F)
47. Case method used by the head nurse when a shortage of equipment and nursing personnel.	(F)
48. In centralized scheduling personnel below that they get more personalized attention.	(F)
49. Centralized scheduling provides an overall picture of the staffing situation.	(T)
50. In making a time plan you should provide a day off before and after a night duty is given to that nurse.	(T)

II- Matching Select the suitable answer from column "B" for the items listed in column "A" and write the letter in the space provided:

	Column "A"	Column "B"
B	1- Halo effect:	A- Overemphasizes a negative event, underrates total performance.
A	2- Horns effect :	B- Overemphasizes a positive event, overrates total performance.
D	3- Central tendency error:	C- The tendency of evaluators to not include written comments on appraisal forms.
E	4-Self-aggrandizing effect:	D- Performance is not observed, median rating given for all tasks.
C	5- Written comments problem:	E- Rates worker so as to create favorable view of manager.

II- Matching Select the suitable answer from column "B" for the items listed in column "A" and write the letter in the space provided:

	Column "A"	Column "B"
C	1- Supplies	A- Articles that should last for more than 5years, e.g., furniture
E	2-Equipmen	B- refers to objects built into the walls and floors of the hospital, e.g., sinks
D	3- Facilities	C- expendable items also called consumable , articles being used periodically and recorded frequently to maintain sufficient amount on hand;
B	4- Fixed equipment	D- aids, circumstances which make it easy to do things, e.g., nursing room, units store and cupboard
A	5- Movable items	E- refers to non-expendable items or non – recurrent that lasts for several years and needs care and maintenance

II- Matching Select the suitable answer from column "B" for the items listed in column "A" and write the letter in the space provided:

	Column "A"	Column "B"
B	1- Progress notes	A- The written medical orders constitute the directions to the nursing and staff covering all medications and treatments given to the patient.
A	2- Physician's orders	B- Should be specific statements relating to the course of the disease
D	3- Vital signs record	C- The primary purpose of is to assist the physician in establishing a diagnosis on what to base the care and treatment of the patient.
E	4- Nurses' notes	D- Is used to record frequent observations such as temperature, pulse, respiration, blood pressure, and state of consciousness.
C	5- History of physical examination	E- Are used to record their staff observations, including significant and pertinent data on medication, treatment, diet, abnormal condition.

III: Fill in the space:

- 1- Which type of time planning and which pattern of working hours that does not provide for maximum level of care seven days a week is **Block schedule** and **Straight shift hours**.
- 2- **Staffing** refers to the number and composition of personnel assigned to work on a unit at a given time.
- 3- Leadership style directly relates to the amount of **control** or **freedom** allowed the group.
- 4- Groups are two or more persons have **shared needs** and **goals** and who take each other into account in their actions”.

5- A **report** is a system of communication, prepared by individuals delegated to bring or send information to others about the existing situation.

IV: Choose the correct answer:

1- Which of the following professional nursing service personnel except:

- a. Nursing director assistant.
- b. Head nurse assistant.
- c. **Nursing assistant.**
- d. Supervisor.

2- Which of the following one non-professional nursing service personnel:

- a. Nursing director assistant.
- b. Head nurse assistant.
- c. **Nursing assistant.**
- d. Supervisor.

3- Which of the following one the important aspects of good administration:

- a. **Supervision.**
- b. Motivation.
- c. Coordination.
- d. Orientation.

4- Decision making (select solution) is the -----of problem solving process.

A- 1st step.

b- 2nd step.

C- 4th step.

d- 5th step.

5- Which type of decision used when managers aimed to find alternatives that are not ideal but meet minimal requirements.

A-Optimizing

B- Consultative

C- Satisfying

d- Non programed

6- Which type of decision used when managers realize that the perfect decision is not possible because of incomplete information, inadequate time,

A- Optimizing

b- Consultative

C- Satisfying

d- Non programed

- 7- These are the routine decisions that are faced over and over {repetitive:
 A- Optimizing **b- Programed**
 C- Satisfying d- Non programed
- 8- The following are Causes of poor decisions **Except:**
 A- Incompetent manager b- Inadequate or too much data.
 C- Confused responsibilities. **d- Good management atmosphere**
- 9- The following included in induction process when developing the staff **Except:**
 A- Organization Structures. b- Agency history.
 C- **Tools of performance appraisal.** d- Holidays.
- 10- Which one of the following is the method of problem solving
 A- Trial and error b- Experimentation.
 C- Self solving. **d- All of the above**
- 11- The manager should consider principles of problem solving which include the following **Except:**
 A- Separate large problems from small ones. **b- delegate small problems**
 C-Use policy to solve small problems d- consult internal & external experts.
- 12-Decision making as art because it can be learned through.....:
 A- Practice. b- Trial and error.
 C- Observation. **d- All of the above**
- 13-The following are included in performance appraisal Standard **Except:**
 A- Job description. **b- Personnel interests.**
 C- Polices. d- Procedures.
- 14-The following are advantages of graphic rating scale method **Except:**
 A- Easy to construct. b- Easy to complete
 C- Acceptable to raters. **d- Raters differ in their standard**
- 15-Which of the following are problems in performance appraisal:
 A. Central tendency error. b- Halo effect.
C- All of the above. d- Horn effect
- 16- The tendency to rate an employee lower than their performance is called
 A. Central tendency error. b- Halo effect.
C- Self-aggrandizing effect d- Horn effect

- Length of stay
- Patient number, fluctuation in number
- Age groups
- Care expectations

5- List Leadership roles in planned change?

1. Is visionary in identifying areas of needed change in the organization and the health care system.
2. Demonstrates risk taking in assuming the role of change agent.
3. Demonstrates flexibility in goal setting in a rapidly changing health care system.
4. Anticipates, recognizes, and creatively problem-solves resistance to change.
5. Serves as a role model to subordinates during planned change by viewing change as a challenge and opportunity for growth.
6. Role models high level interpersonal communication skills in providing support for followers undergoing rapid or difficult change.
7. Demonstrates creativity in identifying alternatives To problems.

6- List the characteristics of good decision?

1-it is technically correct:

Data have been researched or investing the decision is based on the facts or technical competent

2-it produced as few negative effects as possible.

Action is taken a good decision is of little value if it is not carried out.

7- List criteria for group decision making?

Employee or worker groups can be included in the decision making process when:-

1-the decision will have an influence on the employees

- 2-The decision is not urgently needed and time permits
- 3-Company and departmental priorities permit and the manager is willing To agree To and stand by the decision made by the group
- 4 -The manager or supervisor must exercise judgment and assess the group for characteristics maturity

8- List the causes of poor decision:

- 1-Incompetence of the manager
- 2- Inadequate or Too much data
- 3- Confused responsibilities
- 4-Poor management atmosphere
- 5- Failure to set time limits

9- List Characteristics of skillful problem solvers

- 1. Delegate the responsibility To the most capable nurses
- 2. Wide range of interests and their knowledge of several subjects
- 3. Political liberal, cognitive complexity, and reflective.
- 4. Using different approaches To problem solving.

10- List role of head nurse in patient admission administration in her unit?

- 1- The HN acts as courteous hostess when the Patient is admitted to the unit.
- 2- She great the new patient. and his relatives in friendly manner
- 3- It is preferable for the HN to use patients on name if she knows it.
- 4- She introduces herself and the staff member who will assist in the admission of the patient.
- 5- The first impression is important and it is lasting.
- 6- Understands the patients and gives them the mental and moral support he is requiring.
- 7- Treats the patients as she would like to be treated in the same situation.



