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MCQs



NURSING

## Multiple Choice Questions in

# COMMUNITY HEALTH NURSING

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*Foreword*
**Nilima R Bhore**

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# 1 CHAPTER

## *CONCEPTS OF HEALTH*

**1. The knowledge, values, beliefs and behaviors of given groups have a major implications for————————.**

**A.** Mortality and morbidity.
**B.** Physical problems.
**C.** Social problems.
**D.** Psychological problems.

**2. Community is a smallest ———————— that can embrace all aspects of social life.**

**A.** Individual group.
**B.** Large group.
**C.** Religion group.
**D.** Territorial group.

**3. ———— looks towards the development of the village community.**

**A.** Gray's theory.
**B.** Cooley's theory.
**C.** Mackenzie's theory.
**D.** Sr. Callista Roy's Adaptation theory.

**4. ———— looks towards the development of the large cities.**

**A.** Gray's theory.
**B.** Cooley's theory.
**C.** Mackenzie's theory.
**D.** Sr. Callista Roy's Adaptation theory.

**1 A 2 D 3 A 4 B**

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**5. ———— looks towards the development of the three major types of transportation—water, rail and motor.**

**A.** Gray's theory.
**B.** Cooley's theory.
**C.** Mackenzie's theory.
**D.** Sr. Callista Roy's Adaptation theory.

**6. The ———— community was relatively very small, simple and self-sufficient.**

**A.** Primitive community.
**B.** Civilized community.
**C.** Rural community.
**D.** Urban community

**7. ———— and ———— have been the two most recognizable general types of human civilization.**

**A.** Religion, cast.
**B.** Village, city.
**C.** Production, development.
**D.** None of the above.

**8. ———— includes land, water and climate, villages with fertile land, good climate and water in abundance that attracted more people.**

**A.** Economic factor.
**B.** Social factor.
**C.** Ecological factor.
**D.** Topographical factor.

**9. ———— favorable to agricultural conditions led to advanced stage of living.**

**A.** Economic factor.
**B.** Social factor.
**C.** Ecological factor.
**D.** Topographical factor.

**5 C 6 A 7 B 8 D 9 A**

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**10. ———— factors in villages where there are both internal and external peace and village community is more prosperous.**

**A.** Economic factor.
**B.** Social factor.
**C.** Ecological factor.
**D.** Topographical factor.

**11. ———— includes factors such as population, occupation, distance from the town—social as well as geographical organization.**

**A.** Economic factor.
**B.** Social factor.
**C.** Ecological factor.
**D.** Topographical factor.

**12. ———— is clearly defined that community care is organized around care of the individuals in the context of their community resources.**

**A.** Orem's self-care model.
**B.** Neuman conceptual model.
**C.** Sr. Callista Roy's adaptation model.
**D.** Imogene King's goal attainment model.

**13. ———— in which change is directed toward restoring stability, increasing capacities and evolving growth.**

**A.** Orem's self care model.
**B.** Neumann conceptual model.
**C.** Sr. Callista Roy's adaptation model.
**D.** Imogene King's goal attainment model.

**14. A community cannot be ———— because of its limited scope, nature and more or less impossible in our modern complex society.**

**A.** Self-sufficient. **B.** Political.
**C.** Religious. **D.** Over-populated.

| | | | | |
|---|---|---|---|---|
| **10 B** | **11 C** | **12 A** | **13 B** | **14 A** |

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**15. ———————— is of course important but there is conditioned by a feeling of oneness.**

**A.** Nature and character.
**B.** Population.
**C.** Arealess and shapeless.
**D.** None of the above.

**16. ———— of society is abstract and can only feel about society.**

**A.** Nature and character.
**B.** Population.
**C.** Arealess and shapeless.
**D.** None of the above.

**17. Society is ———— and for society area is no consideration.**

**A.** Nature and character.
**B.** Population.
**C.** Arealess and shapeless.
**D.** None of the above.

**18. ———— incorporates the traditions, values, norms and sanctions that are accepted and reinforced by the people.**

**A.** Sociocultural system. **B.** Political system.
**C.** Economic system. **D.** Educational system.

**19. ———— emphasizes early diagnosis and prompt intervention.**

**A.** Primary prevention.
**B.** Secondary prevention.
**C.** Tertiary prevention.
**D.** Rehabilitative prevention.

**20. ———— comes into play when a defect or disability is fixed.**

**A.** Primary prevention.
**B.** Secondary prevention.
**C.** Tertiary prevention.
**D.** Rehabilitative prevention.

| 15 B | 16 A | 17 C | 18 A | 19 B | 20 C |
|---|---|---|---|---|---|

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**21. ———— services that focus on reducing disability and restoring function is provided at the individual, family and community level.**

