

PRACTICE QUESTION (SET-45)

1. Germ theory of disease was given by
 - (a) Robert Koch
 - (b) Louis Pasteur
 - (c) Ronald Ross
 - (d) Walter Reed
2. Primary Health care is a concept by
 - (a) UNICEF and accepted by all countries
 - (b) WHO and accepted by India
 - (c) Indian and accepted by all countries
 - (d) World health bodies and accepted by common wealth
3. Health maintenance requires the measures to achieve health by
 - (a) Unsafe environment
 - (b) Health services
 - (c) Increasing stress
 - (d) Increasing disease
4. According to Holistic concept, health is considered a
 - (a) Absence of disease
 - (b) Poor adequate environment
 - (c) Good interpersonal relationship
 - (d) Sound body with sound mind living in sound family surrounded by sound environment
5. Alma Ata conference was held in
 - (a) 1978
 - (b) 1948
 - (c) 1945
 - (d) 1977
6. "Physical quality of life India" consolidates following three indicators except
 - (a) Infant mortality
 - (b) Life expectancy at a
 - (c) Maternal mortality ratio
 - (d) Literacy ratio
7. "Human development Index" combines the following indicates except
 - (a) Life expectancy of birth
 - (b) Roat GDP per capita
 - (c) Adult literacy rate
 - (d) Infant mortality ratio
8. Which one of the following of sociology studies the relationship between organisms and environment
 - (a) Ergonomics
 - (b) Social physiology
 - (c) Ecology
 - (d) Social pathology
9. Which of the following is not an indicators of mortality
 - (a) Doctor – population ratio
 - (b) Infant mortality ratio
 - (c) Maternal mortality rate
 - (d) Expectation of life
10. Expectation of life, free of disability is known as
 - (a) Park's index
 - (b) Smith index
 - (c) Sullivan index
 - (d) All of the above
11. Secondary health care is provided by
 - (a) Primary health care
 - (b) Community health centre
 - (c) Teaching hospital
 - (d) Apex hospital
12. Early diagnosis and treatment is
 - (a) Primary prevention
 - (b) Secondary prevention
 - (c) Tertiary prevention
 - (d) Primordial prevention
13. Ability of an infectious agent to induce clinically apparent illness is known as
 - (a) Infectivity
 - (b) Pathogenicity
 - (c) Virulence
 - (d) Illness
14. The time internal between diagnosis by early defection and diagnosis by other means is
 - (a) Incubation period
 - (b) Lead time
 - (c) Serial interval
 - (d) Latent period
15. First care in an epidemic to care to attention of observe is called
 - (a) Index case
 - (b) Primary case
 - (c) First case
 - (d) None
16. The first becoming, sick in epidemic is called
 - (a) Index case
 - (b) Primary case
 - (c) First case
 - (d) Correct case
17. Kuppusamy index considers all except
 - (a) Education
 - (b) Income
 - (c) Housing
 - (d) Occupation

18. Measure of burden of disease ____ index
 - (a) Daily
 - (b) Hale
 - (c) Sullivan's index
 - (d) Pascal's
19. Any loss as abnormality of psychological physiological or anatomical structure or function is
 - (a) Impairment
 - (b) Disability
 - (c) Handicap
 - (d) None of the above
20. Most universally accepted indicator of health status of whole population is
 - (a) Crude death rate
 - (b) Infant mortality rate
 - (c) Maternal mortality rate
 - (d) Child mortality rate
21. Epidemiology involve study of
 - (a) Distribution of disease
 - (b) Disease frequency
 - (c) Determinants of disease
 - (d) All of the above
22. The type of epidemiology study which deals with risk factors of disease is
 - (a) Descriptive
 - (b) Analytical
 - (c) Experimental
 - (d) None of the above
23. Mid year population refers to population as on
 - (a) 31st March
 - (b) 1st January
 - (c) 1st July
 - (d) 31st December
24. Most useful single measure of mortality is
 - (a) Case fatality rate
 - (b) Crude death rate
 - (c) Age specific death rate
 - (d) Proportional mortality rate
25. The killing power of disease is represented by
 - (a) Attack rate
 - (b) Proportional mortality rate
 - (c) Case fatality rate
 - (d) Survival rate
26. Total number of cases at a given point of time in a given population is
 - (a) Incidence
 - (b) Prevalence
 - (c) Attack rate
 - (d) Epidemiology
27. Prevalence is useful
 - (a) To identify potential high risk population
 - (b) To control disease
 - (c) For distribution of disease
 - (d) Efficacy of therapeutic measures
28. Community intervention studies are
 - (a) Cross sectional study
 - (b) Cohort study
 - (c) Field trails
 - (d) Correlational study
29. Hospital acquired infection is
 - (a) Water borne
 - (b) Contagious
 - (c) Opportunistic
 - (d) Nosocomial
30. An agent with low pathogenicity and high infectivity would useful in development of
 - (a) Carrier
 - (b) Clinical care
 - (c) Epidemic
 - (d) Pandemic
31. Tip of iceberg denotes
 - (a) Parasite
 - (b) Clinical cases
 - (c) Subclinical cases
 - (d) Undiagnosed cases
32. Active search for unrecognized disease among apparently healthy people is
 - (a) Screening
 - (b) Surveillance
 - (c) Case finding
 - (d) Notification
33. The time internal between diagnosis by early detection and diagnosis by other means is
 - (a) Incubation period
 - (b) Lead time
 - (c) Serial interval
 - (d) Latent period
34. Prospective screening is done for
 - (a) Case detection
 - (b) Control of disease
 - (c) Disability limitation
 - (d) Prevention of disease
35. Multiphasic screening refers to
 - (a) Application of 2 or more tests in combination
 - (b) Done at different time period
 - (c) Applied to various geographical areas
 - (d) None of the above

