Post Graduate Medical Diploma Part-I
Diploma in Child Health (DCH)
Paper-I
(Multiple Choice Questions)
MODEL PAPER

Signatures of Candidate

Roll No.

Total Marks: 100
Time Allowed: 2 hours

Instructions:

i. Read the instructions on the MCQ Response Form carefully.
ii. Attempt ***all*** questions.
iii. Question Paper to be returned along with MCQ Response Form.
iv. Candidates are strictly prohibited to give any identification mark except Roll No. & Signatures in the specified column only.

Q.1 Enzymatic digestion of cell components during the process of necrosis occurs through the activity of:

a) Mitochondria
b) Lysosomes
c) Ribosomes
d) Golgi complex
e) Endoplasmic reticulum

Q.2 The pathologic process in which one type of adult tissue is replaced by another is termed:

a) Dysplasia
b) Anaplasia
c) Metaplasia
d) Aplasia
e) Hypoplasia

Q.3 The single necessary criterion to define shock is:

a) Excessive bleeding
b) Inadequate tissue perfusion
c) Loss of plasma proteins
d) Tachycardia
e) pCO_2 > 50 mmHg

Q.4 Most likely nuclear change associated with cell injury is:

a) Pyknosis
b) Cloudy swelling
c) Hydropic change
d) Fatty change
e) Membrane blebs

Q.5 The first event occurring in acute inflammation is:

a) Phagocytosis
b) Stasis
c) Margination of leukocytes
d) Emigration of leukocytes
e) Lymphadenitis

Q.6 Most reliable evidence of chronicity in an inflammatory process of the liver (hepatitis) is the presence of:

a) Lymphocytes
b) Bile duct destruction
c) Councilman bodies
d) Firbrosis
e) Plasma infiltrates

Q.7 Granulation tissue is characterized by:

a) Proliferation of new capillaries with fibroblasts and new collagen formation
b) Giant cells and fibroblasts
c) Giant cells and lymphocytes
d) Giant cells, plasma cells and lymphocytes
e) Neutrophils

Q.8 The immediate transient phase of vascular permeability in most type of tissue injury is mediated by:

a) Complement
b) Hageman factor
c) Anaphylatoxin
d) Histamine
e) Serum albumin

Q.9 Infarction leads to liquefaction necrosis of:

a) Kidneys
b) Small intestines
c) Heart
d) Spleen
e) Brain

Q.10 IgM antibodies are:

a) Responsible for hemolysis in Rhesus incompatibility
b) A potent activator of complement
c) The predominant antibody elevated in chronic active hepatitis
d) The predominant antibody in warm type hemolytic anemia
e) The predominant antibody in secondary response to antigen

(Continued)

Q.11 Vitamin B_{12} deficiency can be differentiated from folic acid deficiency by presence of:

a) Megaloblasts in the bone marrow
b) Hypersegmented granulocytes
c) Elevated serum LDH
d) Neurological disease related to posterolateral spinal tract
e) Myeloid erythroid ratio of about 1:1

Q.12 Following are consistent with the diagnosis of iron deficiency anemia:

a) Decreased total iron binding capacity
b) Thrombocytopenia
c) Decreased MCV
d) Raised HbA_2 level
e) Schistocytes in peripheral blood smear

Q.13 Which of the following is suggestive of von Willebrand's disease:

a) BT – normal; PT – prolonged; aPTT – normal; platelet count – reduced
b) BT – prolonged; PT – prolonged; aPTT – prolonged; platelet count – reduced
c) BT – normal; PT – normal; aPTT – prolonged; platelet count – normal
d) BT – normal; PT – prolonged; aPTT – prolonged; platelet count – normal
e) BT – prolonged; PT – normal; aPTT – prolonged; platelet count – normal

Q.14 In Glucose-6-phosphate dehydrogenase deficiency:

a) There is an increase in reduced glutathione
b) Pattern of inheritance is autosomal recessive
c) Exchange transfusion may be required in neonatal period
d) Paracetamol consumption may result in crisis
e) G6PD level is always reduced immediately after crisis

Q.15 In ß-thalassemia minor:

a) Osmotic fragility is reduced
b) There is reticulocytosis with no nucleated red cells
c) HbA_2 is not detected on electrophoresis
d) Erythrocyte free protoporphyrin is elevated
e) Microspherocytes are seen on peripheral blood film

