

COMMUNITY MEDICINE

LONG QUESTIONS:

1) CONCEPT OF HEALTH & DISEASES

1) What do you mean by indicators of health? Write down the different disability rates with example.

What is the concept of disability limitation 4+3+5('15)?

2) Describe the natural history of disease, discuss briefly the different levels of prevention and modes

of intervention as applied to Pulmonary Tuberculosis. 4+8 ('14)

3) What do you mean by multifactorial causation of disease? Describe with suitable examples. 6+6 (2013)

4) Enumerate the determinants of health. How do socio economic conditions act as one of the determinant of health? 4+8 ('11, S'15: 2nd part of the question was: How do health services act as determinants of health?)

5) Define public health. Describe the different determinants of health. 3+9 ('05, S'08)

6) Describe the natural history of disease and correlate the different levels of preventions and modes

of intervention with these phases. 12 ('04)

7) Enumerate the levels of prevention & modes of intervention in each level. Discuss the level of prevention in context of diabetes. 4+8 ('16, S'17)

8) What is called an ideal health indicator? What are the different mortality indicators? Discuss in brief the measures to reduce one of them. 4+4+4 (S'12)

SHORT NOTES:

1) DALY ('14, 17)

2) Human Development Index. ('11)

3) Healthy lifestyles. ('10)

4) Quality of life. ('08)

5) Primary Prevention. ('07)

6) Spectrum of disease. ('07)

7) Community participations. ('06)

8) Public health. ('06)

9) PQLI. ('05)

10) Functions & values of physicians ('04)

11) Tertiary level of prevention ('03)

12) Levels of prevention (S'08, S'09)

13) Ice-berg phenomenon of a disease (S'08, S'13)

14) Sentinel Surveillance (S'11)

15) Rehabilitation (S'12)

16) Multifactorial causation of disease (S'17)

EXPLAIN WHY:

1) Primordial prevention is a subset of primary prevention-justify ('15)

- 2) Accessibility can't be equated with acceptability of health services – justify ('14)
- 3) WHO definition of 'Health' has defects – explain ('12)
- 4) The words 'Disability' and 'handicap' are not synonymous. – Explain with example. (S'13)
- 6) Hospital generated data are said to have many limitations. (S'07)
- 7) Sentinel surveillance of disease is better than periodic mass screening - explain ('10)
- 8) Submerged part of the disease iceberg has immense importance to an epidemiologist- explain ('09)
- 9) Monitoring and surveillance are not the same. – Explain. (S'10, S'15)
- 10) FRUs will reduce MMR.(S'18)

LONG QUESTIONS:

2) SCREENING FOR DISEASES

- 1) Define screening. How does it differ from diagnostic test? Describe the criteria of screening. 2+4+6 ('08, S'07, last part of the question S'09, S'10)
- 2) What is iceberg phenomenon of a disease? What do you mean by lead time? What are the uses of screening? Elaborate the basis on which a disease is selected for screening. 2+4+6 (S'17)

SHORT QUESTIONS:

- 1) Interpretation of false negatives of a screening test ('12)
- 2) Multiphasic screening ('18)

EXPLAIN WHY:

- 1) Screening test and diagnostic test are not synonymous – Justify ('15)
- 2) Sensitivity and specificity of a screening test are inversely related ('14)
- 3) Screening and case finding are not synonymous -Explain. ('13)
- 4) Significance of a false positive screening test. (S'17)
- 5) Screening and diagnostic test differ.('18)

3) PRINCIPLES OF EPIDEMIOLOGY & EPIDEMIOLOGIC METHODS

LONG QUESTIONS:

- 1) Describe the salient features of different types of time trends in disease occurrence with suitable examples. What are the different possible changes over time that you should keep in mind while interpreting time trends? 9+3 ('14, S'11)
- 2) In your district immunization rate has fallen to 50%. How would you investigate to find out the reason? How do you concurrently try to increase the immunization rate? 6+6 ('12)
- 3) a . What are the different types of epidemics? How would you investigate an epidemic of fever in your block? 4+8 ('12)
- b. How epidemiology is different from clinical medicine? Discuss the different types of epidemics with examples. (S'16)
- 4) A 7days old baby is brought to your OPD with excessive cry, refusal of feed & convulsions. Discuss diagnosis, case management & preventive studies as per national immunization programme? 12 ('12)
- 5) Define epidemiology? Enlist the type of epidemiological studies. Explain briefly the merits and

- demerits of case control and cohort study design. 2+4+6 ('10)
- 6) Define Epidemiology. Classify epidemiological studies. Mention briefly the important difference between case control and cohort studies. 2+4+6 ('09,'05)
- 7) Define epidemiology? Mention the advantages of cohort study. Enumerate the steps of procedures in descriptive epidemiological study. 2+4+6 ('07)
- 8) There are 10 cases of typhoid fever occurred in a student hostel. How will you investigate? 12 ('05)
- 9) How will you investigate a measles outbreak from an urban slum? 12 ('05, S'14)
- 10) Mention some uses of epidemiology. Write down the difference between case control and cohort study. 4+8 ('05)
- 11) Define epidemiology. How can you estimate the disease risk in case control study? What are the biases in case control study including the process of elimination as applicable? 2+4+6 (16)
- 12) Enlist the types of epidemiological studies. Discuss the importance of incubation period in epidemiological studies. Describe different time trends in disease occurrence. 3+4+5(17)
- 13) A few cases of Jaundice have occurred in the boys' hostel. How will you investigate and control it? 12 (S'08, S'10, S'12)
- 14) A child 10 month old remains unimmunized. Advise immunization of the child till 6 years of age. Enumerate the vaccines used under UIP for preventable diseases. 9+3 (S'08)
- 15) What are the different modes of transmission of diseases? Explain with suitable examples how knowledge of transmission dynamics is applied in prevention and control of diseases? 6+6 (S'11)
- 16) A large number of students had loose motion in the morning after a grand dinner in the hostel last night. How will you investigate this outbreak? 12 (S'11)
- 17) What is epidemiology? Design a suitable study to study the association between lung cancer and cigarette smoking where the sample has been selected is 250. (S'12)
- 18) What are the indications of a cohort study? Mention the advantages of cohort study. State the steps of case control study. 2+4+6 (S'13)
- 19) What are risk factors? How do they differ from agent factors? Risk factors are related to which type of diseases? Briefly describe intervention strategies for a disease with risk factors. 2+2+2+6 (S'14)
- 20) What are the characteristics of ideal indicator? Enumerate the morbidity indicators. Describe briefly the Infant mortality rate and cause fatality rate. ('18)
- 21) Define Blindness. What are the common causes of blindness in India? Delineate the structure of operation for vision 2020: The Right to sight in our country. ('18)