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Faculty of Nursing
Gerontological Nursing Department

Guided Exam– 4th year nursing students
Gerontological Nursing

I- Write (T) if the statement is true, and write (F) if the statement is false:

NO.	Statement	T or F
1.	A vaccination considers the secondary level of level of prevention.	F
2.	Improve depressive state of elderly considers one from the social benefit of exercise.	F
3.	Living alone and low income making the elderly malnutrition.	T
4.	Gastrointestinal change in elderly include increase the gastric secretion.	F
5.	Vitamin is essential components for tissue growth. A minimum daily intake of 1 gm./kg of body weight is recommended.	F
6.	Older people are at increased risk for dehydration due to age associated decline in thirst sensation.	T
7.	Immunosenescence lead to decrease incidence and severity of infectious diseases	F
8.	The most common over the counter medication are analgesics, laxatives& antacids.	T
9.	Elder abuse is doing something or failing to do something that results in harm to an elderly person or puts a helpless older person at risk of harm.	T
10.	Sexual abuse is any act of violence or rough treatment causing injury or discomfort and is the use of force to harm or to threaten harm.	F
11.	Unexplained falls and injuries is an indicator of physical abuse.	T
12.	Striking, shoving, shaking, beating and force feeding are examples of physical abuse.	T
13.	Soiled clothing or bed is an indicator of social abuse.	F
14.	Dehydration or malnutrition without illness is related cause of psychological abuse.	F

15.	Psychological abuse is the willful infliction of mental anguish by threat, humiliation, or other verbal or nonverbal conduct.	T
16.	Ignoring the person (for example, by not speaking for a long time is a physical abuse.	F
17.	Harassment and bullying is an indicator of neglect.	F
18.	Intimidation and ridicule is indicators of psychological abuse.	T
19.	Inappropriate touching and fondling is indicators of sexual abuse.	T
20.	Financial abuse is the illegal or improper use of an older person's funds, property and resources.	T
21.	Elder signs on another's loan is indicator of financial abuse.	T
22.	Neglect is the failure of a caregiver to fulfill his or her care giving responsibilities.	T
23.	Failure to provide proper health care is indicator of neglect.	T
24.	With aging, increase thickening of heart walls, especially in the right ventricle and cardiac output decreases by 25%.	F
25.	Daily protein intake recommended for elderly person with 70 kg, is 60 gm.	F
26.	With aging, increase in the mucus that produced normally to protects the lungs against infection.	F
27.	Decreases in peak airflow and gas exchange with aging.	T
28.	The gag reflex is depressed in older adults, which lead to episodes of heartburn or vomiting of undigested foods.	F
29.	Peristalsis of the intestine increase with aging leading to increase occurrence of constipation, incomplete elimination and fecal impaction.	F
30.	Pancreas becomes more fibrotic and there is a decline in pancreatic secretions and enzyme output and affects the protein digestion.	F
31.	Insoluble fibers that found in oats and has benefit in lowering serum cholesterol level and improves glucose tolerance.	F

32.	With aging blood flow to the kidneys decreases by 30 percent per decade.	F
33.	With aging, lens gradually decrease the size and density.	F
34.	The number of taste buds decreases as you age and sensitivity to the tastes often declines after age 60.	T
35.	FANCAPES is a model stands for fluids, aeration, nutrition, communication, activity, practice, elimination, and socialization.	F
36.	Obesity class1 in calculated body mass index include 30- 34.9.	T
37.	In calculated body mass index, over weight include 35- 39.9.	F
38.	Mild malnutrition in calculated the percentage of ideal body weight includes 70-79 %.	F
39.	Hearing loss is common among older adults.	T
40.	Respiratory depression is of special concern among persons with pulmonary disorder.	T
41.	The capacity of the elderly to feel frightened or at peace, loved or lonely, and sad or secure are depleted.	F
42.	The most helpful interventions in end of life care are those which ease discomfort and provide meaningful connections to family and loved ones.	T
43.	Respite Care could involve the patient having a brief inpatient stay in the hospital.	F
44.	Anticipating the loved one's death can produce reactions from relief to sadness to feeling numb	T
45.	The end of life care indicated when The patient have decided to stop receiving treatments for his disease	T
46.	Allow the patient to express fears of death is one of the principles for end-of-life care	F
47.	Modification of activity and rest for fatigue management	T
48.	Palliative care affirms life while accepting death as it is a normal conclusion	T

49.	The first step starts with the use of acetaminophen, aspirin, or non-steroidal anti-inflammatory drugs for severe pain.	F
50.	The step 3 of severe pain management, the opioid of choice is immediate-release morphine.	T
51.	Fatigue affects patient's relationships with others, self-perception, and ability to function	T
52.	Candida infections should be treated initially with a toothbrush dilute hydrogen peroxide.	T
53.	Doses of pain medication have to be adjusted in the care of patients with hepatic or renal insufficiency.	T
54.	Restlessness can caused by respiratory distress - dyspnea, cough,and tracheal obstruction	T
55.	Prolonged silence when communicating with elderly make the individual more distracted or anxious	T
56.	The elderly respond more to the spoken word than the tone of voice and gestures	F
57.	Eye contact convey message, Regardless of the culture	T
58.	Nonverbal behavior reveals feelings and attitudes without using words that may confirm verbal communication.	T
59.	the facial expression of the nurse may be the most significant form of communication when dealing with elderly	T
60.	A person with receptive aphasia cannot understand language	T
61.	Hepatic blood flow gradual increase 35 to 50% around the age of 40 years.	F
62.	Pathologic conditions only influence the action of drug contribute to non-adherence	F
63.	loss of lean body mass accelerates after the age of 40 years, even in healthy older adults.	F
64.	Pharmacodynamics describes how the body is affected by the drug at the cellular level and organ.	T
65.	Change in the patient's weight especially weight loss may affect medication consumption patterns.	F
66.	Elimination half-time is the time required to decrease the drug concentration by one half of its original value.	T
67.	Noncompliance refers to medication taking patterns that similar for the prescribed pattern.	F
68.	Ability to follow the correct dosage regimen is considered one of behaviors factors that affect the appropriate use of medication.	T

69.	Older adults aged 85 years and older are usually high risk for medication-related problems.	T
70.	Disease category can contribute to medication non-adherence	T
71.	Older adult require to void more frequently as a result of decrease in spontaneous detrusor muscle contraction	F
72.	Falls are a normal part of aging and are not preventable.	F
73.	Insufficient time during third stage of sleep can cause emotional dysfunction.	F
74.	Barriers that interfere with pain assessment and treatment in the elderly include Perception of pain by others	T
75.	No treatment require for chronic insomnia which occur as result of stressful situation.	F
76.	Older adults spend more time in third and fourth stages of sleep resulting in more night time sleep disturbances.	F
77.	Acute pain is moderate to severe discomfort and more difficult to manage.	T
78.	Insufficient amount of stage III of sleep can cause emotional dysfunction.	F
79.	With ageing; decreased in bladder elasticity requires the older adult to void more frequently.	T
80.	Cognitive functioning and perception of pain by other are considered from barriers that interfere with pain assessment in the elderly.	T
81.	Dementia is most frequently occurring geriatric syndrome especially among hospitalized older adults.	F
82.	Chronic renal insufficiency and cardiovascular disorders considered risk factors of delirium in older people.	T
83.	Delirium is a disturbance of consciousness with impaired attention and disorganized thinking.	T
84.	Diagnostic criteria of dementia must include decline in ability to recognize or identify objects which assuming intact sensory function.	F
85.	Changes in personality, behavior and difficulty with language are typical symptoms of Lewy bodies dementia.	F
86.	Lewy body dementia is characterized by the presence of Lewy body's fats in the cerebral cortex and brain stem.	F
87.	Dementias with Lewy bodies are common among individuals with Pagets disease.	F
88.	Elderly with a severe depressive episode will have some difficulty in continuing with ordinary work and social activities.	F