Q.16 Factors of intrinsic pathway are:

a) XII, XI, IX, VIII
b) XII, XI, IX, VII
c) XI, IX, VIII, X
d) XI, IX, X, V
e) XIII, XI, IX, VIII

Q.17 In acute ITP:

a) Peak age incidence is 10-12 years
b) There is sex predilection for females
c) Onset of bleeding is usually insidious
d) Spontaneous remission occurs in < 50% cases
e) Initial platelet count is usually < 20,000/cu mm

Q.18 Mean Corpuscular Volume (MCV):

a) Hb in gm% / RBC count per liter x 10^{13}pg
b) Hb in gm% / PCV
c) PCV / RBC count per liter x 10^{13}pg
d) PCV / RBC count per liter x 10^{15}fl
e) Hb in gm% / RBC count per liter x 10^{15}fl

Q.19 Spherocytes are present in:

a) Iron deficiency anemia
b) Autoimmune hemolytic anemia
c) Folic acid deficiency anemia
d) Renal failure
e) G6PD deficiency

Q.20 In hereditary spherocytosis:

a) MCHC is often increased
b) There is low reticulocyte count
c) Pattern of transmission is X-linked
d) Most patients present in 2nd decade of life
e) Renal stones are common

Q.21 Mycobactrium tuberculosis

a) Is obligate aerobe
b) Has protein rich cell wall
c) Is a rapidly growing organism
d) The lung is the port of entry in less than 50% cases
e) Is essentially an extracelluar organism

Q.22 The Antistreptoclysin-O titer is raised in infectins caused by:

a) Streptococcus pneumoniae
b) Streptococcus sanguis
c) Streptococcus pyogenes
d) Streptococcus bovis
e) Streptococcus mutans

Q.23 In tuberculous infection of the urinary tract:

a) Renal medulla is most commonly affected
b) Nephrectomy is usually necessary in addition to antituberculous chemotherapy
c) Sterile pyuria is a consistent feature
d) Mycobacterium bovis is the species most commonly involved
e) Recovery of organism from urine is diagnostic of the disease

Q.24 Poiovirus:
a) Is a DNA virus
b) Has only one serotype
c) Is spread by droplet infection
d) Can retain activity for several days at room temerapture
e) Is difficult to grow in culture media.

Q.25 Regarding Clostridium tetani:
a) Is a gram negative organism
b) Is easily killed by boiling
c) Is a tissue invasive organism
d) Is an obligate aerobe
e) Produces its effects by production of a neurotoxin

Q.26 In a neonate of 1 month, the oral bioavailability will be higher when the dose is given of:
a) Amoxicillin.
b) Phenobarbitone.
c) Sulfonamides.
d) Acetaminophen.
e) Phenytoin.

Q.27 Which of the following drug is safer for the baby of a mother who is taking a drug which is least excreted through milk:
a) Phenobarbitone.
b) Isoniazide.
c) Propranolol.
d) I^{131}.
e) Doxycycline.

Q.28 A young child of one year is suffering from severe tinea capitis for which the pediatric advised to use Whitfield's ointment which mainly contains:
a) Undecylenic acid.
b) Benzoic acid.
c) Butenafine.
d) Amphotericin B.
e) Clotrimazole.

Q.29 In a child of 6 year suffering from bacterial pneumonia did not show any improvement after 5 days use of some beta-lactam antibiotic now he has been given a new quinolone which acts by:
a) Interfering with the transpeptidation.
b) Binding irreversibly to 30 s ribosomal subunit.
c) Inhibiting dihydrofolate reductase.
d) Blocking DNA synthesis.
e) Inhibiting mycolic acid.

Q.30 Conversion of plasminogen to plasmin is brought about by:
a) Heparin.
b) Warfarin.
c) Lepirudin.
d) Reteplase.
e) Aminocaproic acid.

Q.31 A 6 year old boy has problem of bed-wetting's; a long-acting indirect sympathomimetic agent has been prescribed which is:
a) Imipramine.
b) Ephedrine.
c) Scopolamine.
d) Phenylephrine.
e) Epinephrine.

Q.32 Which of the following diuretics would be most useful in a comatose child with cerebral edema:
a) Furosemide.
b) Ethacrynic acid.
c) Acetazolamide.
d) Amiloride.
e) Mannitol.

Q.33 A 10 year old child is on prolong treatment for his bronchial asthma; which of the followings will produce adverse effects more commonly:
a) Salbutamol by aerosol.
b) Cromolyn by inhaler.
c) Prednisone by mouth.
d) Long acting oral theophylline.
e) Beclomethasone by aerosol.

