

1. **One of the followings is the definition of community medicine:**
 - a. The art and science of health promotion, disease prevention, disability limitation and rehabilitation
 - b. The science that control the infectious diseases by blocking the channels of transmission
 - c. The organized application of all resources (local, state, national and international) to achieve health for all goal
 - d. **The study of health and diseases in the population of a defined community or group.**
 - e. The science of health and includes all factors which contribute to healthy living.

2. **All the following statements are true EXCEPT:**
 - a. Man made diseases could not be explained on the bases of the germ theory of diseases
 - b. **In the beginning preventive medicine was equated with the control of infectious diseases, and such work has been proved not to be essential nowadays**
 - c. With the control of infectious diseases the so called modern diseases or man made diseases came into prominence and had become the leading causes of death in the industrialized countries
 - d. Factors linked to man behavior and style are behind the occurrence of man made diseases
 - e. Advances in the knowledge about the different modes of transmission of diseases made it possible to control them by blocking the channels of transmission

3. **The art and science of health promotion, disease prevention, disability limitation and rehabilitation is called:**
 - a. community medicine
 - b. public health
 - c. **preventive medicine**
 - d. hygiene
 - e. family medicine

4. **To identify the health problems and needs of a defined population and to plan, implement and evaluate the effectiveness of health care to meet these needs is the goal of:**
 - a. Community development
 - b. Community diagnosis
 - c. **Community medicine**
 - d. Community participation
 - e. Community awareness.

5. **The concept of preventive medicine has broadened to include all of the followings EXCEPT:**
 - a. general health promotion,
 - b. screening for diseases,
 - c. **human resource development**
 - d. population control,

- e. environmental sanitation,
- 6. Primary health care is the essential health care which depends on certain methods and procedures; the term essential means all of the followings EXCEPT;**
- a. It meets the actual health needs of the community
 - b. It is comprehensive: includes promotion, curative and rehabilitation care.
 - c. It forms continuous care of the population
 - d. It is provided to all individuals and families irrespective to their socioeconomic conditions
 - e. Methods used should be practical, scientific and socially accepted
- 7. When primary health care provides the right kind of care to the right kind of need; this is termed:**
- a. Geographic accessibility
 - b. Affordability
 - c. Functional accessibility
 - d. Social accessibility
 - e. Acceptability
- 8. Coordination and integration between different sectors of the community to solve the health problems is termed:**
- a. Team approach
 - b. Community participation
 - c. Appropriate technology
 - d. Multisectorial approach
 - e. Equity in distribution
- 9. All of the followings are examples of appropriate technology used at primary health care level EXCEPT:**
- a. Domiciliary treatment of TB
 - b. Weighing of the children for growth monitoring
 - c. Oral rehydration therapy for diarrhea disease control
 - d. Plain X ray screening for TB
 - e. Breast feeding in spacing between pregnancies.
- 10. Obstacles related to delivery of health care in rural areas related to the consumers include all the followings EXCEPT:**
- a. Low utilization of preventive services
 - b. Low utilization of the available beds in health care centers.
 - c. Inadequate community participation.
 - d. Illiteracy and lack of awareness about health problems and their risk factors.
 - e. Insufficient covering of population by basic environmental services
- 11. All the followings are physical environmental factors behind rural health problems EXCEPT:**
- a. Poor village planning

- b. Poor housing
- c. Relative values
- d. Lack of safe water supply inside the dwellings.
- e. Poor food hygiene

12. All the followings are vulnerable groups EXCEPT:

- a. Pregnant women
- b. Infants and under 5 children
- c. Elderly group
- d. disabled children
- e. School aged children

13. All the followings are Cultural and psychological barriers behind rural health problems EXCEPT:

- a. The tradition of keeping women and children inside doors
- b. The belief in fate and the minimal relation between individual behavior and health outcomes.
- c. Prevalence of vector and animal reservoir of diseases
- d. People believe that their own mode of life is the best
- e. Different perception between rural people and health team

14. The followings are Significant health gains achieved since the introduction of PHC EXCEPT:

- a. Decrease both infant and under five mortality.
- b. Increase life expectancy for males and females.
- c. Increase immunization coverage.
- d. Improvement in the environmental conditions
- e. Decrease maternal mortality rate

15. Obstacles related to delivery of health care in rural areas related to the health care itself include all the followings EXCEPT:

- a. Limited multi-sectorial approach.
- b. Poor and inadequate referral services.
- c. Sustained unhealthy life styles
- d. Inadequate human resources.
- e. Low outreach for all services except for postnatal care.