SHORT NOTES:

- 1) Hepatitis B vaccine. ('10)
- 2) Cold chain ('07)
- 3) Relative risk ('05)
- 4) Incubation period. (05)
- 5) Standardization of death rate ('03)
- 6) Triple blinding in epidemiological studies (16)
- 7) Cohort study. (S'08)
- 8) Herd Immunity. (S'10, S'15)
- 9) Biological transmission. ('08, S'08, S'14)
- 10) Zoonoses (S'12)
- 11) An ideal screening test (S'12)
- 12) Hospital acquired infection (S'12)
- 13) AEFI (S'13)
- 14) Secondary attack rate (S'14)

EXPLAIN WHY:

- 1) Cohort studies are not always prospective —explain. ('15)
- 2) Carriers are more danger than cases- Justify. ('13, '09, S'07, S'15)
- 3) Carrier stage of a disease is not amenable to control. (10)
- 4) Live vaccines are more potent immunizing agent than killed vaccine- Why? (08, S'10)
- 5) Discuss health hazards of immunization. (08)
- 6) The terms "Source" & "Reservoir" are not always Synonymous-Explain with examples. ('08, S'09, S'16)
- 7) Significance of a false positive screening test. (16)
- 8) Use of auto disable syringes in national immunization programme has several advantages. (17)
- 9) Carriers, though less infectious are epidemiologically dangerous. (17)
- 10) Explain the rationality of giving Hepatitis B vaccine in infant. (S'10)
- 11) Serial interval can help in finding out the incubation period. - Explain (S'11)
- 12) Hospital statistics are considered a poor guide to estimation of disease frequency in a community. – Explain (S'11)
- 13) The purpose of vaccination is not only to confer individual protection but also to reduce disease in the community. – Explain. (S'11)
- 14) Injection safety is important for recipient, provider and community. – justify. (S'14)
- 15) Lead time is not synonymous with incubation period. (S'14)
- 16) Randomization is the heart of clinical trial. (S'14)
- 17) In recent times some changes have been made in the National Immunization Schedule for DPT, Measles, and JE vaccines. (S'15)
- 18) Epidemiologically measles is eradicable (S'16)
- 19) Quarantine and Isolation are not the same. (S'17)
- 20) India is a Yellow fever receptive area ('18)

4) EPIDEMIOLOGY & COMMUNICABLE DISEASE

LONG QUESTIONS:

- 1) a . Discuss in brief the strategies under the National Vector Borne Diseases Control Programme (NVBDCP) for prevention and control of Vector borne diseases. Write down the general guidelines for management of uncomplicated Malaria as per National Drug Policy on Malaria.6+6 ('13, '15)
b. What are the diseases included in NVBDCP? Mention the malariometric indices used in measuring the malaria problem in the community. Write down the anti-malaria drug policy in VBDPC. 2+5+5 (S'09)
- 2) Cases of adverse events following immunization (AEFI) are being reported from sub centers of a Block. Due to apprehensions among people, drop outs for immunization are also being increased. How the AEFI are classified - mention with examples. Describe important health managerial functions / measures need to be under taken to address and overcome the problems in that Block. 4+8 ('14)
- 3) A person was bitten by a dog in the street. The bite was single and on face. What is the category of bite? Outline the management of this case. What is pre-exposure prophylaxis? 2+7+3 ('14)
- 4) Describe shortly the epidemiology and clinical presentation of dengue fever. Write down measures to be taken to control dengue outbreak in town. 4+4+4 ('13)
- 5) A man comes to your health center with lacerated injury of both legs caused by the bite of a dog about an hour ago. Discuss steps of management. Suggest measures for immunizing the risk of

human rabies in the area. 8+4 ('12, S'07, S'17: 2nd part)

6) Illustrate how the levels of prevention and modes of intervention can be applied to Poliomyelitis. 12 ('10)

7) A 25-year-old man reported in OPD with high fever, chills and retro orbital pain. Outline the diagnosis, case management, community interventions as per national guidelines. 12 ('10)

8) Give a brief account of epidemiology of Kala-azar. Briefly outline the strategies of control of Kala-azar. Enumerate the causes of resurgence of Kala-azar, 5+4+3 ('09)

9) A child bitten by a street dog on hands and fingers was brought to casualty ward of Medical College within an hour of bite. As a MO what measures will you suggest to prevent rabies in the areas? 12 ('09, '10, S'15, and S'17: 3rd part)

10) Enumerate different modes of intervention under level of prevention. Discuss in brief the levels of prevention in relation to leprosy. 4+8 ('08, '07, S'10, and S'13: 2nd part of the question + Describe in short the epidemiology and clinical presentation of leprosy.)

11) A two years old child with history of passing watery stool every 2-3 hours, who is restless with dry mouth & sunken eye has been brought to the sub center. How the health workers assess, classify and manage the case? What advise she should give to the mother for prevention of occurrence of such condition in future? 8+4 ('08)

12) Discuss various strategies for eradication of Poliomyelitis. What is environmental surveillance? ('07)

13) A six months old infant with ARI have a respiratory rate of 56/min. There is no chest in drawing & no dangerous sign. Classify the ARI with justification & discuss management accordingly. 4+8 ('07, S'10)

14) a. About 40 cases of malaria have been detected in a Block Primary Health Centre in the month of August, 2006. As a BMOH what measures will you take to control such situation? 12 ('07, S'11)

b. There is a rise in the number of malaria cases in your block with 2 deaths occurring within 2 years of age. Write in brief, the control measures you would undertake as per NVBDCP guidelines. Comment on deaths due to malaria below 2 years of age. 8+4 (S'12)

15) Enumerate three important parameters used for measuring malaria problem in your community. Discuss briefly the strategies adopted under National Anti-Malarial Programme in high risk rural areas. 3+9 ('05)