Q.34 A 12 year old child died due to accidental exposure to insecticides (organophosphorus compounds); his death occurs due to:
a) Sudden cardiac failure.
b) Respiratory failure.
c) Renal failure.
d) Hepatic coma.
e) Brain hemorrhage.

Q.35 Which of the following drugs is most likely to cause loss of equilibrium and auditory damage:
a) Amikacin.
b) Rifampin.
c) Isoniazid.
d) Pyrazinamide.
e) Ethambutol.

Q.36 Which one of the following viruses is usually transmitted through breast milk?
a) Measles
b) Mumps
c) CMV
d) Polio
e) Rota virus

(Continued)

Q.37 Regarding Enuresis

a) It refers to the passage of feces into inappropriate places after four years of age
b) It is more common in males than females
c) Secondary enuresis is more common than primary
d) Waking the child repeatedly to take him to bathroom is very useful
e) Pharmacotherapy is first line treatment

Q.38 Which one of the following vaccines is live attenuated?

a) Diphtheria
b) Hepatitis B vaccine
c) Hepatitis A vaccine
d) Measles
e) HiB

Q.39 Which one of the following vaccines is Toxoid?

a) Pertussis
b) BCG
c) Diphtheria
d) Measles
e) Hepatitis B vaccine

Q.40 A child on full dose steroids for >14 days should not be given live attenuated vaccine until has been discontinued for:

a) Two months
b) One month
c) Three months
d) Six months
e) One year

Q.41 Management of newborn baby, born to active case of Pulmonary T.B. involves:

a) Isolation from mother
b) Breast feeding is contraindicated
c) Routine BCG vaccination
d) INH prophylaxis with continued breast feeding
e) Maximum Test followed by BCG vaccination

Q.42 A newborn baby whose mother is HBsAg positive should be managed with:

a) HBV vaccination alone
b) HBV Immunoglobulins
c) HBV Vaccine & Immunoglobulins at the same site within one week
d) Vaccine & Immunoglobulins at different sites within twelve hours of birth
e) Interferon therapy

Q.43 Pre-exposure prophylaxis for rabies is as:

a) Five doses of vaccine
b) Three doses of vaccine
c) Six doses of vaccine
d) Rabies immunoglobulins
e) Anti-tetanus serum

Q.44 Regarding Monteux Tuberculin Skin Test

a) It contains live attenuated bacilli
b) Immediate hypersentivity indicates fulminent disease
c) Always positive with disseminated disease
d) Standard dose is 5 Tuberculin units
e) Prior vaccination with BCG is a contraindication

Q.45 Regarding mumps

a) Unilateral swelling is more common than bilateral involvement
b) Orchitis is more common in younger children than adolescents
c) No specific antiviral therapy is available
d) CNS involvement occurs in >75% of patients with mumps parotitis
e) All patients with mumps encephalitis have normal CSF glucose

Q.46 Most common complication of measles is:

a) Acute Otitis media
b) Pneumonia
c) Croup
d) Encephalitis
e) Myocarditis

Q.47 Most common bacterial pathogen for pneumonia in measles is:

a) E. Coli
b) Klebsiella
c) H. influenza
d) Salmonella
e) Staphylococcus

Q.48 A newborn with maternal H/o chicken pox, three days before delivery should receive:

a) Active immunization against chicken pox
b) Varicella zoster Immunoglobulins & vaccination
c) Prophylactic Acyclovir
d) Varicella zoster Immunoglobulins alone
e) None of the above

(Continued)

Q.49 Which one of the following vaccines is given S/C?

a) BCG
b) DPT
c) Hep. B
d) Hep. A
e) Varicella Zoster

Q.50 Prophylaxis for contacts of H. influenza meningitis should receive:

a) Active immunization against H. influenza
b) Benzyl Penicillin for ten days
c) Rifampicin 20 mg/kg/day for four days
d) Rifampicin 10 mg/kg, twelve hourly for two days
e) I/V Immunoglobulins (IVIG)

Q.51 Absolute contraindication for breast feeding is:

a) Mothers positive for Anti HCV
b) HBV infection in mother
c) HIV infection in mother
d) Active pulmonary tuberculosis in mother
e) Glactosemia

Q.52 Contraindications of OPV include:

a) Minor illness such as URTI
b) Prematurity & SGA
c) Patient on antimicrobial therapy
d) Malnutrition
e) Immune deficient house hold contact