89.	Psychotherapy helps by teaching new ways of thinking and changing habits that may be contributing to the depression.	T
90.	Antidepressants can be an effective form of depression treatment and response time is shorter in elderly <6-12 days.	F
91.	Electroconvulsive therapy may cause short term side effects such as confusion and memory loss.	T
92.	Loneliness is an objective state of emptiness, deprivation or sadness caused by being without some definite needed relationship.	F
93.	Social isolation is a subjective state associated with the absence of contact with others	F
94.	Encourage the use of eyeglasses and hearing aids to correct sensory deficits is important for patients with delirium.	T
95.	Partial and intermittent care services support independent individuals in maintaining their self-care capacity.	F
96.	Nurses in supportive and preventive services help older adults maintain independence, prevent risks to health and well-being.	T
97.	Financial aid is one of complete and continuous care services.	F
98.	Widowhood, adjustment to a chronic disease, and retirement are situations that may necessitate professional counseling.	T
99.	Older persons often are given discounts for bus, taxicab, subway, and train services.	T
100.	Supportive and preventive services provide assistance to individuals with complete limitation in self-care capacity.	F
101.	Persons unable to shop and prepare meals independently may benefit from having meals delivered to their homes.	T
102.	Older adults who are homebound, disabled, or lonely may benefit from a telephone reassurance program.	T
103.	Adult foster care and group home programs offer services to individuals who are not able of self-care but who require supervision to protect them from harm.	F
104.	Adult day care provide for older adults who are unable to remain at home during the day without supervision.	T
105.	Day treatment and day hospital programs offer assistance is provided with self-care activities and therapeutic needs.	T
106.	Partial and intermittent care services include day treatment and day hospital programs care and case management.	T
107.	Assisted living supplements independent living with special services that maximize an individual's capacity for self-care.	T
108.	Assisted living facility is a housing facility for people without disabilities.	F

109.	Assisted living may include the administration or supervision of medication, or personal care services provided by a trained staff person.	T
110.	Care and case management often provided by registered nurses or social workers who assess the elder's needs.	T
111.	Hospice is listed under supportive and preventive services, and also complete and continuous care services.	F

II-Choose the correct answer:

1. Goals of health promotion:-

- a) Maintain function independency.
- b) Improve (enhance) quality of life.
- c) Increase quality and years of healthy life.
- d) All of the above.

2. Factors for maintaining health in older adults all the following Except:

- a) Avoidance of disease.
- b) Maintaining and improving physical / mental health.
- c) Active engagement with life.
- d) Infection exposure.

3. Social benefit of exercise:-

- a) Improve interaction with other
- b) Improve mood state.
- c) Improve self-image.
- d) Reduce stress.

4. Factors affecting nutritional status in elderly:-

- a) Psychosocial factors.
- b) Economic factors.
- c) Cultural factors.
- d) All of the above.

5. Importance of rest & sleep for elderly the following Except:-

- a) Conserve energy.
- b) Provide organ respite (rest).
- c) Restore the mental alertness.
- d) Increase anxiety.

6. Factors affecting sleeping patterns include:

- a) Age related changes in sleep patterns.
- b) Social factors.
- c) Cultural factors.
- d) None of the above

7. Signs of spiritual distress except:

- a) Doubt.

- b) Despair.
- c) Joy.
- d) Boredom.

8. Physical abuse includes the following:

- a) Striking and shoving.
- b) Shaking and beating.
- c) Force-feeding.
- d) All of the above.

9. Indicator of physical abuse includes the following:

- a) Injury that has not been cared for properly.
- b) Threatening behavior.
- c) Denial of basic rights.
- d) Lack of basic care.

10. Financial abuse include the following except:

- a) Swindling.
- b) Pressuring an older person to distribute assets.
- c) Managing an older person's money irresponsibly.
- d) Abandonment.

11. Indicators of physical abuse include the following:

- a) Poor coloration.
- b) Harassment.
- c) Improper fitting or damaged dentures.
- d) Fondling.

12. Indicators of emotional abuse include the following Except:

- a) Humiliation.
- b) Intimidation.
- c) Swindling.
- d) Ridicule

13. Indicators of sexual abuse include the following:

- a) Swindling.
- b) Fondling.
- c) Abandonment.
- d) Intimidation.

14. Indicators of financial abuse include the following:

- a) Eldery unawareness of monthly income.
- b) Evidence of inadequate care.
- c) Non- responsiveness.
- d) Lack of personal care.

15. Indicators of neglect include the following:

- a) Ridicule.
- b) Fondling.

c) Abandonment.

d) Poor coloration.

16. The failure of a caregiver to fulfill his or her care giving responsibilities is:

a) Neglect.

b) Emotional abuse.

c) Physical abuse.

d) Sexual abuse.

17. Behavioral signs of elderly abuse include the following:

a) Non- responsiveness, resignation.

b) Dependency.

c) Cognitive impairment.

d) Lack of acknowledgement.

18. Consequence of elder abuse include the following:

a) Lack of acknowledgement.

b) Non- responsiveness, resignation, ambivalence.

c) Hesitation to talk openly.

d) Caregiver stress or burden.

19. Physical abuse includes the following:

a) Striking and shoving.

b) Shaking and beating.

c) Force-feeding.

d) All of the above.

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29. Consequence of elder abuse include the following:

a) Lack of acknowledgement.

b) Non- responsiveness, resignation, ambivalence.

c) Hesitation to talk openly.

d) Caregiver stress or burden.

30. Age related changes of heart include the following except:

a) Enlargement of heart chambers and coronary cells.

b) Increased thickening of heart walls.

c) Decrease in heart weight of about 1.5gm/year in women and 1.0 gm/year in men measured from age 30 to age 90 years.

d) Cardiac output decreases by 25%.

31. Age related intrapulmonary changes include one of the following:

a) Calcification of costal cartilage.

- b) Loss of vertebral disk space.
- c) Diminishes muscles strength.
- d) Alveoli and alveolar ducts enlarge.

32. Age related changes in the thorax include one of the following:

- a) Decrease in the mucus.
- b) Changes in elastin and collagen.
- c) Alveoli and alveolar ducts enlarge.
- d) Diminishes muscles strength.

33. Age-related changes in esophagus:

- a) Jaw muscles become weak.
- b) The gag reflex is depressed in older adults, which lead to episodes of choking and aspiration.
- c) The volume of saliva can be reduced in the elderly.
- d) Decrease of gastric secretions.

34. Functional changes of respiratory system that occur with aging:

- a) The maximal force available for both inspiration and expiration increases.
- b) Residual volume (RV), decrease with age.
- c) Increase in peak airflow and gas exchange.
- d) Decline in the effectiveness of lung defense mechanisms.

35. Calories requirements determined by a combination of factors including the following except:

- a) Age and sex.
- b) Weight and height.
- c) Health status and usual activity level.
- d) Race.

36. The caloric requirements in people aged 51-75 years, usually diminished by:

- a) 20%.
- b) 10%.
- c) 15%.
- d) 25%.

37. For older adults, a minimum daily protein intake that is recommended:

- a) 4 gm/kg of body weight.
- b) 1 gm/kg of body weight.
- c) 3 gm/kg of body weight.
- d) 2 gm/kg of body weight.

38. For older adults, the total fat intake should be limited to:

- a) 10-30% of the total energy intake.
- b) 20-40% of the total energy intake.
- c) 50% of the total energy intake.
- d) 40-60% of the total energy intake.

39. Insoluble fibers found in:

- a) Grains and vegetables.
- b) Oats.
- c) Meat and liver.
- d) None of the above.

40. Examination of the skin includes:-

- a) What is the patient's current fluid status.
- b) Any of the lesions describe.
- c) What is the patient's usual food intake.
- d) What is the patient's level of coordination.

41. Physical measurement of the body, most commonly, weight and height:-

- a) Anthropometric measures.
- b) Instrumental activities of daily living.
- c) FANCAPES.
- d) Clinical examination.

42. Weight in relation to height that is calculated $Wt (kg) / ht (m)^2$:-

- a) Weight change.
- b) FANCAPES.
- c) Body mass index.
- d) Clinical examination.

43. Healthy or normal body mass index includes:-

- a) 25 – 29.9.
- b) 30 – 34.9.
- c) 18.5 – 24.9.
- d) 35 – 39.9.

44. In calculated body mass index, over weight includes:-

- a) 25 – 29.9.
- b) 30 – 34.9.
- c) 18.5 – 24.9.
- d) 35 – 39.9.