16) a. In a rural area a case of Pulmonary TB was detected in a women age 30 years. She has one 36 months old child (given BCG vaccination) & husband age 40 years. What will be the line of management for the case according to RNTCP, if she full fills one of the criteria of category I? What will be the three most important communication messages for the community for prevention of TB? 6+3+3 ('05)

b. Mention the objectives of RNTCP. An initially sputum negative pulmonary TB patient was found smear positive on follow up sputum examination at the end of initial intensive phase. Classify and categorize the patient according to RNTCP & discuss the further management of the patient. 12 (S'08)

c. How will you diagnose a case presenting with cough for more than four weeks according to RNTCP guidelines? If it is a new sputum positive TB, how will you manage it? 6+6 (S'16)

17) How will you investigate a measles outbreak from an urban slum area? 12 ('05)

18) a. A case of AFP of 4 yrs. old boy has been reported from a village in south 24 pgs. District. Outline measures to be taken by the BMOH as per strategies of polio eradication. ('04, S'09, S'11, S'07)

b. Name the basic strategies to eradicate poliomyelitis. What is the objective of surveillance of AFP? Describe in brief the components of surveillance of AFP. 4+2+3 (S'13)

19) What are the causes of setbacks of malaria in our country? Describe in brief the strategies followed under Malaria Eradication Programme. 4+8 ('03)

20) Name the common STDs. What measures do you suggest for its prevention and control with special reference to HIV/AIDS? 4+8 ('04)

- 21) AIDS no longer limited to high risk population. Explain and discuss methods by which the disease can be prevented. 3+9 ('03)
- 22) Case of neonatal tetanus is being reported from your block. As a BMOH, how will you proceed to investigate the situation? 6+6 ('03, 08)
- 23) The BMOH reported large number of cases clinically suspected to be dengue. He also referred two cases to district hospital and suspected an outbreak has occurred. As BMOH how will you investigate & control the outbreak?
- 24) In Kolkata & its suburbs, a few cases of dengue are being reported for last one month. How dengue can be diagnosed? What measures do you like to suggest for its control? 6+6 (16)
- 25) Mention the modes of transmission of HIV or AIDS. Explain the role of high risk group and bridge population in HIV transmission. Outline the strategies undertaken in nation programme to reduce transmission from high risk group. 2+3+7 (16)
- 26) A sputum positive pulmonary TB patient was found sputum smear +ve after 5 months of treatment with category -I. what is your inference about the case? What is the next line management as per RNTCP? 2+10(17)
- 27) a. A six months old child was brought by the mother at OPD, presenting with loose stool for more than three times with vomiting from last night. On examination, the child was found restless and drinking eagerly. Classify diarrhea. Outline the management. What information you want to make the mother aware of the situation? 4+6+2(17)
- b. A three year old child with loose motion for 2 days has been brought to the nearest PHC. The child is thirsty, restless, irritable and sunken eyes. Classify the dehydration status of the child with justification and management accordingly. 4+8 (S'10, S'16)
- c. After having dinner with fried rice, egg curry and salad in a hotel, 20 students complained of vomiting and diarrhea at mid night and another 15 students reported the same complain in the morning. How will you investigate the outbreak and take control measures? 12 ('15, S'13)
- 28) A 26 year old woman having 1 year 6 months old daughter, reported in chest OPD with persistent cough, fever and weakness for 25 days. Outline the diagnosis and management of the case as per National Programme. 5+7 (S'09)
- 29) Filaria is endemic in your district. What strategies should you use to tackle the situation? (S'14)
- 30) Define communicable disease. Describe the mode of transmission of communicable diseases with suitable examples. Write the differences between Nosocomial and iatrogenic infection. 2+6+4. (S'15)
- 31) Describe in brief Japanese Encephalitis. Write down the strategies for prevention and control of JE according to NVBDCP. 5+7 (S'15)
- 32) In a block several cases of Dengue are reported for last one month. How Dengue can be diagnosed? What measures do you like to suggest for its control and prevention? ('18)
- 33) As a 6th semester student, you are required to conduct a research project on "Prevalence of hypertension among medical students of your institution" within a period of 3 months. What type and design of epidemiology study will you adopt? Describe in brief the steps of the study. ('18)
- 34) Enumerate different hazards likely to occur during and after flood. As a BMOH, describe your preparedness plan to mitigate such hazards('18)

SHORT NOTES:

- 1) Intra-dermal rabies vaccination. ('13)
- 2) Chemotherapy of Multi-bacillary Leprosy. ('12)
- 3) BCG Vaccine. ('03,'09)
- 4) Management of Dengue Hemorrhagic Fever. ('07)
- 5) Symptoms and signs of Dengue Fever. ('05)
- 6) Neonatal tetanus elimination. ('14)
- 7) Laboratory network under RNTCP (16)
- 8) Post-exposure Prophylaxis in AIDS. (S'09)

- 9) Social factors associated with leprosy in India. (S'15)
- 10) Categorization of Rabies exposure. (S'15, S'17)
- 11) Home available fluids (HAF) (S'15)
- 12) Components of evaluation process ('18)
- 13) Pentavalent Vaccine ('18)

EXPLAIN WHY:

- 1) Sputum smear examination is the method of choice for finding in TB/ Sputum microscopy is better than chest radiography in diagnosis of pulmonary tuberculosis –Explain ('15)
- 2) Hepatitis B infection should be considered more dangerous than HIV infection. ('13)
- 3) All influenza pandemics are caused by influenza A and not by B or C- Explain ('12)
- 4) Revised National Tuberculosis Control Programme gives priority on detection of new smear positive cases- Explain ('12)
- 5) Vitamin A supplementation is necessary after Measles infection — Gives reasons ('11)
- 6) AEFI include events beyond side effects of vaccines —Explain. ('11, S'15)
- 7) Role pre-test counselling for HIV/AIDS is useful -Explain. ('10)
- 8) Role of IPV in polio eradication —Explain ('10)
- 9) Syndromic management of STD is most, appropriate approach in India — Justify. ('09, S'07, S'16, S'17)
- 10) INDIA is a Yellow Fever receptive area -Explain. ('09)
- 11) Discuss active surveillance in Malaria. ('08)
- 12) Explain the rationality of giving Hepatitis B vaccine in infants. ('07).
- 13) HIV is a behavioral disease- explain ('11)
- 14) Tetanus is not amenable to eradication. Explain (S'09, S'17)
- 15) Urban malaria has become a problem. - discuss (S'10)
- 16) Dengue is primarily an urban disease. – Justify. (S'11)
- 17) Low Osmolarity ORS is better than the original one. – Explain. (S'11, S'17)
- 18) Tuberculosis is rising in spite of good treatment procedures. – Explain (S'12)
- 19) Unplanned urbanization is a health hazard. – explain (S'07)
- 20) Fixed Virus and Street Virus are different. (S'07)
- 21) Small Pox eradication was possible for many reasons. (S'07)
- 22) Classification of STI/RTI on the basis of clinical presentation. (S'15)
- 23) Zinc therapy is beneficial in management of Diarrhea. (S'16)
- 24) Switch from trivalent to bivalent OPV as an End game strategy. (S'17)
- 25) Chlorination is an effective method of water disinfection – justify ('18)