Q.53 Regarding attention deficit hyperactivity disorder (ADHD):

a) H/o birth asphyxia is always present
b) It is the most common neurobehavioral disorder of childhood
c) More common in females than males
d) There is no genetic component to ADHD
e) Stimulant drugs have no role in treating ADHD

Q.54 Protection of measles vaccine is:

a) About 40%
b) About 50%
c) About 55%
d) About 80%
e) About 90%

Q.55 In case of physical abuse of children:

a) The perpetrator is more likely to be an older sibling than an unrelated adult
b) It is difficult to distinguish rib fractures caused by assault from those caused by CPR
c) Torn epiphysis result from swinging injury
d) Retinal hemorrhage suggests asphyxiation
e) Cigarette burns are more commonly seen on the trunk

Q.56 Regarding breast milk

a) Iron content is more than cow's milk
b) Vitamin K content is high
c) It contains more lactobacilli and few E. Coli
d) PO_4 content is high.
e) Stool pH of infant on breast milk is higher than on cow's milk

Q.57 Vit. A deficiency is characterized by:

a) Microcytic hypochromic anemia
b) Polyneuritis
c) Keratomalacia / Bitot spots
d) Early bruisability
e) Dementia

Q.58 Megaloblastic anemia is caused by:

a) Lead poisoning
b) Vit. B_6 deficiency
c) Vit. B_1 deficiency
d) Iron deficiency
e) Thalassemia trait

Q.59 Chronic hypervitaminosis A is characterized by:

a) Diplopia
b) Papilledema
c) Cranial nerve palsies
d) Hyperostosis of long bones
e) Drowsiness

Q.60 Vit. C deficiency is characterized by:

a) Osteopenia of long bones
b) Cupping and fraying of radius & ulna
c) Rosary at the costochondral junction
d) Cheilosis
e) Megaloblastic Anemia

Q.61 The calories in the body are utilized as follows:

a) BMR - 40%
b) Physical activity - 25%
c) Growth - 20%
d) Fecal losses - 5%
e) SDA - 10%

(Continued)

Q.62 Calories per day required for a 20 kg child is:

a) 2000
b) 1800
c) 1500
d) 1000
e) 2200

Q.63 The preventable cause of mental retardation inclues:

a) Iron deficiency
b) Iodine deficiency
c) Deficiency of Vit. A
d) Rickets
e) Vit. B_{12} deficiency

Q.64 Kwashiorkor is characterized by:

a) Extreme weight loss (wt. <60%)
b) Normal Hair
c) Flaky paint dermatitis
d) Good appetite
e) Alert appearance

Q.65 Vitamin D deficiency Tetany:

a) Is also called neonatal tetany
b) Is always accompanied by rickets
c) Always occurs in children having severe streatorrhoea
d) Is due to inhibitory effect of hypocalcemia on neuromuscular junction.
e) Occurs when serum ionized calcium falls below 3 mg/dl

Q.66 APGAR scoring

a) Is based on assessment of seven different physical signs in the newborn
b) Depressed score at 1 min is more significant than depressed score at 5 minutes
c) Maximum score of 12 is possible
d) May be low in normal premature babies
e) If less than 8 at 5 minutes indicates asphyxial insult

Q.67 Following is the correct action in an actively crying full term baby delivered through thin meconium:

a) Immediate visualization of vocal cords to check for meconium aspiration
b) Gastric lavage
c) Commencement of antibiotics to prevent pneumonia
d) Giving inhaled oxygen
e) Handing baby over to the mother for routine care

Q.68 A full term breast fed male baby presents at 4 days of age with indirect bilirubin level of 23 mg/dl. The most appropriate specific treatment is:

a) Phototherapy
b) Exchange transfusion
c) Albumin infusion
d) Stopping breast feed
e) Phenobarbitone

Q.69 A female infant born to a 24-year-old woman has been diagnosed clinically as having Down syndrome. The mother is concerned about her risk of having another child with the same abnormality. The statement that you are MOST likely to include in your discussion is that her risk

a) Can be estimated by determination of maternal serum alpha-fetoprotein in all future pregnancies
b) Cannot be estimated until her infant's chromosome complement has been determined
c) Is increased for Down syndrome, but not for any other chromosomal abnormality
d) Is no greater than that of any other woman her age
e) Is not increased until she reaches the age of 35