36. A good screening test must be
 (a) Acceptable (b) Repeatable
 (c) Valid (d) All of the above
37. Sensitivity is defined as
 (a) $\frac{\text{True positive}}{\text{True positive} + \text{False negative}}$
 (b) $\frac{\text{True negative}}{\text{False positive} + \text{True negative}}$
 (c) $\frac{\text{True positive}}{\text{True positive} + \text{False negative}}$
 (d) $\frac{\text{True positive}}{\text{False negative} + \text{False positive}}$
38. Specificity is ability of a screening test to detect
 (a) True positives (b) True negatives
 (c) False positive (d) False negative
39. Diagnostic power of the test is reflected by
 (a) Sensitivity
 (b) Specificity
 (c) Predictive value
 (d) Population attributable risk
40. An ideal screening test should have all except
 (a) Low specificity (b) High sensitivity
 (c) High yield (d) High specificity
41. The predictive accuracy of a screening test depends on
 (a) Sensitivity
 (b) Specificity
 (c) Disease prevalence
 (d) All of the above
42. Prevalence of a disease affects
 (a) Sensitivity
 (b) Specificity
 (c) Predictive value
 (d) Relative risk
43. Amount of previously unrecognized disease that is diagnosed as a result of screening effort is
 (a) Predictive value
 (b) Yield
 (c) Prevalence
 (d) Surveillance
44. If the cut off point in the interpretation of the test is raised, one of the following may occur
 (a) Sensitivity decreases and specificity increases
 (b) Sensitivity increases and specificity decreases
 (c) Sensitivity and specificity both increase
 (d) Sensitivity and specificity both decrease
45. In a communicable disease with high mortality, tests must be
 (a) Highly sensitive
 (b) Highly specific
 (c) Easy of perform
 (d) Economical
46. Chicken pox causes severe infection in
 (a) Infants (b) Children
 (c) Adolescents (d) Adults
47. A person who had chicken pox can have
 (a) Measles
 (b) Mumps
 (c) Herpes simplex
 (d) Herpes zoster
48. Chicken pox is characterized by all except
 (a) Scabs are infective
 (b) Rapid transformation of stages
 (c) Rash is symmetrical, centripetal and pleomorphic in distribution
 (d) Palms and soles not affected by rash
49. Dew drop rash is characteristic of
 (a) Small pox (b) Chicken pox
 (c) Measles (d) Tana pox
50. Features of congenital varicella syndrome include all except
 (a) Foetal death
 (b) Cutaneous scars
 (c) Hydrocephalus
 (d) Low birth weight
51. Which of the following is not a complication of chicken pox
 (a) Pneumonia
 (b) Reye's syndrome
 (c) Encephalitis
 (d) Pancreatitis
52. A boy develops chicken pox in a school hostel. The test step to be taken is
 (a) Vaccination of all other boys residing there

- (b) Isolation of the boy
(c) Send the boy to home
(d) Restrict the movements of the boy
53. Measles is caused by
(a) RNA paramyxo virus
(b) Human herpes virus 3
(c) Orthomyxo virus
(d) Toga virus
54. Which is not true of measles virus
(a) Cannot survive outside human body
(b) Only one serotype
(c) Not grown in cell culture
(d) Retains infectivity when stored at subzero temperature
55. Period of communicability of measles is
(a) Few hours before rash appears, till last rash
(b) From appearance of first rash till last rash
(c) 1 day before and 4 days after rash appears
(d) 4 days before and 5 days after rash appears
56. In developing countries, measles occurs most commonly
(a) Below 6 months
(b) 6 months – 3 years
(c) Above 5 years
(d) Above 10 years
57. Epidemics of measles are common in India during
(a) October to April
(b) January to July
(c) July to December
(d) Can occur throughout the years
58. During post measles state, there may be
(a) Weight loss and growth retardation
(b) Cancown oris
(c) Reactivation of pulmonary tuberculosis
(d) All of the above
59. Vitamin deficiency common in severe measles is
(a) Vitamin K (b) Vitamin D
(c) Vitamin A (d) Vitamin C
60. Measles vaccine is not given before
(a) 9 months (b) 12 months
(c) 15 months (d) 18 months
61. Incubation period of rubella is
(a) 2-3 days (b) 2-3 weeks
(c) 7-10 days (d) 4-6 weeks
62. Rash of rubella disappears by
(a) 7th day (b) 10th day
(c) 3rd day (d) 15th day
63. Complication of rubella is
(a) Otitis media
(b) Thrombocytopenic purpura
(c) Pancreatitis
(d) Myocarditis

ANSWERS

1	B	21	D	41	D	61	B
2	B	22	B	42	C	62	C
3	B	23	C	43	B	63	B
4	D	24	C	44	A		
5	A	25	C	45	A		
6	C	26	B	46	D		
7	D	27	A	47	C		
8	B	28	C	48	A		
9	A	29	D	49	B		
10	C	30	A	50	C		
11	C	31	B	51	D		
12	B	32	A	52	B		
13	B	33	B	53	A		
14	B	34	B	54	C		
15	A	35	A	55	D		
16	B	36	D	56	B		
17	C	37	A	57	A		
18	A	38	B	58	D		
19	A	39	C	59	C		
20	B	40	A	60	A		