5) EPIDEMIOLOGY OF NON-COMMUNICABLE DISEASES

LONG QUESTIONS:

- 1) What do you mean by Essential Hypertension? What is prevalence in India? What are the risk factors for it? What preventive measures should you take to reduce prevalence and complication due to Hypertension? 2+2+3+5 ('15)
- 2) Rising trends in the occurrence of diabetes has been observed throughout the India. Describe the epidemiological determinants of diabetes. Discuss the methods of primary prevention of type 2 diabetes. 7+5 ('14)
- 3) What are the early signs of cancer? Describe in brief of the epidemiology of oral cancer and its primary level of prevention. 4+4+4 ('13)

- 4) What are the risk factors of coronary heart diseases? Describe the different measures to prevent and control of coronary heart diseases. 8+4 ('12, S'16, S'09, and S'13: first part of question as short note)
- 5) Enumerate the cancers most frequently, found in India. What are the early warning signs of cancer? Describe some preventive measures against carcinoma cervix. 2+4+6 ('09)
- 6) Your BPHC situated by the side of a busy highway. Cases of road traffic accidents (RTA) are common. Describe the measures you would take as BMOH to reduce the problem. 12 ('09)
- 7) What are the Danger Signals' of Cancer? Outline the epidemiology of oral cancer and methods of its prevention in the community. 3+4+5 ('08)
- 8) What are the components under National programme for prevention and control of Cancer, Diabetes, Cardiovascular disease and stroke? 12 (S'16)
- 9) A 35 years sedentary obese man with smoking habit is found to have blood pressure of 120/100 mm of Hg. How will you classify this blood pressure? Describe the management with special emphasis on diet of the person. ('18)
- 10) Many school students in your block are found suffering from reduced ability to see the board work by the teachers in class room. As BMOH, how will you manage the situation? ('18)
- 11) Enumerate the mortality indicators. Detail the Standardized Mortality Ratio. ('18)
- 12) Many cases with fever, myalgia, backache and retro orbital pain were reported from a corporation ward of Kolkata. Few deaths were also reported among those patients. As a corporation Medical Officer how will you investigate and manage the situation? ('18)

SHORT NOTES

- 1) Modifiable risk factors of hypertension. ('14)
- 2) Preventable blindness. ('14)
- 3) Risk factors of Diabetes. ('08, 07)
- 4) Warning signs of cancer. ('05)
- 5) Cancer registry (16)
- 6) Prevention of cancer cervix. (S'14)
- 8) Risk factor of Cervical Cancer. (S'07)
- 9) Anti-tobacco drive. (S'07)
- 10) Rule of Halves (S'17)

EXPLAIN WHY

- 1) BMI is the best of all indices of obesity. ('15)
- 2) Lung cancer can be prevented by primary preventive Measures-Justify. (12)
- 3) Majority of blindness can be prevented. (17)

6)HEALTH PROGRAMMES IN INDIA

LONG QUESTIONS

- 1) What do you mean Essential Obstetric Care? What are the services delivered under Essential Obstetric Care according to RCH II programme? What is the importance of Maternal Death review? 2+7+3 ('15)
- 2) What are the health problems of adolescent? Mention the National Programmes concerning improvement of adolescent health. Outline four important health educational messages for benefit of an adolescent girl. 3+9 ('14)
- 3) Enumerate different components of ICDS programme. (S'11, 13)
- 4) a. Enumerate major causes of blindness in India. Outline the strategies adopted for

- control blindness under National Programme. 4+8 ('11)
- b. Write the definition of blindness according to W.H.O. Enumerate major causes of blindness in India. Discuss in brief the three levels of eye care for prevention of blindness in our country. 2+3+7 (S'08)
- c. Define blindness. State the role of the District Blindness Control society to bring down the prevalence of blindness in a district. 2+10 (S'09)
- 5) Mention the package of services under RCH programme. Outline as to how the services are provided through different levels of health care facilities available in a block. 4+8 ('13)
- 6) Enumerate the different vector borne diseases. Describe the principle of vector control programme according to the existing National Programme. 4+8 ('12)
- 7) A 30-year-old man attended OPD, with more than five hypo-pigmented patches on different parts of the body. Write down the diagnosis. Outline the management of the case as per National Programme. 4+8 ('11)
- 8) A 2 year old child presented with history of frequent passage of loose stool for 7 days, irritability, excess thrust and skin turgor was going back slowly. Classify the condition with proper justification in accordance with National Programme guidelines. Outline the management of the child. 4+8 ('11)
- 9) How RCH programme differ from CS & SMP? Describe briefly the packages of service provided under RCH programme. 4+8 ('08)
- 10) Define RCH. Mention the package of services under RCH. How does this programme differ from the previous ones on MCH in India? 3+6+3 ('06, S'09)
- 11) Define RCH. What are the packages of services for mothers in this programme? What are the key components of growth monitoring? 2+7+3 ('05)
- 12) Define Reproductive and Child Health. Enumerate the components of RCH. Describe in short the RCH package of services for pregnant women. 2+2+8 ('04, S'12)
- 13) What are the goals of CS and SMP? Write in brief the different components of RCH programme in our country. 4+8 ('03)
- 14) A pregnant woman reported first time in a sub-centre for an antenatal checkup in the 20th week. What are the items of care she will be provided under RMNCH+A programme? Who will provide care there? 10+2 (S'16, S'17)
- 15) Enumerate diseases under National Vector Borne Disease Control Programme (NVBDCP). Write down a brief note on integrated vector control. Describe in brief the national drug policy – 2014 on Malaria. ('18)
- 16) Mention the causes and detrimental effects of nutritional anaemia. Describe the measures undertaken to combat anaemia among adolescents according to national programme. ('18)