**A.** Primary prevention.
**B.** Secondary prevention.
**C.** Tertiary prevention.
**D.** Rehabilitative prevention.

**22. ———— health care includes health maintenance, health promotion activities.**

**A.** Primary.
**B.** Secondary.
**C.** Tertiary.
**D.** Rehabilitation.

**23. ————assumes that patients have a higher potential of health than they presently realize.**

**A.** Health promotion.
**B.** Health maintenance.
**C.** Health education.
**D.** None of the above.

**24. The community nursing process can be defined in terms of three major dimensions ————.**

**A.** Aim, objective, scope.
**B.** Purpose, organization, properties.
**C.** Aim, principle, objective.
**D.** Scope, purpose, organization.

**25. ———— is a group of persons united by the ties of marriage, blood, interacting and inter-communicating with each other.**

**A.** Family.
**B.** Community.
**C.** Population.
**D.** Society.

| | | | | |
|---|---|---|---|---|
| **21 D** | **22 A** | **23 A** | **24 B** | **25 A** |

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**26. ———— family is that type in which the control of the family is centered on some women member.**

**A.** Patriarchal.
**B.** Matriarchal.
**C.** Nuclear.
**D.** Joint.

**27. ————— family organization in which the father is the formal head and the ruling power in the family.**

**A.** Patriarchal.
**B.** Matriarchal.
**C.** Nuclear.
**D.** Joint.

**28. ———— family is composed of a married couple and their offspring.**

**A.** Patriarchal. **B.** Matriarchal.
**C.** Nuclear. **D.** Joint.

**29. ————family is composed of relations of blood kin, brothers and sisters and parents.**

**A.** Patriarchal. **B.** Matriarchal.
**C.** Nuclear. **D.** Joint.

**30. ————— give a more accurate assessment of the family structure and behavior in the natural environment.**

**A.** Home visits. **B.** Physical examination.
**C.** Assignments. **D.** Nursing bag.

**31. ————is the process of providing nursing care to patients at their doorsteps.**

**A.** Home visit.
**B.** Physical examination.
**C.** Assignments.
**D.** Nursing bag.

| | | | | | |
|---|---|---|---|---|---|
| **26 B** | **27 A** | **28 C** | **29 D** | **30 A** | **31 A** |

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**32. ———— is a vehicle for carrying the materials and equipments needed during home visits.**

**A.** Home visit.
**B.** Physical examination.
**C.** Assignments.
**D.** Nursing bag.

**33. The most important and most basic technique in preventing and controlling transmission of pathogens is ————.**

**A.** Handwashing.
**B.** Cleaning the articles.
**C.** Discarding the articles.
**D.** Clean with cotton swabs.

**34. ———————— is a format for drawing a family tree that records information about family members and their relationship for at least three generations.**

**A.** Ecomap.
**B.** Genograms.
**C.** Map of the family.
**D.** None of the above.

**35. ————————is a diagram of family relationship with external environment.**

**A.** Ecomap.
**B.** Genograms.
**C.** Map of the family.
**D.** None of the above.

**36. ————phase involves a systematic data collection process that provides the foundation for making nursing diagnosis.**

**A.** Assessment.
**B.** Analysis.
**C.** Planning.
**D.** Implementing.

| | | | | |
|---|---|---|---|---|
| **32 D** | **33 A** | **34 B** | **35 A** | **36 A** |

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**37. ————————are those data that the community health nurse directly obtains from the patient's data that the nurse actually sees, hears, feels.**

**A.** Primary data.
**B.** Secondary data.
**C.** Tertiary data.
**D.** Written data.

**38. ———————— are those data obtained from a variety of sources such as significant others, personnel from health agencies.**