45. Obesity class1 in calculated body mass index include the following:-

- a) 25 – 29.9.
- b) 30 – 34.9.
- c) 18.5 – 24.9.
- d) 35 – 39.9.

46. Obesity class2 in calculated body mass index include the following:-

- a) 25 – 29.9.
- b) 30 – 34.9.
- c) 18.5 – 24.9.
- d) 35 – 39.9.

47. Obesity class3 in calculated body mass index include the following:-

- a) 25 – 29.9.
- b) 30 – 34.9.
- c) > 40.
- d) 35 – 39.9.

48. A model for the comprehensive physical assessment of the frail older adult includes:

- a) FANCAPES.
- b) Anthropometric measures.
- c) Clinical examination.
- d) Instrumental activities of daily living.

49. Severe malnutrition in calculated the percentage of ideal body weight includes:-

- a) 80 – 90 %.
- b) 70 – 79 %.
- c) 60 – 69 %.
- d) < 60 %.

50. Mild malnutrition in calculated the percentage of ideal body weight includes:-

- a) 80 – 90 %.
- b) 70 – 79 %.
- c) 60 – 69 %.
- d) < 60 %.

51. Moderate malnutrition in calculated the percentage of ideal body weight includes:-

- a) 80 – 90 %..
- b) 70 – 79 %.
- c) 60 – 69 %.
- d) < 60 %.

52. Tools to assess activity include the following:-

- a) Get up and Go test.
- b) Anthropometric measures.
- c) Clinical examination.
- d) Biochemical data.

53. Guidelines to Enhance Nonverbal Communication includes:

- a) Attending, listening, and clarifying in giving any information.
- b) Seeking validation of understanding.
- c) Assume a position similar to that of the other person

- d) Using open ended questions

54. Barriers within older adults includes:

- a) In sensitivity.
- b) Poor listening skills.
- c) Improper questioning.
- d) Impaired psychosocial function

55. Barriers within older adults includes:

- a) Diminished contact with reality.
- b) Presentation of too much information at one time.
- c) Too many people speaking at the same time
- d) False reassurances

56. Physical changes affecting communication include:

- a) Memory problems.
- b) -Speech disorders.
- c) Bereavement.
- d) Anxiety

57. Communicating with the hearing impaired elderly person includes:

- a) Remain calm and patient.
- b) Speak slowly, ask one question at a time and wait for a response.
- c) Ask closed, specific questions.
- d) Do not shout.

58. Causes of hearing impairment in old age that affect communication with elderly includes:

- a) Injury
- b) Dementia
- c) Otitis media
- d) Stroke

59. Causes of hearing impairment in old age includes:

- a) Infection or side effect of drugs
- b) Otitis media
- c) Headache
- d) Stroke

60. Barriers of communication associated with the interviewer is:

- a) Belittling or scolding.
- b) Noise and distractions.
- c) Presentation of too much information at one time.
- d) Too many people speaking at the same time.

61. Guidelines for communicating with cognitively impaired elderly includes:

- a) Ask closed, specific questions
- b) Use visual cues, objects, pictures and gestures as well as words
- c) Encourage articulation even if words convey no meaning
- d) Do not eat while speaking

62. Sociocultural barriers affect communication includes:

- a) Stereotypes.
- b) Sensory impairments.
- c) Physical discomfort
- d) Medication effects or pathologic conditions

63. Management of cough and difficult breathing includes:

- a) Elimination of smoke and allergens
- b) Keep patient dry
- c) Subcutaneous haloperidol frequently provides some relief
- d) Encourage any fruits, vegetables

64. Causes of restlessness and confusion includes:

- a) Medication
- b) Dehydration
- c) Debility
- d) Mouth breathing

65. Management of cachexia, wasting, and weight loss includes:

- a) Small frequent of easily swallowed, nourishing, favorite food
- b) Increased fluid intake.
- c) Fiber consumption.
- d) Administration of milk or magnesia

66. Management of constipation and impaction includes:

- a) Frequently offer small foods.
- b) Administration of milk or magnesia
- c) Take drinks slowly and more frequently.
- d) Avoid cooking close to the sick person.

67. Indications for palliative care includes:

- a) Suffers from pain or other symptoms due to any serious illness.
- b) The patient has made multiple trips to the emergency room
- c) They wish to remain at home, rather than spend time in the hospital.
- d) They have decided to stop receiving treatments for their disease.

68. WHO characteristic of palliative care include the following EXCEPT:

- a) Needs to understand the situation and coordinating the care
- b) Affirms life and regards dying as a normal process.
- c) Integrates the psychological and spiritual aspects of patient care.
- d) Offers a support system

69. The signs and symptoms in patients that indicate short prognosis of the disease includes:

- a) The patient has made multiple trips to the emergency room
- b) Too weak to swallow medication
- c) They wish to remain at home, rather than spend time in the hospital.
- d) They have decided to stop receiving treatments for their disease.

70. Core principles for end-of-life care includes:

- a) Practical care and assistance
- b) Comfort and dignity
- c) Alleviate pain and symptoms
- d) Grief support

71. The signs and symptoms in patients that indicate short prognosis of the disease includes:

- a) Loss of interest in food and drink
- b) Feeling very tired.
- c) Not being able to concentrate or remember details.
- d) Sleep disturbances

72. The goals of hospice care includes:

- a) Addressing psycho-social and spiritual needs of the patient and family
- b) Nurses are on call 24 hours a day for home visits.
- c) Pain management and symptoms control are the primary focus.
- d) Family counseling and bereavement services

73. Needs of patients and caregivers in late stage care includes:

- a) Respite Care
- b) Offer continuity and collaboration with others.
- c) Provide access to palliative care and hospice services.
- d) Respect the rights of patients and families to refuse treatments.

74. Emotional comfort to the elderly from their caregivers includes:

- a) Allow the patient to express fears of death
- b) Display sensitivity and respect for patient and family wishes.
- c) Use appropriate interventions to accomplish patient goals.
- d) Alleviate pain and symptoms.

75. Signs of death includes:

- a) Discolored eyes
- b) Changes in skin tone—white to gray
- c) Dusky and gray colored skin
- d) Decreased food and fluid intake

76. Older persons have smaller bladder capacity and lower urine flow rate which of the following tend to:-

- a. Decreased post-voiding residual volume
- b. Increased post-voiding residual volume

- c. Decreased nocturia
- d. Increased detrusor contractile strength

77. Fear of falling can lower quality of life and stop elderly from:

- a. Doing the enjoyed activities
- b. Visiting friends and family
- c. Leading an active life
- d. All of the above.

78. Chronic pain is a pain lasting for how long?

- a. More than six weeks
- b. More than six months
- c. More than six years
- d. More than six days

79. One of the following consider cause of situational neurally mediated syncope:

- a. Blood phobia.
- b. Carotid sinus hypersensitivity.
- c. Gastrointestinal stimulation.
- d. Orthostatic stress.

80. A transient loss of consciousness describe of:-

- a. Dizziness.
- b. Delirium
- c. Syncope.
- d. Postural hypotension.

81. functional complications of fall accidents include:-

- a. Poor quality of life.
- b. decreased bone density
- c. loss of confidence
- d. Attention problems

82. Physiologic changes that affect sleep include:-

- a. Increased stage shifts
- b. Decreased napping throughout the day.
- c. Increased stage time.
- d. Long cycles.

83. Risk factors of urinary incontinence include:

- a. Changes in activities.
- b. Changes in the work life.
- c. Skin problems.
- d. High caffeine and alcohol intake.

84. Causes of functional incontinence include:-

- a. Limited physical mobility.

- b. Enlarged and overfilled the bladder.
- c. Decrease in bladder elasticity.
- d. Lower urinary tract infection.

85. Pain assessment for cognitively impaired elderly include:-

- a) Screen for depression and anxiety
- b) Obtain history of pain.
- c) Observe behavioral symptoms.
- d) Cognitive function assessment.