Q.70 A male infant is born at an estimated gestational age of 34 weeks. His measurements at birth are: weight, 1,200 g (<10th percentile); crown-heel length, 40 cm (10th percentile); and head circumference, 31.5 cm (50th percentile). Of the following, the MOST likely explanation for the growth pattern of this infant is

a) Chromosomal abnormality
b) Congenital viral infection
c) Gestational diabetes
d) Hereditary constitution
e) Pregnancy-induced hypertension

Q.71 The decreased incidence of enteric infections noted in breastfed infants compared with formula-fed infants is MOST likely due to the

a) More alkaline stool pH in breastfed infants
b) Nutritional benefits of human milk on the infant's immune system
c) Predominance of Bacteroides and Clostridium in the gut of breastfed infants
d) Presence of protective antibodies against enteric infection in human milk
e) Sterility of human milk

Q.72 A previously healthy 5-day-old male who was born at home develops bruising and melena. The pregnancy, delivery, and postnatal course were unremarkable. The infant is breastfeeding vigorously every 2 hours. Findings on physical examination are unremarkable except for several large bruises. Laboratory testing reveals: hemoglobin, 8.1 g/dL; white blood cell count, 9,400/mm^3; prothrombin time, 37 seconds; partial thromboplastin time, 98 seconds; platelet count, 242,000/mm^3. Of the following, the MOST likely cause of the bleeding is:

a) Disseminated intravascular coagulation
b) Factor VIII deficiency hemophilia
c) Christmas disease
d) Vitamin K deficiency
e) Von Willebrand disease

Q.73 A newborn whose estimated gestational age is 42 weeks is stained with meconium. Tracheal intubation reveals meconium in the hypopharynx as well as below the vocal cords. The infant has respiratory distress. A chest radiograph is obtained. Of the following, the MOST likely radiographic finding is

a) Coarse infiltrates
b) Decreased lung volumes
c) Mediastinal shift
d) Pleural effusion
e) Reticulogranular pattern

Q.74 A newborn baby presented to the emergency with complaint of vomiting since birth. X-ray abdomen revealed double bubble. The diagnosis is:

a) Duodenal atresia
b) Esophageal atresia
c) Gastric outlet obstruction
d) Hirschsprung Disease
e) Pyloric stenosis

Q.75 A neonate presents with cyanosis which fails to improve with inhaled oxygen. ECG shows left axis deviation. The most likely diagnosis is:

a) Hypoplastic Left Heart Syndrome
b) Mitral stenosis
c) Tetrology of Fallots
d) Tricuspid Atresia
e) Truncus Arteriosus

Q.76 Cranial ultra sound scan in a newborn reveals periventricular calcifications. The likely diagnosis is:

a) Congenital Cytomegalovirus Infection
b) Congenital Herpes Infection
c) Congenital HIV infection
d) Congenital toxoplasmosis
e) Group B Streptococcal infection

Q.77 X-ray Chest of a full term newborn shows ground glass appearance. The most likely diagnosis is:

a) E.coli Infection
b) Group B Streptococcal Pneumonia
c) Hypoglycemia
d) Inborn error of metabolism
e) Pseudomonas sepsis

Q.78 ABGs in a sick newborn show:
pH = 7.2, pCO_2 = 40, pO_2 =7 0, HCO_3 = 10.2
The treatment of choice is:

a) I/V 10% dextrose water
b) I/V adenosine
c) I/V adrenaline
d) I/V atropine
e) I/V $NaHCO_3$

Q.79 While doing CPR in a neonate, the ratio of cardiac compression to bagging should be:

a) 2:1
b) 3:1
c) 4:1
d) 5:1
e) 6:1

Q.80 The platelet count in a healthy newborn baby with petechiae was 50,000/mm^3.

a) Hemorrhagic disease of the newborn
b) Neonatal alloimmune thrombocytopenic purpura
c) Drug reaction
d) Neonatal isoimmune thrombocytopenic purpura
e) Sepsis

Q.81 The most common type of tracheo-esophageal fistula is:

a) Distal blind pouch with proximal TEF
b) Esophageal Atresia
c) H- type fistula
d) Proximal blind pouch with distal TEF
e) None of the above

Q.82 The most common congenital deformity is:

a) Cleft lip
b) Cleft palate
c) Club foot
d) Congenital heart disease
e) Dysplastic hip

(Continued)