**A.** Primary data.
**B.** Secondary data.
**C.** Tertiary data.
**D.** Written data.

**39. ———————— malnutrition dominating among under fives.**

**A.** Vitamin A.
**B.** Vitamin D.
**C.** Calcium.
**D.** Protein-Calorie.

**40. ———————— means governmental intervention, direct or indirect designed to alter human behavior.**

**A.** Regulatory approach.
**B.** Service approach.
**C.** Primary health care approach.
**D.** None of the above.

**41. ————————means providing all the health services needed by the people at their doorsteps.**

**A.** Regulatory approach.
**B.** Service approach.
**C.** Primary health care approach.
**D.** None of the above.

| | | | | |
|---|---|---|---|---|
| **37 A** | **38 B** | **39 D** | **40 A** | **41 B** |

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**42. ———— means the people with their full participation and active involvement in the planning and delivery of health services.**

**A.** Regulatory approach.
**B.** Service approach.
**C.** Primary health care approach.
**D.** None of the above.

**43. Primary prevention does not include ————————.**

**A.** Early diagnosis and treatment.
**B.** Health promotion.
**C.** Specific protection.
**D.** Health education.

**44. Iron and folic acid supplementation forms ————.**

**A.** Health promotion.
**B.** Specific protection.
**C.** Primordial prevention.
**D.** Primary prevention.

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**42 C 43 A 44 B**

# 2 CHAPTER *EPIDEMIOLOGY*

**1. Study of time, place and person is called ————.**

**A.** Experimental epidemiology.
**B.** Analytical epidemiology.
**C.** Descriptive epidemiology.
**D.** Randomized controlled trial.

**2. All of the following are components of epidemiological triad, except ————.**

**A.** Environment.
**B.** Agent.
**C.** Host.
**D.** Manpower.

**3. Burden of disease is best detected by ————————.**

**A.** Disability adjusted life year.
**B.** Sullivan's Index.
**C.** IMR.
**D.** Survival Index.

**4. Disability Adjusted Life Year (DALY) expresses the ———.**

**A.** Extent of disability in the population.
**B.** Expectation of life free of disability.
**C.** Years of life lost to premature death.
**D.** None of the above.

**1 C 2 D 3 A 4 C**

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**5. Epidemic occurring every 3 years is called ————————.**

**A.** Secular trend.
**B.** Annular disease.
**C.** Cyclical trend.
**D.** Pandemic.

**6. Attributable risk means ————————.**

**A.** Strength association.
**B.** Causal relation.
**C.** Temporal relation.
**D.** Potential for prevention.

**7. "Endemic Disease" means that a disease ————————.**

**A.** Occurs clearly in excess of normal expectancy.
**B.** Is constantly present in a given population group.
**C.** Exhibits seasonal group.
**D.** Is prevalent among animals.

**8. In a community, an increase in new cases denotes——.**

**A.** Increase in Incidence Rate.
**B.** Increase in Prevalence Rate.
**C.** Decrease in Incidence Rate.
**D.** Decrease in Prevalence Rate.

**9. Case control studies are used for ————————.**

**A.** Study of common disease.
**B.** Finding multiple risk factors.
**C.** Finding incidence rates.
**D.** Finding relative risk.

**10. The concept of health promotion and the related activities leads to ————————.**

**A.** Better treatment.
**B.** Awareness and changes in life-style.
**C.** Adoption of prophylactic services.
**D.** Use the health services.

| 5 C | 6 D | 7 B | 8 A | 9 B | 10 B |
|---|---|---|---|---|---|

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**11. Crude death rate is an indicator that shows relationship between ————————.**

**A.** Population and total mortality.
**B.** Population and proportional mortality.
**C.** Population and age specific mortality.
**D.** None of the above.

**12. Death rates of two countries are best compared by ————————.**

**A.** Crude death rate.
**B.** Proportional crude death rate.
**C.** Standardized mortality rate.
**D.** Age specific death rate.

**13. "Incidence" is defined as ————————.**

**A.** Number of new cases occurring in a defined population.
**B.** Total cases (new and old) occurring in a defined population.
**C.** Number of exposed developing the disease in a defined population.
**D.** None of the above.

**14. Quarantine is for ————————.**

**A.** Infective period.
**B.** Generation time.
**C.** Shortest incubation period.
**D.** Longest incubation period.

**15. The ratio between the Incidence of disease among exposed and non-exposed is called ————————**

**A.** Causal risk.
**B.** Relative risk.
**C.** Attributable risk.
**D.** Odds ratio.

| | | | | |
|---|---|---|---|---|
| **11 B** | **12 C** | **13 A** | **14 D** | **15 B** |

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## Multiple Choice Questions in

# COMMUNITY HEALTH NURSING

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This book is an endeavor to simplify Community Health Nursing so that students can understand the basic concepts while applying the theory into community health nursing practice.



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