86. Factors that can contribute to non-adherence include:

- a. Adverse medication effects.
- b. Increased gastric acid secretion.
- c. Decreased kidney function.
- d. Knowledge about the purpose of the substance.

87. Safe and successful drug therapy in older adults is usually affected by factors as:-

- a. Cost and accessibility.
- b. Inappropriate prescribed practice.
- c. Motivation.
- d. Previous adverse drug reaction.

88. Age-related changes in body composition will affect and alter the action of medication:

- a. Body fat gradually decreased by 15% to 20%.
- b. Increased in total body water by 10% to 15%.
- c. Body fat gradually increases by 15% to 20%.
- d. Lean tissue increases

89. Nicotine can affect medication through any of the following actions:-

- a. Vasoconstriction.
- b. Decreased kidney function
- c. Decreased gastric acid secretion.
- d. Adverse medication effects.

90. Factors which increase the risk for polypharmacy in older adults include:-

- a. Financial consideration.
- b. Disease category.
- c. lack of information of health care practitioners about a patient's non adherence to treatment regimen.
- d. Medications taken at inappropriate times.

91. Which of these interactions can be harmful:-

- a. Medications and nutrient.
- b. Medications and alcohol.
- c. Medications and caffeine.

d. Medications and nicotine.

92. Common characteristics of older adults with medication-related problems include:-

- a. Complex medication regiment.
- b. The use of more prescribing practitioners.
- c. Cognitive impairments.
- d. Previous adverse drug reaction.

93. Medication non adherence include:-

- a. Financial consideration.
- b. **Failure to fill prescription.**
- c. Adverse medication effects.
- d. All of the above.

94. Vascular dementia is caused by:-

- a) Damage to brain cells
- b) Decreased blood flow to parts of the brain.
- c) The presence of Lewy body's proteins.
- d) Parkinson's disease.

95. Lewy bodies dementias are common among individuals with:

- a) Parkinson's disease.
- b) Brain tumor.
- c) Cerebrovascular accident.
- d) Depression.

96. One of the following considered risk factors of delirium in older adults:-

- a) Fluctuates from stuporous to hypervigilant.
- b) Disorganized thinking.
- c) Metabolic disorders as hepatic disease and fluid electrolytes imbalance.
- d) Increased nursing care.

97. Toward better cognitive health in older adults include:-

- a) Prevention or management of chronic conditions.
- b) Environmental modifications.
- c) Mental activity.
- d) All of the above.

98. Functional consequences of delirium include the following Except:

- A. Longer hospital stays.
- B. Malnutrition and hypoxia.
- C. Development of dementia.
- D. Immediate and long-term functional impairment.

99. Causes of dementia include:-

- a) Drug intoxication.
- b) Severe thyroid deficiency.

c) Malnutrition and dehydration.

d) Hypoxia.

100. Causes of depression include the following except:-

a) Health problems.

b) Reduced sense of purpose.

c) Recent bereavements.

d) Fixation on death.

101. Signs and symptoms of depression include:-

a) Development of dementia.

b) Apathy.

c) Reduced sense of purpose.

d) Recent bereavements.

102. Serious consequences of loneliness and social isolation include:-

a) Change in living environment.

b) Fear of becoming a burden.

c) Fear of going out and falling.

d) Non of the above.

103. Causes make the older adults are major consumers of all health care services:-

a) Growing numbers of adult people, who are interested in wellness programs that help them, stay youthful, active, and healthy.

b) Chronic diseases occur at rate four times greater in old age than at other ages.

c) The prevalence of mental health problems decrease with age.

d) a & b.

104. The services support independent elders in maintaining their self-care capacity are:

a) Supportive and preventive services.

b) Partial and intermittent care services.

c) Complete and continuous care services.

d) All of the above.

105. Supportive and preventive services include:-

a) Financial aid

b) Employment.

c) Food.

d) All the above.

106. Services provide assistance to individuals with a partial limitation in self-care capacity:-

a) Supportive and preventive services.

b) Partial and intermittent care services.

c) Complete and continuous care services.

d) None of the above.

107. Partial and intermittent care services include the following except:

- a) Chores.
- b) Home delivered meals.
- c) Telephone reassurance.
- d) Counseling.

108. Services provide for older adults who are unable to remain at home during the day without supervision:-

- a) Foster care and group homes.
- b) Adult day care.
- c) Day treatment and day hospital programs.
- d) None of the above.

109. The services provide regular or continuous assistance to individual with some limitation in self-care capacity:-

- a) Supportive and preventive services.
- b) Partial and intermittent care services.
- c) Complete and continuous care services.
- d) Home delivered meals.

110. The services of nursing homes include the following:-

- a) Personal care (including dressing, bathing and toilet).
- b) Monitoring of medication and 24-hour emergency care.
- c) Social and recreational activities.
- d) All of the above.

111. Supportive and preventive services include the following except:-

- a) Financial aid.
- b) Counseling.
- c) Home monitoring.
- d) Employment.

112. Foster care and group homes are:-

- a) Supportive and preventive services.
- b) Partial and intermittent care services.
- c) Complete and continuous care services.
- d) All of the above.

Part III: Matching columns (A) with columns (B):-

	(A) Health screening		(B) Period
1.	Bl. P.	A	Evaluate periodically.
2.	Ht & wt.	B	Every 5 years.

3.	Cancer screening	C	Every 2 years
4.	Vision including glaucoma test	D	1-2 years
5.	Hearing	E	Annually
6.	Cholesterol level	F	Each Dr. visit or 3-6 months
7.	Mammography for women under 70 y	G	Periodically as part of comprehensive physical examination

Answer:-

1	2	3	4	5	6	7
F	G	E	C	A	B	D

	(A) Vaccination		(B) Period
1.	Pneumococcal vaccination	A	Every 10 years
2.	Tetanus & diphtheria	B	Once at age 65y, revaccination for high risk fatal pneumonia/6 yrs.
3.	Influenza (over 65y)	C	Annually (mid October to mid November)

Answer:-

1	2	3
C	A	B

(A) Physiological Changes	(B) Results
1-Increased dental caries and tooth loss.	A-Increased incidence of choking and aspiration.
2-Decrease volume of saliva and decreased ptyalin.	B-Increased constipation and bowel impaction.
3-Decreased taste buds.	C-Decreased appetite.
4-Decreased gag reflex.	D-Decreased ability to chew normally
5-Decreased muscular tone at sphincters of esophagus.	E-Decreased digestion.
6-Decreased gastric secretions.	F-Increased incidence of heart burn (esophageal reflux).
7-Decreased peristalsis of large intestine.	G-Dry tongue and mouth and difficulties in digestion of starch.

Answer:-

1	2	3	4	5	6	7
D	G	C	A	F	E	B

(A) Physiological change	(B) Results
1- Decreased bone mass and minerals.	A-Decreased range of motion.
2- Decreased blood supply to muscles.	B- Decreased strength, Increased risk of falls.
3- Decreased tissue elasticity.	C-Decreased muscle strength.
4- Decreased muscle mass.	D-Increase risk of osteoporosis.
5- Decrease collagen formation. and elasticity in joints and supporting structures (ligaments, tendons).	E-Decreased mobility and flexibility.