16. The following statements applies to de Jore type of census EXCEPT:

- a. Expensive and time consuming
- b. It may give a false impression of size for areas with high migration or high seasonal mobility
- c. Some individuals may be omitted or counted twice
- d. Counting individuals at their legal permanent residence
- e. It gives a factual figure

17. The following statements applies to de De facto type of census EXCEPT:

- a. Some individuals may be omitted or counted twice
- b. It may give a false impression of size for areas with high migration or high seasonal mobility

- c. Counting individuals wherever they actually are on the day of the Census
- d. Persons in transit may be missed
- e. Much easy, less expensive

18. Slope of the sides of the population pyramid denotes all of the followings EXCEPT;

- a. Mortality experience
- b. Life span
- c. Effects of war
- d. Immigration
- e. Emigration

19. What is the part of the population pyramid that denotes birth rate?

- a. Height of the pyramid
- b. Sides of the pyramid
- c. Apex of the pyramid
- d. Base of the pyramid
- e. Surface area below the median line

20. The shape of the apex of the population pyramid denotes:

- a. The net migration
- b. Surface area above the median line
- c. Life span
- d. The percent of individuals who survive till old age
- e. Mortality experience

21. The height of the population pyramid denotes:

- a. Mortality experience
- b. Life span
- c. Effects of war
- d. Birth rate
- e. Emigration

22. The part of the population pyramid that reflects the net migration is:

- a. Height
- b. Base
- c. Sides
- d. Median age
- e. Apex

23. Population pyramid of a developed country has all the following features EXCEPT;

- a. Median age is low
- b. Narrow base
- c. Wide apex
- d. Sides are not sloping,
- e. The height of the pyramid is high

24. Population pyramid of a developing country has all the following features EXCEPT;

- a. Median age is high
- b. Wide base
- c. Narrow apex
- d. Sloping sides
- e. Short height

25. All the following factors affect the nominator of the crude birth rate EXCEPT;

- a. Number of females in the community specifically those 15 -49 years
- b. Net migration rate
- c. The age of marriage
- d. The level of infant and preschool mortality rates
- e. The rate of having children

26. A population pyramid describes the _____ of the population at a given time.

- a. Age-sex structure
- b. Occupation
- c. Number
- d. Health
- e. Marital state

27. The epidemiologic transition refers to a shift in primary cause of death

- a. from nonfatal to fatal disease
- b. from noninfectious to infectious disease
- c. from infectious to noninfectious disease
- d. from man- made diseases to non infectious
- e. none of the above

28. Stage 2 of the demographic transition model describes a transitional stage with high fertility and lowered mortality rates. This creates

- a. population growth
- b. population decline
- c. no change in population size
- d. increase in median age of a population
- e. non of the above

29. population size among human is a result of

- a. fertility
- b. mortality
- c. immigration
- d. emigration
- e. all of the above

30. Stage 5 of the demographic transition model describes a transitional stage with very low fertility and lowered mortality rates. This leads to:

- a. Population remains steady
- b. Population begins to rise steadily.

- c. Population growth is slow and fluctuating
- d. Country's population size is decreasing
- e. Non of the above

31. The total deaths in a village in 1980 were 100. Of these 16 were due to pneumonia. If the total population is 10000, then the proportionate mortality rate from pneumonia equals to:

- a. 160
- b. 10
- c. 16
- d. 1.6
- e. 100

32. In a village of 5000 person, the following was registered: 200 births, 80 deaths, of these 20 were below 1 year and one women died from maternal causes. The rate of natural increase in this village equals:

- a. 24
- b. 40
- c. 100
- d. 2.4
- e. 16

33. In a community X the total population = 30, 000 000 persons in 2005. if 60,000 deaths from TB occurred in the same year and total deaths equals 375,000, then the specific death rate from TB equals:

- a. 20
- b. 200
- c. 160
- d. 2
- e. 16

34. All the followings are objectives of expanded program of immunization EXCEPT:

- a. To achieve global eradication of polio and then maintain polio free status.
- b. To maintain zero level of diphtheria
- c. To eliminate measles by immunization of targets with two doses of measles vaccine.
- d. To eliminate hepatitis B infection by reducing sero-prevalence of HB surface antigen
- e. To eliminate neonatal tetanus.