SHORT NOTES

- 1) Village Health & Nutrition Day (VHND).
- 2) Functions of Anganwadi workers. ('07)
- 3) Janani Suraksha Yojana. (JSY) (S'14, S'15: maternal benefits only)

EXPLAIN WHY

- 1) ICTC should be supported by ART/link ART Centre – Explain. ('14)
- 2) ASHA links health care delivery with community. ('10)
- 3) Revised ICDS growth chart currently in operation differ from earlier one- Explain. ('11, S'11)
- 4) RCH programme has integrated the components of C.S.S.M programme in addition to its major interventions. – Explain. (S'13)

7) DEMOGRAPHY AND FAMILY PLANNING

LONG QUESTIONS

- 1) Write down the National Socio Demographic Goals for 2015. Outline the steps for evaluation of Family Planning Programme. 6+6 ('15)
- 2) Define "sex ratio". What are the factors behind declining sex ratio in India? What are the measures adopted to correct the situation? 2+4+6 ('15)
- 3) In a block of Nadia district CPR (couple protection rate) is much less in comparison to neighboring blocks. What are the social cause of poor CPR and what measures you will take up as a BMOH to improve the situation? 4+8('04, '07, '13, '14)
- 4) Enumerate fertility indicators. What do you mean by $NRR=1$? Write in brief the advantages and disadvantages of contraceptive methods which an eligible Couple should adopt in different phases of their reproductive life to achieve 'Small family norm'. 3+2+7 ('09)
- 5) A 25 years old mother with 2 children aged 5 years and 1 year, has come to the OPD for family planning advice. Discuss different methods of contraception that can be offered to her with merits & demerits. (08, S'17: question came with mother having only 1 child)
- 6) Define conventional contraceptive. What contraceptive method would you like to recommend to a couple aged 30 yrs. having only one breast fed baby, husband is alcoholic and why? 3+9 ('06)
- 7) Define demography. Briefly discuss the different demographic characteristics of India. 2+10 ('05)
- 8) What are the national demographic goals? Discuss the new revised population policy. 4+8 ('03)
- 9) Describe the different factors for high fertility in India. 12 (S'13)
- 10) A 28 years old mother with children ages 4 year and 1 year, has come to you for family planning advice. Describe different methods of contraception that can be offered to her with merits and demerits. ('18)

SHORT NOTES

- 1) Unmet need for family planning. (11, S'16)
- 2) Genetic counselling. ('05)
- 3) Copper T. ('05)
- 4) Natural family planning methods. (S'12)
- 5) Emergency Contraceptives. (S'13)
- 6) Demographic Cycle. (S'07, S'17)

EXPLAIN WHY

- 1) NRR may be regarded superior method to GRR for measuring population growth —Justify. ('15)
- 2) Population pyramid is important for public health. ('14)
- 3) India is the third stage of demographic cycle. (16)
- 4) IUD is not an ideal choice for nulliparous women. - Explain (S'09)
- 5) Sex ratio in India is adverse to women. (S'12)
- 6) Cafeteria Choice is a better approach in family planning program. (S'07)

8) PREVENTIVE MEDICINE IN OBSTETRICS, PEDIATRICS AND GERIATRICS

LONG QUESTIONS

- 1) Define "Low Birth Weight". What is its prevalence in India and the target to achieve? What

- measures would you like to adopt as BMOH to reduce the Low Birth Weight in your block. 2+2+8 ('15)
- 2) Define maternal mortality ratio and maternal mortality rate. Describe the important cultural and social factor affecting infant mortality 4+4+4('14)
- 3) Proportion of low birth weight babies in your block is very high. As a BMOH what action you will take to tackle the situation (Assess risk factors, both direct and indirect interventions)? 12('09, S'13)
- 4) IMR is high in your block. As a BMOH suggest measures to improve situation.12 ('10, S'12, S'07)
- 5) Prepare an action plan to conduct an IEC campaign in your block to reduce anemia among pregnant women. 12 (07, 10, S'14)
- 6) Enumerate the nutritional problems in our country. What are the services under ICDS Scheme? What are the functions of AWW? 3+5+4('06, S'15: 2nd part)
- 7) What is meant by LBW? How such babies be classified? What are the social factors responsible for LBW children? What could be the preventive measures for LBW? 2+2+4+4('05, S'08)
- 8) Define Perinatal Mortality Rate. Enumerate the important causes of perinatal mortality in our country. Suggest measures to reduce it. 2+4+6('04)
- 9) What do you understand by Post Natal care? Describe in brief to be provided to the mother and newborn after delivery? 2+5+5('03)
- 10) What do you mean by neonatal mortality? Why it is so important? Write in brief the components of essential newborn care with special reference to breast feeding.2+3+7('16)
- 11) In a block of west Bengal, recent statistics showed lower rate of institutional delivery. As a health administrator of that block, what measures you like to adopt for improving institutional delivery in your block.12 (17, S'15)
- 12) Discuss briefly the school health services. Write in brief about the midday meal programme. 9+3 (S'08, S'07)
- 13) Write down the objectives and components of School health services. 4+8 (S'09)
- 14) In a village, there is a traditionally high rate of school dropouts. As a BMOH why should you be concerned? Discuss how you will approach the issue. 4+8 (S'09, S'11)
- 15) Criteria for new WHO Growth Chart. 12 (S'12)
- 16) Why early neonatal care is important? What are the objectives of early neonatal care? How can you maintain normal body temperature? 2+5+5 (S'13)
- 17) Define neonatal mortality rate. Mention different new born care facilities at different levels of health facility recommended by Govt. of India for reduction of neonatal mortality. Write down the responsibilities of ASHA for home based new born care. 2+4+6 (S'14)