Answer:-

1	2	3	4	5
D	C	E	B	A



Faculty of Nursing
Community Health Nursing Department



Assiut University

Community Health Nursing
Guide model 4th year exam

Please answer all the following questions: (80 marks total)

Part I: write (T) if the statement is true, and write (F) if the statement is false

1. Passive immunity means a long-term resistance to specific disease-causing organism that may be acquired naturally or artificially.	(F)
2. Building and working in the relationship is the first stage of the counseling process.	(F)
3. Poverty is prevalent in rural communities due to high fertility rate and illiteracy	(T)
4. The community nurse checks the flow of milk at the 5th day post partum.	(F)
5. Genetic syndromes, especial Down's syndrome show high incidence of heart disease.	(T)
6. Chicken pox is a highly contagious disease caused by varicella zoster virus.	(T)
7. Incubation period for hepatitis (A) ranged from 6 weeks to 6 months	(F)
8. Basal metabolic rate for physical person represent 50%.	(T)
9. A fundamental desire to learn, a waking this desire is called comprehension.	(F)
10. During home visit the nurse should tie the family with center	(T)
11. Slum area is an area in which standard housing predominates.	(F)
12. Water constitutes about 40% of the human body and is a vital necessity of life.	(F)
13. The purpose of home visit is bringing health services within reach of all members of the community.	(F)
14. Carditis involves a high proportion up to 80% of unmanaged cases of rheumatic fever.	(F)
15. Mantoux test is done by injected 0.5 ml of PPD intracutaneously.	(F)
16. The primary goal of data collection is to acquire usable information about the community and its health status.	(T)
17. Intrapersonal communication is the interaction that occurs between two people or small group	(F)
18. Chronic diseases affect people of all ages but are more prevalent in children age groups	(F)
19. The onset of non-insulin dependent diabetes mellitus is insidious and may take many years to develop.	(T)
20. Endemic is the continuing presence of a disease or infectious agent in each geographic area	(T)

Part II:- Read the following statements and circle only one best answer:-

1- Community health nursing is a community-based practice. Which best explains this statement?

- a. The service is provided in the natural environment of people.
- b. The nurse has to conduct community diagnosis to determine nursing needs and problems.**
- c. The service are based on the available resources within the community.
- d. Priority setting is based on the magnitude of the health problems identified.

2- One of the following is a predisposing factor of chronic disease:

- a. Physical factor.
- b. Chemical factor.
- c. Environmental factor.**
- d. Social factor.

3- When the occupational health nurse employs ergonomic principles, she is performing which of her roles?

- a. Health care provider.
- b. Health educator.
- c. Health care coordinator.
- d. Environment manager.**

4- Which of the following is the most prominent feature of public health nursing?

- a. it involves providing home care to sick people who are not confined in the hospital.
- b. services are provided free of charge to people within the catchment area.
- c. the public health nurse functions as part of a team providing a public health nursing service.
- d. public health nursing focuses on preventive, not curative services.**

5- Which is an example of the school nurse's health care provider function?

- A. Requesting for BCG from the routine health unit for school entrance immunization.
- b. Conducting random classroom inspection during measles epidemic.**
- C. Taking remedial action on an accident hazard in the school playground.
- D. Observing places in the school where pupils spend their free times.

6- Which level of health facility is the usual point of entry of a client into the health care delivery system?

- a. primary**
- b. secondary
- c. intermediate
- d. tertiary

7- The public health nurse takes an active role in community participation. What is the primary goal of community organizing?

- A. To educate the people regarding community health problems.
- B. To mobilize the people to resolve community health problems.
- C. To maximize the community's resources in dealing with health problems.**

8- Which type of family-nurse contact will provide you with the best opportunity to observe family dynamics?

- a. clinic consultation.
- b. group conferences.
- c. home visit.**
- d. written communication.

9- Which of the following is an advantage of a home visit?

- a. It allows the nurse to provide nursing care to a greater number of people.
- b. It provides an opportunity to do firsthand appraisal of the home situation.**
- c. It allows sharing of experience among people with similar health problems.
- d. It develops the family's initiative in providing for health needs of its members.

10- To maintain the cleanliness of the bag and its contents, which of the following must the nurse do?

- a. wash his/her hands before and after providing nursing care to the family members.**
- b. in the care of family member's, as much as possible, use only articles taken from the bag.
- c. put on an apron to protect her uniform and fold it with the right side out before putting it back into the bag.
- d. at the end of the visit, fold the lining on which the bag was placed, ensuring that the contaminated side is on the outside.

11- A primigravida is instructed to offer her breast to the baby for the first time within 30 minutes after delivery. What is the purpose of offering the breast this early?

- A. To initiate the occurrence of milk letdown.
- B. To stimulate milk production by the mammary acini.**
- C. To make sure that the baby is able to get the colostrum.
- D. To allow the woman to practice breastfeeding in the presence of the health worker

12- You explain to a breastfeeding mother that breastmilk is sufficient for all of the baby's nutrient needs only up to:

- a. 3 months
- b. 6 months**
- c. 1 year
- d. 2 years

13- Two month old infant was brought to the health center for immunization. During assessment, the infant's temperature registered at 38.1 C. Which is the best course of action that you will take?

a. go on with the infants immunization.

- b. give paracetamol and wait for his fever to subside.
- c. refer the infant to the physician for further assessment.
- d. advise the infant's mother to bring him back for immunization when he is well.

14- Which biological used in expanded program immunization should not be stored in the freezer?

a. DPT

- b. OPV
- c. Measles vaccine
- d. MMR

15- Among the following diseases, which is airborne?

- a. viral conjunctivitis
- b. acute poliomyelitis
- c. diptheria
- d. measles**

16- Good nutrition prior to surgery can:

- a. Prolong convalescent period
- b. Increase resistance to infection**
- c. Increase the mortality rate.
- d. Decrease morbidity rate

17- A deficiency of vitamin C lead to the following except

- a- Cause delay wound healing.
- b- Decreases iron absorption.
- c- Increases capillary bleeding
- d- Vitamin B12 deficiency.**

18- The diabetic client who is taking insulin (humalog) injections would be advice to eat:

- a. Within 10-15 minutes after injection.**
- b. 1 hour after injection.
- c. At any time, because timing of meals with humalog inject is un necessary.
- d. 2 hours before the injection.

19- Client who has positive reaction to mantoux test he may has:

- a. active tuberculosis.
- b. contact with mycobacterium tuberculosis.**
- c. developed resistance to tubercle bacilli.
- d. developed passive immunity to tuberculosis.

20- Which of the following is the first step in designing a survey?

- a. Defining the questions to be used on the survey.
- b. Determining the types of scales to be used.
- c. Determining the objectives of the survey.**
- d. Determining the specific data to be collected.

21- Tertiary prevention is needed in which stage of the natural history of disease?

- a. Pre- pathogenesis.
- b. Pathogenesis.
- c. Predormal.
- d. Terminal.**

22-Mr. Ahmed suffered from (enlarged tender liver and spleen) what is the stage of hepatitis infection?

- a. Icteric stage**
- b. Pre-icteric stage
- c. Convalescence stage
- d. Post- icteric stage

23-Traditional procedures in Egypt are responsible for the transmission of hepatitis B and C infection includes:

- A) Un sterilized instruments
- B) Circumcision
- C) Renal dialysis
- D) Tattooing

The answer

- 1) A & B 2) A & C 3) **B & D** 4) B & C

24- Accessibility of services in a rural impaired by:

- a. Fewer physician and nurses.
- b. Fewer pharmacy.
- c. Long travel distance.**
- d. Deficiency of hospitals.

25- The school nurse explains to a health class that the estimated average requirement is based on:

- a. The amount of a nutrient that a food contains.
- b. The recommended daily allowance of each nutrient.
- c. The maximum amount of a nutrient that will not cause harm.
- d. **The age, gender, and lifestyle of a group.**

26- Isolation of a child with measles belongs to what level of prevention?

- a- Primary.**
- b- Secondary.
- c- Intermediate.
- d- Tertiary.

27- Which of the following conditions is the most significant risk factor for the development of type II diabetes mellitus:

- a. Cigarette smoking.
- b. High cholesterol diet.
- c. **Obesity.**
- d. Hypertension.

28- The nurse should teach clients that the most common route of transmitting tubercle bacilli from person to person is through contaminated :

- a. Dust particles
- b. **Droplet nuclei**
- c. Water
- d. Eating utensils

29- The following are characteristics of community:

- a- Closness.
- b- Awareness.
- c- Homogeneity.
- d- Intimacy.