35. All the following vaccines are given intra-muscular EXCEPT:

- a. IPV
- b. DPT
- c. HIB
- d. HB
- e. MMR

36. One of the following vaccines does not need boosting:

- a. DT
- b. TT
- c. HB
- d. DPT
- e. MMR

37. All the following vaccines are damaged by freezing EXCEPT:

- a. TT
- b. DT
- c. DPT
- d. HB
- e. MMR

38. The potency of one of the following vaccine can be checked by the shake test.

- a. BCG
- b. MMR
- c. HIB
- d. HB
- e. DPT

39. The rate which is used to calculate how long a population would take to double in size is:

- a. Total fertility rate
- b. General fertility rate
- c. Crude birth rate
- d. Rate of natural increase
- e. Growth rate

40. Stage 4 of the demographic transition model describes a transitional stage with low fertility and lowered mortality rates. This stage is accompanied with:

- a. Short life expectancy
- b. Slightly longer life expectancy
- c. Longer life expectancy
- d. Long life expectancy
- e. Combination of a and b.

41. Stage 3 of the demographic transition model describes a transitional stage with Birth rate starts to fall and death rate continues to fall. This leads to;

- a. Population is rising.
- b. Population remains steady.
- c. Population growth is slow and fluctuating
- d. Country's population size is decreasing
- e. Non of the above

42. The measure of fertility which takes into account the prevailing specific fertility and specific women mortality rates is the:
- General fertility rate
 - Net reproduction rate
 - Age specific fertility rate
 - Total fertility rate
 - Gross reproduction rate
43. The drawback of the gross reproduction rate is that it does not consider the:
- The differences in fertility levels in various age groups of reproductive period
 - the deaths of women during their reproductive period
 - The age of marriage
 - Number of females in the community specifically those 15 -49 years
 - All of the above
44. The total fertility rate of Jordan 2010 equals:
- 4.3
 - 3.4
 - 2.4
 - 5.4
 - Non of the above
45. All the following are reasons for organizing special services to mothers and children EXCEPT:
- the child population represents a large sector of the total population
 - Mothers and children form the majority of the population
 - Children are particularly vulnerable and subject to diseases and together with the mothers they constitute a special risk group
 - Most of the diseases that causes mortality and morbidity in children and those associated with the childbearing process are preventable mostly by the secondary level of prevention
 - Prevention of certain adulthood health problems could be initiated in childhood
46. The process of growth and development distinguishes childhood and it is accelerated in all the following stages of life EXCEPT:
- During adolescence
 - Early adulthood.
 - Fetal life.
 - At puberty
 - Postnatal life.
47. All the following are true regarding immediate objectives of MCH services EXCEPT:
- Decrease the morbidity rates of common childhood diseases
 - Lower the risks of pregnancy, labor and puerperium and lower the peri-natal and maternal mortality rates
 - Delivery of emergency comprehensive obstetric care
 - Prevention of hereditary diseases

- e. Decrease the infant and under five mortality rates
48. The adolescent girl is the girl aged:
- a. 9- 14 years
 - b. 9-16 years
 - c. 11- 16 years
 - d. 11-19 years
 - e. 9-18 years
- 49. Women health program for adolescence aims at supervising the health status of the girls particularly their:**
- a. Growth and development
 - b. Reproductive health
 - c. Scholastic achievement
 - d. B and C
 - e. A and B
- 50. from the high risk marriages are all of the above EXCEPT:**
- a. Genetic problems
 - b. Chronic health problems
 - c. Acute health problems
 - d. Severe family problems or stresses
 - e. Young (<20) or old age at marriage as well as wide age gap
51. From the justification of the importance of pre-marital care in the Middle Eastern Mediterranean region (MENA region) are all the following EXCEPT:
- a. The epidemiological transition attracted the attention to some new problems
 - b. There is a high rate of consanguineous marriages in MENA region as well as relative high rates of some congenital and genetic disorders e.g. thalassaemia
 - c. Decreasing importance of STDs and AIDS
 - d. The episodic nature of care provided to teenagers and adolescents
 - e. Changing social dynamics and increasing economic pressures
52. who is responsible for premarital counseling:
- a. Physicians,
 - b. Public health nurse
 - c. Social workers
 - d. Mental health specialist
 - e. All of the above
53. All the following are important topics to be covered in family life education EXCEPT:
- a. Role of each partner in the family as well as motherhood and fatherhood
 - b. The relation between the husband and the wife, as well as the parents and the children
 - c. Sexual education
 - d. The needs (physical, mental and social) of different members of the family