SHORT NOTES

- 1) Geriatrics health problems. ('15)
- 2) Juvenile delinquency. ('15, 13, 04, S'09)
- 3) Health problems of Geriatric population. (13, 09)
- 4) Child labour. ('12)
- 5) Kangaroo care. ('12)
- 6) Interpretation of ICDS Growth Chart. ('08)
- 7) Different aspects of School Health Service. ('08)
- 8) New Born Care. ('04)
- 9) PNDT Act. (13)
- 10) BFHI ('03,'08)
- 11) Facility based newborn care.
- 12) Objectives of Post-partum programme. (S'11)
- 13) Breast Feeding. (S'14)
- 14) Uses of growth chart (S'07)

EXPLAIN WHY

- 1) Apart from growth monitoring, 'Growth chart' has many other uses — Explain. ('15, '10)
- 2) Institutional deliveries can reduce maternal mortality to a great extent -Explain ('10)
- 3) Perinatal mortality rate gives a good indication relating to quality and quantity of Health care rendered to mothers and newborns. — justify (S'13)
- 4) FRU will reduce MMR Explain. ('09)
- 5) Use of growth chart is quick methodology for identification of under-nutrition. —Justify ('09)
- 6) Infant mortality rate is considered very sensitive indicator of health status —Explain ('07)
- 7) Mother and child is a priority group for health Intervention-Explain ('07)
- 8) FRUs will reduce MMR. (17)
- 9) Breast milk is the ideal and only food for infants till 6 months of age. - justify (S'08)
- 10) Growth and development in children are not synonymous. — Explain. (S'13, S'16)
- 11) IMNCI approach is followed in India. (S'14)
- 12) Nutritional supplements under school health programme can reduce, malnutrition. (S'15)
- 13) Institutional delivery can reduce MMR. (S'17)
- 14) Zinc is given with ORS in treatment of Diarrhea — justify. ('18)

9) NUTRITION AND HEALTH

LONG QUESTIONS

- 1) Enumerate four major nutritional problems in our country. How would you assess the nutritional status of the under five in a community? 2+10 ('12, S'10)
- 2) Large number of malnutrition (PEM) cases among under- five have been identified in your Block. What social factors are responsible for it? Name the nutritional programmes current available in India. Describe briefly any one of them. 3+3+4 ('08)
- 3) A large number of malnourished cases has attended your OPD at PHC. As a medical officer, what are the preventive measures, you will recommend for the community according to different levels of prevention? 12 ('07)
- 4) What is micronutrient? Name four important micronutrients. Discuss spectrum of Iodine deficiency disorders and National Programme associated with it. 2+2+4+4 ('07)
- 5) Enumerate different types food intoxicant. Suggest measures to control epidemic dropsy in your area. 12 ('10)
- 6) What is malnutrition? Discuss its prevention strategies in terms of different levels of preventions. 4+8 ('11)
- 7) Enumerate different methods of diet survey. Briefly describe the method you have applied in your family study programme, Mention the fallacies of that method of diet survey. 3+7+2 ('05, '17)
- 8) How will you assess the nutritional status of under five in an urban slum community-discuss briefly? Enumerate the important factors causing malnutrition. 7+5 (04, S'14)
- 9) How would you proceed for nutritional assessment of preschool children in a community? ('03)
- 10) Define malnutrition. How will you assess the quality of a protein? Name the nutritional programme currently available in India. Discuss any one of them. 2+3+2+5(16)
- 11) Name the important inorganic chemicals of health significance present in ground water of west Bengal. Describe in brief the health effects & control measures of any one. 2+5+5 (17)
- 12) Enlist the disorders caused by iodine deficiency. What are the strategies to control iodine deficiency disorders in India? 6+6 (17, S'15)
- 13) What is balanced diet? Enumerate different nutritional problems prevalent in India. How primary prevention plays an important role in prevention of protein energy undernutrition?

2+4+6 (17)

14) Write down the factors for protein energy malnutrition. Discuss different measures for prevention of PEM in the community. 4+8 (S'14)

15) How will you assess the nutritional status of a 36 months old child attending your PHC? What are the strategies that should be taken for prevention and control of PEM? (18)

SHORT NOTES

1) Common homemade oral rehydration solution. (10)

2) Spectrum of iodine deficiency disorders. (11)

3) Pasteurization of milk. (07, 16, S'10)

4) Balanced diet. (06)

5) Endemic fluorosis. (04)

6) Food safety. (16, S'17)

7) Endemic fluorosis (17)

8) Neurolathyrism (17, S'09, S'13)

9) Prudent Diet (S'11)

EXPLAIN WHY

1) Food additives and food adulteration are not synonymous. (13)

2) Short term high dose Vit. A supplementation is useful for prevention of Xerophthalmia. (12)

3) IDD is social and preventable problem. (12)

4) Fluorine is often called a two edged sword. (12)

5) Supplementary nutrition and therapeutic nutrition are different. (07)

6) Parboiled rice is nutritionally superior to milled rice —Justify. (11, S'12)

7) Vit. A supplementation is necessary after measles infection. (11)

8) Supplementary nutrition & therapeutic nutrition is different. (17, S'08)

9) Iodization of salt is a good example of food fortification. - Explain with justification (S'08)

10) RDA of beta carotene is 4 times the requirement of retinol. – Explain (S'11)

11) Dietary fibers play beneficial role in health. (S'14)

12) Why does lathyrism occur? (S'07)

13) Parboiled rice is nutritionally superior to milled rice. (18)

14) 'Feedback' is a key component in health planning. (18)

15) Inappropriate and inadequate use of antibiotics leads to antimicrobial resistance (18)

10)ENVIRONMENT & HEALTH

LONG QUESTIONS

1) Define "safe and wholesome water". Discuss the different tests for the bacteriological surveillance of drinking water. 4+8 (13)

2) Enumerate the waterborne diseases. Write down the principles of chlorination of drinking water. Define break point chlorination. 5+5+2 (S'10)

3) Enumerate soil borne disease. What are the criteria for sanitary latrine? What is the importance of water seal type of sanitary latrine? 6+4+2 (S'07)

SHORT NOTES

1) Bacteriological Surveillance of water quality. (15)

2) Biological treatment of sewage. (13)

3) Principle of chlorination of water. (13)