Q.83 An apneic episode in a newborn is significant if bradycardia or colour change is of:

a) Any duration
b) 5 seconds
c) 20 seconds
d) 15 seconds
e) 10 seconds

Q.84 X-ray findings in a suspected case of transient tachypnoea of a newborn reveal:

a) Mediastinal Shift
b) Ground glass appearance
c) Fluid in the fissures
d) Areas of atelactasis
e) Air bronchogram

Q.85 The most appropriate time for screening for congenital hypothyroidism is:

a) 1st day of life
b) 2nd day of life
c) 5th day of life
d) 10th day of life
e) 2 weeks of life

Q.86 George Engel put forward the concept of Biopsychosocial perspective of health and disease which stresses on the understanding of:

a) Holistic medicine.
b) Social milieu of the patient.
c) Better communication skills.
d) Personality of the patient
e) Psychosocial environment of patient in the same way as pathophysiological processes.

Q.87 While the physician is expected to know the patient's language, the patient is often unaware of the medical jargon. Therefore:

a) The responsibility lies with the physician to bridge the communication gap
b) The physician must first simplify and explain the medical terminology.
c) The physician must explore the psychosocial background of each patient.
d) Medical jargon must be banned.
e) The physician must learn other languages.

Q.88 Active listening is a complex process which involves a simultaneous focus on patient's words as well as :

a) Body language.
b) Paralinguistic aspects
c) Active prompting
d) Adequate eye contact.
e) Open ended questions.

Q.89 Empathy building refers to the statements of the doctor that :

a) Conveys to the patient that his feelings have been well-understood.
b) Show his sincere sympathy for the patient.
c) Relaxes the patient
d) Reflect his good upbringing.
e) Indicate good communication skills.

Q.90 Empathic skills are essential for better therapeutic relationship and include reflection, validation, support, respect and :

a) Exclusivity.
b) Unconditional positive regard.
c) Informational care.
d) Partnership.
e) Friendship.

Q.91 Counselling is a technique which aims at :

a) Making people less emotional.
b) Achieving a greater depth of understanding and clarification of the problem
c) Comparing the patient's experiences with one's own.
d) Giving sincere advice and solutions to the patients problems
e) Breaking bad news in a professional manner.

Q.92 A doctor aiming to adopt the role of a counsellor must exhibit and develop attributes such as :

a) Wide ranging knowledge base,
b) Charismatic personality
c) Mastery of the local dialect.
d) Unconditional positive regard.
e) Honest and simple life style.

Q.93 A 56 years old male patient has just been diagnosed with Diabetes Mellitus. His physician is concerned about his treatment compliance with the prescribed regimen of medication and dietary changes. The patient is most likely to follow the instructions given by the physician if the conversation with the physician makes the patient :

a) Calm and collected.
b) Calm and questioning.
c) Concerned and attentive
d) Worried and distracted.
e) Fearful and self absorbed.

(Continued)

Q.94 Consent is the agreement of the patient to an examination, procedure, treatment or intervention. Which of the following pillars of medical ethics does it represent?

a) Justice
b) Beneficence
c) Autonomy
d) Non-malaficence
e) Confidentiality.

Q.95 A patient constantly defying prohibitions by the doctors in spite of repeated warnings of serious consequences is displaying the phenomena of :

a) Transference
b) Resistance
c) Counter-transference
d) Non-compliance
e) Emotional instability.

Q.96 The investigation of factors that determines the frequency and distribution of disease or other health-related conditions within a defined human population during a specific period is known as:

a) Statistics
b) Biostatistics
c) Epidemiology
d) Demography
e) Incidence

Q.97 Secondary prevention is :

a) BCG vaccination at birth
b) MMR vaccination for first time-pregnant mother
c) Flourificaiton of water
d) Monthly benzathine penecilline injections after rheumatic fever
e) Dexamathesone injectins in H. influanzae meningitis

Q.98 The term 'specificity' means:

a) The proportion of false negatives among all diseased subjects
b) The proportion of true negatives among all non-diseased subjects.
c) The proportion of true results among all test results
d) The proportion of false positives among all non diseased subjects
e) The proportion of true positives among all diseased subjects

Q.99 The extent to which a test measures what it was originally resigned to measure is described as:

a) Validity
b) Sensitivity
c) Specificity
d) Reliability
e) True-positive value

Q.100 In a normal distributed population

a) The probability that an observation falls outside ± 2 SD on either side of the mean is 5%
b) The mean, mode and median have the same value
c) There are 3 standard deviations from the mean
d) The area under the curve within 2 SD from the mean varies with the shape of the curve.
e) Standard deviation is the square of variance.