The answer

- 1) a,d 2) b,c 3) c,d **4) a, c**

30- One of accident predisposing factors in occupational health are:

- a. Lack of hygiene
- b. **Psychological and social problems**
- c. Usage of different types of machines
- d. Non of the above

Part III: Write the correct letter under the correct number according to the statement from column (A) to column (B) :

1	2	3	4	5	6	7	8	9	10
A	B	H	D	I	E	F	M	L	K
Column (A)				Column (B)					
1- Justice				A- Treating people fairly					
2- Nursing diagnosis				B- Is summary statement or judgment made by the nurse about the data gathered during the nursing assessment.					
3- Rehabilitation				C- Telling the truth					
4- Health promotion				D- The action taken to develop a high level of wellness and its accomplished by individual with the environment in which people live.					
5- Community dynamic				E- It is the right of individuals to be treated with respect as persons in their own right.					
				F- Is the stimulus that initiates and motivates one person to communicate with another.					
				G- Avoiding or preventing harm to others					
6- Dignity				H- It includes returning the client to highest level of function possible following the correction of health problems.					
7- Referent				I- It occurs as a result of interaction within and between the communities and larger societies					
8- Endemic				J- It is one of the techniques used in social work and adopted in health education					
9- Health appraisal				K- It is the time between exposure to pathogenic organism and the onset of symptoms of disease.					
10-Communicability period				L- Means organized activities to assess or the complete health status of the pupil from the physical, mental, and emotional conditions.					
				M- It is the continuing presence of a disease or infectious agent in a given geographic area.					
				N-A disease the is world wide in distribution.					
				O- An infection acquired by the bite of any parasite.					

=====

Good luck

True or false:

SN	Statement	T or F
1.	Chemoprophylaxis is a method of active artificial immunity	F
2.	Carriers are less dangerous than cases in disease transmission	F
3.	School personnel are considered among the dangerous groups of carriers	T
4.	Cases are the only human reservoir of infection	F
5.	Carrier state of typhoid fever occurs only in stools.	F
6.	Human carriers are the reservoir of zoonotic diseases.	F
7.	passive immunization provides immediate protection	T
8.	passive immunization lasts for several years	F
9.	Droplet infection is one of the occasional modes of transmission	F
10.	Active surveillance occurs when the health department calls, or visits health care providers to see if they have seen any cases of a particular disease.	T
11.	Passive surveillance occurs when the health department waits for health care providers to report cases.	T
12.	Sentinel surveillance is done to a homogeneous subgroup of the population by certain health units and report the specific disease.	T
13.	The last step in surveillance process is the analysis of the collected data.	F
14.	Virulence refers to the proportion of persons with clinical disease who become severely ill or die.	T
15.	Infectivity refers to the proportion of infected persons who develop clinical disease.	F
16.	Pathogenicity refers to the proportion of exposed persons who become infected.	F
17.	Passive immunity occurs when the host develops long lasting antibodies to fight infection.	F
18.	While an agent of disease may be necessary for a disease, exposure to an	T

	agent does not always cause clinical symptoms.	
19.	Diseases that can be transmitted under natural conditions from vertebrate animals to humans are called zoonoses.	T
20.	Typhoid is an example of food-borne disease.	T

Choose (circle) the most correct answer for each of the following MCQs:

1. Carriers are important source of infection because:

- a) They have apparent Infection.
- b) They have restricted movement in the community.
- c) Their number is much less than number of cases.
- d) **Infectivity may persist for months or years.**

2- The correct sequence of the infectious cycle is:

- a) Agent, exit, inlet, reservoir, vehicle, host
- b) **Agent, reservoir, exit, vehicle, inlet, host**
- c) Host, reservoir, exit, vehicle, inlet, Agent
- d) Reservoir, exit, vehicle, Agent, inlet, host

3- Screening for early detection of disease is:

- a) Primary prevention
- b) Rehabilitation
- c) **Secondary prevention**
- d) Tertiary prevention

4- The passive natural immunity can be acquired through:

- a. **Breast milk**
- b. Infection
- c. Seroprophylaxis
- d. Vaccines

5- The active natural immunity can be acquired through:

- a) Breast milk

- b) **Infection**
- c) Seroprophylaxis
- d) Vaccines

6- The active artificial immunity can be acquired through:

- a. Breast milk
- b. Infection
- c. Seroprophylaxis
- d. **Vaccines**

7- The occasional means of transmission include:

- a. **Injection infection**
- b. Food- borne infection
- c. Arthropod-borne infection
- d. Contact infection

8- Hepatitis B is one of the infection:

- a. Droplet
- b. Airborne
- c. Arthropod born
- d. **Injection**

9.is the period that begins with exposure to the organism and ends with the onset of clinical symptoms.

- a) Convalescent period
- b) Clinical period
- c) Incubation period
- d) Latent period

10. ----- is an infected person or animal that harbors specific infectious agents without showing signs or symptoms of the disease

- a) case
- b) Carrier
- c) Reservoir
- d) Susceptible host

11. is the mortality rate from all causes of death for all ages.
- a) Age-Specific Death Rates
 - b) Cause Specific Death Rate
 - c) Case Fatality rate
 - d) Crude Death Rate
12.is the number of deaths of a certain disease in a certain locality and year.
- a) Age-Specific Death Rates
 - b) Cause Specific Death Rate
 - c) Case Fatality rate
 - d) Crude Death Rate
13. is the proportion of cases with a specified disease or condition who die within a specified time.
- b) Age-Specific Death Rates
 - c) Cause Specific Death Rate
 - d) Case Fatality rate
 - e) Crude Death Rate
14. Is the total number of deaths occurring in a specific age group of the population in a defined area during a specified period.
- a) Age-Specific Death Rates
 - b) Cause Specific Death Rate
 - c) Crude Death Rate
 - d) Proportionate mortality rate
15. is the number of deaths from a given cause per 100 or 1000 total deaths in the same period.
- a) Age-Specific Death Rates
 - b) Cause Specific Death Rate
 - c) Crude Death Rate
 - d) Proportionate mortality rate
16. Total deaths in a certain area and time period is the denominator of.....
- a) Age-Specific Death Rates
 - b) Cause Specific Death Rate
 - c) Case Fatality rate
 - e) Proportionate mortality rate

17. 16. Total deaths in a certain area and time period is the denominator of.....

- a) Age-Specific Death Rates
- b) Cause Specific Death Rate
- c) Case Fatality rate
- a) Proportionate mortality rate

18. Mid-year population in a specific area and time period is the denominator of

- a) Age-Specific Death Rates
- b) Cause Specific Death Rate
- c) Case Fatality rate
- b) Proportionate mortality rate

19. Total number of live birth in a certain area and time period is the denominator of.....

- a) Age-Specific Death Rates
- b) Cause Specific Death Rate
- c) Infant Mortality rate
- c) Proportionate mortality rate

20. Total number of live birth in a certain area and time period is the denominator of.....

- a) Age-Specific Death Rates
- b) Cause Specific Death Rate
- d) Maternal Mortality Rate
- e) Proportionate mortality rate

21. Which of the followings is active surveillance?

- a. Health care providers regularly report cases of disease to the local health department based on a standard case definition of certain disease.
- b. Local health departments initiate the collection of specific cases of disease from health care providers.
- c. The ongoing, systematic collection, analysis, interpretation, and application of indicators for disease that allow for detection before public health authorities identify them.
- d. None of the above

22. Which of the followings is passive surveillance?

- a. Health care providers regularly report cases of disease to the local health department based on a standard case definition of certain disease.
- b. Local health departments initiate the collection of specific cases of disease from health care providers.
- c. The ongoing, systematic collection, analysis, interpretation, and application of indicators for disease that allow for detection before public health authorities identify them.
- d. None of the above

23. Which of the followings is the definition of surveillance?

- a. Health care providers regularly report cases of disease to the local health department based on a standard case definition of certain disease.
- b. Local health departments initiate the collection of specific cases of disease from health care providers.
- c. The ongoing, systematic collection, analysis, interpretation, and application of indicators for disease that allow for detection before public health authorities identify them.
- d. None of the above

24. Cessation of cigarette smoking is:

- a) Disability limitation measure of cancer
- b) Primary preventive measure of cancer
- c) Rehabilitation measure of cancer
- d) Secondary preventive measure of cancer

25. Vaccination is a tool of:

- a) Disability limitation
- b) primary prevention
- c) Rehabilitation
- d) Secondary prevention

26. The purpose of primary prevention is to:

- a) detect early cases
- b) limit the incidence
- c) limit the complications
- d) Treat patients

27.deals with the fact that many diseases are caused by personal modifiable life-style habits.