e. Community health problems, and their prevention

54. Psycho-social care as a component of pre-marital care stress all the following to ensure good psychological and social basis for starting and maintaining family life EXCEPT:
- Encourage couple to accept their new role in the family and teach them to adapt to this new role without experiencing severe stress
 - Discuss role of the family in the community
 - Explain the emotional changes that occur normally during pregnancy, delivery and puerperium
 - Give the couples the opportunity to express and discuss their problems and help them to solve it
 - Counseling and help to overcome bad habits as smoking and addiction
55. What are the conditions if discovered during pre-marital counseling needs referral to more specialized services:
- Consanguinity and genetic disorders
 - STDs, and problems of menstruation
 - Chronic disorders:
 - Mental disorders
 - All of the above.
56. If the pregnant woman is Rh $-v$ and her husband is Rh $+v$, there is a possibility of erythroblastosis fetalis specially if it is the second or third pregnancy; she has to be examined for the level of Rh antibodies:
- between 24 - 28 weeks gestation
 - between 28 - 32 weeks gestation
 - between 32 – 36 weeks gestation
 - between 36 – 40 weeks gestation
 - At any period of the above
57. Maternal risk is slightly greater with the first pregnancy and is greatly significant beyond:
- The third pregnancy
 - The second pregnancy
 - The fourth pregnancy
 - The fifth pregnancy
 - All of the above
58. All the following statements are true concerning biological risk factors of pregnancy EXCEPT:
- The optimum age for childbearing is between 20-30 years
 - Maternal age above 35 years of age increases the risk for genetically abnormal conception and decreases incidence of Down's syndrome
 - There is an increased risk of genetic abnormality with advanced paternal age (over 55)
 - Maternal age below 16 age increases the risk for pre-eclampsia
 - Maternal age over 35 years of age increases the risk for medical complications such as hypertensive disorder of pregnancy.

- 59. Weight gain in pregnancy of less than 50 % of what is expected may indicate all the following EXCEPT:**
- Inadequate diet
 - Pre-eclampsia
 - Heavy work
 - Low birth weight
 - Excessive activity
60. Short stature of the mother (less than ?) has been connected with increases peri-natal morbidity and mortality;
- 172 cm
 - 142 cm
 - 162 cm
 - 152 cm
 - Non of the above
- 61. All identified risk pregnancies at MCH care may be in need of:**
- Referral to a higher level of care for evaluation
 - Specific treatment
 - More frequent visits for monitoring
 - Referral for delivery
 - Any of the above
- 62. What is the type of risk denoting conditions like; abortion, still birth, malpresentation of the fetus or instrumental delivery:**
- Medical risk
 - Biological risk
 - Social risk
 - All of the above
 - Non of the above
- 63. The normal weight gain during pregnancy should not exceed:**
- 10 Kg
 - 14 Kg
 - 12 Kg
 - 15 Kg
 - Non of the above
- 64. Weight gain in pregnancy of more than 50 % of what is expected may indicate all the following EXCEPT:**
- Obesity
 - Accumulation of fluids
 - Pre-eclampsia
 - Excessive activity
 - Any of the above
- 65. Hypertension of ? or more during pregnancy is considered abnormal and required investigation to know the cause, treat or refer to the specialist.**

- a. A rise of 20 mm Hg systolic or 10 mm Hg diastolic over base line value
- b. A rise of 30 mm Hg systolic or 15 mm Hg diastolic over base line value
- c. 140/90
- d. A or C
- e. B or C

66. MCH program includes home visits for all the following pregnant women EXCEPT:

- a. Drop outs
- b. Women with medical or obstetric history
- c. Those planning for home delivery
- d. All of the above
- e. Non of the above

67. All the following statements are true regarding the first visit recommended by WHO for ante natal care EXCEPT:

- a. The first visit has not to be later than 24 weeks gestation
- b. The first visit has to screen for and treat anemia
- c. The first visit has to screen for and treat syphilis
- d. The first visit has to begin develop the individualized birth plan
- e. Initiate prophylaxis where required

68. All the following statements are true regarding the individualized birth plan EXCEPT:

- a. It should be initiated at first visit
- b. Should be reviewed and updated in the subsequent visits
- c. Should take into account the woman's preference of place of birth
- d. Should respect woman's preference for skill level of attendant of delivery
- e. The plan should be confirmed at the last antenatal visit

69. All the following are minimum care provision recommended during ant natal care. One of these measures is closely linked to reduce maternal mortality:

- a. Development of individualized birth plan
- b. Tetanus toxoid immunization
- c. Iron and folic acid supplementation
- d. Home-based maternal records
- e. Psycho- social support

70. The place and attendant of delivery varies all over the world. All the following factors are reasons for this variations from the consumer side EXCEPT:

- a. Women's status in decision making regarding these matters
- b. Traditions and habits
- c. Relative costs of home versus hospital delivery
- d. Availability of trained manpower and beds in hospitals
- e. Availability of care of other children during their mother's stay in hospital

71. The most receptive period for health education is:

- a. Pre-marital
- b. Preconception
- c. Ante natal
- d. Natal
- e. Post natal

72. All the following are preventive natal care recommended EXCEPT:

- a. Clearance of respiratory passages of the newborn
- b. Aseptic cut of umbilical cord and use of sterile dressing
- c. Application of silver nitrate or sulfa eye drops for the newborn
- d. Application of internal clean lavage and use of sterile dressing to mothers
- e. Administration of chemoprophylaxis to the mother

73. Post natal care is the care given to the mother and infant that starts:

- a. After delivery of the baby and extends to 42 days
- b. After delivery of the placenta and extends for 6 weeks
- c. After 6 hours from delivery and extends for 6 weeks
- d. After 24 hours from delivery and extends for 42 days
- e. Non of the above

74. All the following are true regarding post natal care EXCEPT:

- a. The immediate postpartum care during the first 6-24 hours after delivery needs to be viewed as part of care during delivery
- b. It is recommended to visit the mother at the 2nd, 4th, 6th, 14th, 21st, and 40th day after delivery.
- c. The least number of visits is recommended is four visits.
- d. Checking of the normal physiological changes of the mother must be stressed.
- e. Prevention, early detection and management of complications for both the mother and infant have to be ensured.

75. Vaginal discharge after delivery is normally bloody in the few days after delivery, later it becomes brownish, then pink and it becomes colorless only by:

- a. The 14th day after delivery
- b. The 24th day after delivery
- c. The 32nd day after delivery
- d. The 42nd day after delivery
- e. Non of the above

76. All the following activities have to be performed during post natal visits EXCEPT:

- a. Vaginal examination for determining the involution of the uterus
- b. Measuring temperature and blood pressure
- c. Abdominal examination for swelling or distended bladder
- d. Examination of the breasts for cracked nipples, engorgement for abscess.

- e. Examination of the legs for thrombosis

77. What is recommended to be supplied for women post partum

- a. Iron supply
- b. Folic acid supply
- c. Vitamin A supply
- d. All of the above
- e. Non of the above

78. All the following are healthy messages to be stressed upon during health education post partum EXCEPT:

- a. Prevention of puerperal infections by personal hygiene and preventing attendance of ill persons during exposure of the genitalia.
- b. Care of episiotomy and first degree tear.
- c. The mother should have periods of rest
- d. The mother has to gradually return to household duties and is advised starting by the end of the 4th week.
- e. Advised about danger signs for her and the baby that necessitate calling for help.

79. The definition of maternal death involves all the following meanings EXCEPT:

- a. The death of a woman while pregnant or within 42 days of termination of pregnancy
- b. The death is from any cause related to or aggravated by the pregnancy or its management
- c. The death is considered maternal irrespective to the duration or the site of pregnancy
- d. The outcome of pregnancy is relevant
- e. A and B and C

80. All the following are direct obstetric causes of maternal mortality EXCEPT:

- a. Hemorrhage
- b. Anemia
- c. Puerperal sepsis,
- d. hypertension of pregnancy,
- e. obstructed labor

81. In a large maternity service consisting of one small hospital and six clinics serving 250 000 population, there have been 10 000 live births and 200 women deaths in the past year. From these women deaths, 40 women died as a result of septic abortion as well as women who died of sepsis following delivery. What are the indicators to evaluate maternal health care that can be calculated from these data?

- a. Maternal mortality rate
- b. Maternal mortality ratio
- c. Proportionate mortality rate
- d. Crude birth rate
- e. B and C

82. All the following are considered avoidable factors contributed to maternal mortality. One of them is considered substandard care:

- a. Deaths due to under-utilized services
- b. Anesthetic accident
- c. Inability to recognize dangerous signs and symptoms
- d. Delay in seeking care
- e. Inability to reach the service

83. To accurately categorize a death as maternal, information is needed on:

- a. Cause of death
- b. The pregnant status
- c. The time of death in relation to the pregnancy status
- d. A and B
- e. A and B and C

84. Over half a million maternal deaths occur annually worldwide, 99 % of these deaths occur in developing countries. About how much of these deaths occur post partum.

- a. 40 %
- b. 50 %
- c. 60 %
- d. 70 %
- e. 80 %

85.