- 4) Overcrowding is a health hazard. ('13)
- 5) Hazards of noise pollution. ('11, S'08, S'12, S'16)
- 6) Sanitary landfill. ('11)
- 7) Water borne diseases. ('10)
- 8) Indicators of air pollution. (09)
- 9) Sanitation barrier. ('04, S'08, S'09, S'13, S'07)
- 10) Sanitary latrine. ('06, S'08)
- 11) Types of ventilation ('17)
- 12) Bacterial indicators of drinking water quality ('17)
- 13) Break point Chlorination. (S'11, S'07)
- 14) Air pollution. (S'12)
- 15) Indoor air pollution. (S'14)
- 16) Integrated vector management. ('12)
- 17) Indoor air pollution ('18)
- 18) Sanitation barrier ('18)
- 19) Emergency Contraceptives.('18)
- 20) Health hazards of biochemical wastes ('18)
- 21) Family performs many functions ('18)

EXPLAIN WHY

- 1) Sanitation barrier aims at breaking the transmission cycle of fecal borne Diseases-Explain ('11)
- 2) Overcrowding can Influence health- Justify ('07)
- 3) Integrated vector management is the most effective method of vector control. (16)
- 4) Coliform organisms are chosen as indicators for fecal pollution. – Why? (S'09)
- 5) Poor housing can have adverse effects on health. - Explain. (S'10)
- 6) Partially blocked flea is more dangerous than completely blocked flea. (S'12, S'16)
- 7) Slow sand filter required several days for proper functioning of the filter. (S'12, S'14)
- 8) O.T.A test is better than OT test to detect chlorine in water. – Justify (S'13)
- 9) Noise pollution may have non auditory effects on health. Discuss. (S'14)
- 10) FRUs will reduce MMR ('18)
- 11) Environment control- the best approach to the control of arthropods.('18)

11) HOSPITAL WASTE MANAGEMENT

LONG QUESTIONS

- 1) Name the different types of biomedical waste generated in your hospital. Suggest measures for their disposal as per National and State Level rules. What is the importance of waste tracking? 3+7+2 ('12)
- 2) A recent public demonstration has occurred in a block primary health center about the disposal of biomedical waste contaminating water body by the side of the hospital. As a BMOH of the hospital what measures would you like to adopt for proper waste management of your hospital. 12 ('16, S'17)
- 4) Colour coding for disposal of biomedical waste is necessary - Justify. Explain in brief the methods of biomedical waste management in a Medical college and Hospital. 4+8 (S'12)

SHORT NOTES

- 1) Principles of Biomedical Waste management. ('15, S'09)
- 2) Hospital waste management. ('05)

- 3) Disposal of sharp wastes in hospital setting. (S'16)
- 4) Barriers of communication ('18)
- 5) Sources of health information . ('18)

EXPLAIN WHY

- 1) Biomedical waste should be segregated at source. ('17)
- 2) Injection safety is important for the recipient , provider and community – justify. ('18)

12) DISASTER MANAGEMENT

LONG QUESTIONS

- 1) What do you mean by "Disaster"? What are common causes of disaster? As a BMOH of a cyclone prone block how will you proceed for preparedness to tackle the impending disaster in your block? 2+3+7 (15)
- 2) What is disaster? What are aspects of disaster management? Outline the management aspect of disaster impact in a flood prone area. 2+2+8 ('12, S'17, S'15: 1st part)
- 3) Enumerate different health hazards likely to occur during and following flood. As a BMOH describe your preparedness plan to mitigate such hazards in future 12 ('11, S'15: 2nd part)
- 4) Outline your plan of action as BMOH to reduce the health hazards due to food in your flood prone block. 12 (09)

SHORT NOTES

- 1) Disaster preparedness ('14)
- 2) Disaster Cycle (S'17)
- 3) Triage (S'17)
- 4) Vaccination in disaster ('18)
- 5) Triage ('18)

EXPLAIN WHY

- 1) Triage approach can provide maximum benefits in disaster situation. (S'13, 16)

13) OCCUPATIONAL HEALTH

LONG QUESTIONS

- 1) Define "Factory" under Indian Factories Act 1948. Write in brief the provisions recommended in Indian Factories Act 1948 to protect health of the workers. 2+10 ('15)
- 2) Many cases of silicosis were reported from a Pottery and Ceramic industry. As an Industry Health Officer, what measures will you recommend for prevention and control the problem. 12 ('14)
- 3) Name the types of occupational hazards. Describe the different medical measures for prevention of occupational disease. 4+8 ('13, 05, S'16: 2nd part, 04, S'09 – First part of the question was: Enumerate occupational diseases, S'07 – First part was: What is Bagassosis?)
- 4) Define Ergonomics. Discuss the importance of pre placement examination with suitable example. 12 ('12)
- 5) What is Pneumoconiosis? Enumerate, its different types with causative factors. Enumerate the benefits provided under ESI Act and describe any one of them which is relevant to

Pneumoconiosis. 2+3+3+4 ('08, S'16: 2nd part)

6) Define social security. Mention different benefits available for the industrial worker under ESI Act. Discuss medical benefits. 2+4+6 ('07, S'15)

7) What is sickness absenteeism? How to prevent occupational lung disease in an industry. 4+8 ('06)

8) Enumerate the different benefits under ESI scheme. Discuss sickness benefits in details. 5+7 ('05).

9) What is social security? Discuss the social security provisions for female workers under the Indian Factories Act. 4+8('03)

10) What are the eligibility criteria for enrollment in ESI scheme? Write in brief the benefits available under ESI scheme during and after working tenure. What are the services available under medical benefits? 4+4+4(16, S'13: First part of the question: Scope of ESI Act.)

11) What is Sickness Absenteeism? Suggest measures directed towards its causes other than sickness in our industrial setting. 2+10 (S'11)

12) What do you mean by occupational environment? Classify occupational diseases. Enumerate the control measures for prevention of industrial cancers. 2+5+5 (S'17)

13) Describe different types of Pneumoconiosis. As a medical officer of a coal mine, what measure you like to adopt to prevent Pneumoconiosis? ('18)

14) A recently delivered (2 weeks back) mother has come for check up. Mention the components of post natal check up. What might be the post natal complications? What measures can be taken to improve post natal care at immunity level? ('18)

15) What is the maternal Mortality ratio? How does it differ from Maternal Mortality Rate? Enlist the causes of Maternal Mortality in our country. As a medical officer, what measures will you adopt to reduce it? ('18)

EXPLAIN WHY

1) Social security measures have a great role in preventing the health problems – explain with examples. ('14)

2) Periodical examinations are effective in prevention of occupational diseases ('11)