- a) Environmental modifications
- b) Health promotion
- c) Medical care
- d) Screening programs

28.is used to detect diseases in the early preclinical stages.

- a) Disability limitation
- b) Environmental sanitation
- c) Health education
- d) Screening program

29.is the measure of prevention directed towards the mode of transmission.

- a) Chemoprophylaxis
- b) Hand Hygiene
- c) Increase the natural immunity
- d) Vaccines

30. Physiotherapy for the patient with acute flaccid paralysis after poliomyelitis infection is

- a) Health promotion
- b) primary prevention
- c) Secondary prevention
- d) Tertiary prevention

True and false:

1. Epidemiology is the study of the distribution and determinants of health-related states or events in specified populations	T
2. natural history of the disease is the progress of a disease process in an individual over time following the effect of intervention.	F
3. death is among process of natural history of a disease	T
4. Basic triad of descriptive epidemiology includes time	T
5. Familial tendency is among personal characteristics	T
6. When diarrhea increases in summer this is called secular trend	F
7. The value obtained by dividing one quantity by another is called ratio	T
8. Attack rate is a variant of prevalence rate during epidemics	F
9. Both incidence and prevalence are used for acute diseases	F
10. In calculation of secondary attack rate, you must subtract the number of primary cases from the total number of people residing in those households	T
11. Incidence rate is a measure of the frequency of new cases of a disease among the contacts of known cases.	F
12. Number of deaths per 1000 population is case fatality rate	F
13. Maternal mortality rate is mortality rate from all causes of death for all ages	F
14. Neonatal mortality rate is the number of deaths in children during the first year of life	F
15. Rate of natural increase is calculated by subtracting number of deaths from number of live births during a given time	F
16. Epidemic is occurrence of a disease within an area is clearly in excess of the expected level for a given time period.	T
17. A propagated outbreak is one that is usually food borne	F
18. Describing the epidemic is the first step in the investigation of it	F
19. An epi curve is a graphic depiction of the number of outbreak cases by date of illness onset	T
20. Increase resistance of local population is among control of epidemic steps	T

MCQ

1. The course and outcome of diseases in individuals and groups is called
 - a. epidemiology
 - b. natural history**
 - c. health status
 - d. Interventions

2. study the different etiologies of a disease or any health-related event
 - a. disease causation**
 - b. natural history
 - c. health status
 - d. Interventions

3. compare the health status of a certain population before and after application of the health program.
 - a. Disease causation
 - b. natural history
 - c. health status
 - d. Interventions evaluation**

4. Place when used in description of disease includes
 - a. Residence**
 - b. Education
 - c. Occupation
 - d. income

5. changes in the disease occurrence take long period of time is called
 - a. Recurrent time trends
 - b. Secular variation**
 - c. Rapid fluctuation
 - d. Seasonal variation

6. When infectious disease increases at a certain time of the year, it is called
 - a. Recurrent time trends
 - b. Secular variation
 - c. Rapid fluctuation
 - d. Seasonal variation**

7. Sudden increase or decrease in occurrence of a certain disease is called
- Recurrent time trends
 - Secular variation
 - Rapid fluctuation**
 - Seasonal variation
8. All the following is correct about recurrent and periodic time-trends **EXCEPT**
- May be due to changes in people immunity
 - Influenza is an example**
 - Is regular increase or decrease in their occurrence
 - changes in the virulence may be the cause
9. Host factors include
- Biological
 - Physical
 - Chemical
 - Immunologic status**
10. Epidemiology is which of the followings?
- The study of physical, chemical, biological, social and psychosocial factors in the environment that affect human health
 - The study of distribution and determinants of health events in specified populations**
 - The ongoing, systematic collection, analysis and interpretation of health-related data
 - The study of actions taken by an individual or group of individuals to change or maintain their health status or prevent illness or injury
11. Descriptive epidemiology involves the followings elements EXCEPT:
- Severity**
 - Person
 - Place
 - Time

12. Epidemiology can be used for:

- a. Disease control
- b. Evaluation of health programs
- c. Accidents prevention
- d. All of the above**

13. The most important personal factor affecting disease occurrence is

- a. Age**
- b. Climate
- c. Place of residence
- d. Periodic time trend

14. ----- is a set of standard criteria for deciding whether a person has a particular disease or other health-related condition

- a. case definition**
- b. Population at risk
- c. Proportion
- d. Ratio

15. The value obtained by dividing one quantity by another is called

- a. Rate
- b. Denominator
- c. Ratio**
- d. Proportion

16. Incidence is used for

- a. studying implication on health services
- b. studying causation of the disease**
- c. measuring burden of the disease
- d. none of the above

17. the numerator for the incidence is

- a. Number of new cases**
- b. Number of all cases
- c. Population at risk
- d. All the population

18. In the case of a food borne disease outbreak, ----- can be calculated for each type of food eaten, then compared to identify the source of the infection.

- a. Secondary attack rate
- b. Attack rate**
- c. Prevalence rate
- d. Case fatality rate

19. ----- is a measure of the frequency of new cases of a disease among the contacts of known cases

- a. Secondary attack rate**
- b. Attack rate
- c. Prevalence rate
- d. Case fatality rate

20. Which of the followings is the calculation for prevalence?

- a. The number of new cases divided by the number of people in the population, over a specific period of time
- b. The number of existing cases divided by the number of people in the population**
- c. The number of exposed cases divided by the number of new cases over a specific period of time
- d. The number of existing cases divided by the number of new cases in a specific population

21. Which of the following is the calculation for incidence?

- a. The number of new cases divided by the number of people in the population, over a specific period of time**
- b. The number of existing cases divided by the number of people in the population
- c. The number of exposed cases divided by the number of new cases over a specific period of time
- d. The number of existing cases divided by the number of new cases in a specific population

22. From the following mortality rates, which two use the same denominator?

- a. Crude mortality rate and cause-specific mortality rate**
- b. Age-specific mortality rate and Sex-specific mortality rate

- c. crude mortality rate and Sex-specific mortality rate
- d. age specific mortality rate and cause specific mortality rate

23. In Egypt the number of women who died due to pregnancy, labor, or peripartum was 50/100,000 live births in the year 2012. This is:

- a. Infant mortality rate
- b. Maternal mortality ratio**
- c. Maternal morbidity rate
- d. None of the above

24. ----- is a measure of disease severity

- a. Crude death rate
- b. Cause specific death rate
- c. Proportionate mortality rate
- d. Case fatality rate**

25. ----- is the number of death in children during the first year of life

- a. Infant mortality rate**
- b. Neonatal mortality rate
- c. Children mortality rate
- d. None of the above

26. Maternal mortality is a

- a. rate
- b. ratio**
- c. proportion
- d. percentage

27. Number of live births in a certain place & time / number of women in reproductive age (15- 49) refers to

- a. Age specific fertility rate
- b. Crude birth rate
- c. General fertility rate**
- d. Natural increase rate

28. persistently high level of disease occurrence is called -----

- a. epidemic
- b. pandemic
- c. hyper-endemic**
- d. endemic

29. The first step in investigation of infectious disease epidemic is:

- a. Establishing the diagnosis of reported cases**
- b. Make a proper health education to the public
- c. Demonstrate the existence of the epidemic
- d. Reporting the findings of epidemic

30. In the investigation of an epidemic a disease, the most appropriate measure to describe the frequency the disease is the:

- a. Incidence rate
- b. Attack rate**
- c. Case fatality rate
- d. Cause specific death rate