3) Sickness Absenteeism is a social problem. – Explain (S'10)

4) Sickness Absenteeism doesn't give an actual estimate of morbidity pattern of an industry. (S'17)

SHORT NOTES

1) Pre-placement examination. ('12)

2) Hazards of radiation. ('15, S'10, S'07)

3) Sickness absenteeism. ('14)

4) Problems of industrialization. ('08)

5) Ergonomics. ('11)

6) Health problems of agricultural workers. ('05)

7) Asbestosis. ('03)

8) Occupational Cancers (S'10)

9) Benefits of ESI (S'11)

10) Women centric provision under Indian Factories Act. (S'14)

14) HEALTH INFORMATION & BASIC MEDICAL STATISTICS

LONG QUESTIONS

- 1) What is sampling? What are the different types of sampling? Describe them briefly with their advantages and limitations. 2+4+6 ('13)
- 2) What are the different methods of presentation of statistical data? Illustrate with suitable examples. 12. (S'14)

SHORT NOTES

- 1) Types of sampling. ('15, S'12)
- 2) Normal curve. ('13)
- 3) Measures of dispersion. ('05, 12, 16, S'09, S'11)
- 4) Values of dispersion. ('03)
- 5) Sources of health information. ('11, S'16)
- 6) Standard normal curve. ('10)
- 7) Sampling. ('09)
- 8) Bar diagram. ('07)
- 9) Statistical Averages. ('04, '12, S'08)
- 10) Measures of Central tendency (S'10)
- 11) Stratified sampling (S'17)
- 12) Standard normal curve ('18)
- 13) Sources of health information ('18)
- 14) Prevention of anaemia in adolescents ('18)

EXPLAIN WHY

- 1) For small samples, median is a better measure of central tendency than mean. ('14)
- 2) The census is an important tool of health information. (16)
- 3) Median is a better measure of central tendency in a widely dispersed data set. (S'16)
- 4) Data carry little meaning when considered alone. ('18)
- 5) Cost effectiveness analysis is best suitable than cost benefit analysis in health sector. ('18)

15) COMMUNICATION FOR HEALTH EDUCATION

LONG QUESTIONS

- 1) What are the components of communication process? Describe group discussion as a method of health communication. 6+6 (S'08)
- 2) Discuss in brief the different methods of 'Group Health Education'. 12(S'13)
- 3) Briefly discuss the methods of health communication. What are the barriers of communication? 8+4 (S'14)

SHORT NOTES

- 1) Role playing (05, 15)
- 2) Channels of communication (09)
- 3) Barriers of Communication. (S'12)
- 4) Folk media (S'13)

EXPLAIN WHY

- 1) Interpersonal communication is better than mass media for advocacy purpose. ('13, S'09, S'17)
- 2) Group discussion is an effective approach of communication. —Explain. ('07, S'11)
- 3) Explain main components of communication process. (.07)
- 4) Health education is not health propaganda- justify with example. (S'08, S'15)
- 5) One way communication has many drawbacks. — Explain (S'10)
- 6) What are the main components of communication process? (S'16)
- 7) Iodine deficiency affects all stages of life cycle ('18)

16) HEALTH PLANNING & MANAGEMENT

LONG QUESTIONS

- 1) In a block 40% of eligible couples are protected by modern contraceptive methods. As a BMOH outline the intervention to improve the situation. 12 ('13)
- 2) Maternal mortality ratio in a block is found to be persistently high. As a BMOH outline the -
 - i. Investigation procedure to find out the causes of maternal mortality and
 - ii. Intervention to be adopted to reduce the MMR .6+6 ('13, S'08, S'10)
- 3) There is sudden rise of infant mortality rate in a block. What are the measures you would like to adopt to reduce the IMR in block? 4+8 (12, S'11, S'15)
- 4) Couple protection rate (CPR) in your block is 34%. As a BMOH what are measures you will take to improve the situation? 12 (07, S'10, S'11)
- 5) Percentage of fully immunized children is very low while left out & drop rates are unacceptably high in your block. What measures you will adopt as a BMOH to improve the situation? 12 ('11, S'10)
- 6) Proportion of institutional delivery is very low in your district. There is also poor utilisation of JSY referral transport & Ayushman scheme. What steps you would take as a CMOH to improve the situation? 12 (11)
- 7) Define health education. How it differs from BCC? Briefly outline the different health education measures to prevent cervical cancer in a block as a BMOH. 12 ('11)
- 8) As a BMOH, you note that in certain villages, people prefer quacks rather than your services, should you be concerned and why? What will you do about it? 5+7 ('09)
- 9) Lot of ladies die due to post-partum hemorrhage in your block. What steps will you take as BMOH to reduce this condition in your block. 9+3 (S'08)

SHORT NOTES

- 1) AYUSH (S'11)
- 2) Bhore committee/ Health survey and development committee 1943 (S'13)
- 3) NRHM (S'07)
- 4) Cost effective Analysis in Health. (S'16)

EXPLAIN WHY

- 1) "Feedback" is very important in health planning. ('15)
- 2) Prioritization is an important step in health planning. ('14, 11)
- 3) Cost effective analysis and cost benefit analysis are not synonymous ('13)
- 4) Management consists of 4 basic activities ('09)
- 5) Network Analysis is an effective management tool. Explain (S'10)

17) HEALTH CARE OF THE COMMUNITY

LONG QUESTIONS

- 1) What are the functions of Block Primary Health Centre? Mention the National Programmes under a BPHC. What is "Record Linkage" and what is Tracking of Beneficiaries" under Maternal Child Health Care 4+4+2+2 ('14)
- 2) Discuss the three tier system of Health Care Delivery of your state. What are the reforms made to give better service to people? Discuss the role of Private Partner Partnership (PPP) in efficient delivery of health services. 2+4+6 (120)
- 3) Enumerate the principles of Primary Health Care. How is it delivered in rural area? 4+8 ('11, '04, S'07, and S'16, 2nd part of the question: S'09, S'12)
- 4) Define primary healthcare. What are the 4 principles of primary healthcare? What do you mean by 3 tier system of healthcare delivery in rural India? 2+3+7 ('04, S'10)
- 5) What are the average populations catered in relation to health –in a village, sub Centre. PHC, BPHC or CHC? Who serves at the level of sub Centre? What are the activities carried out at BPHC/CHC? 3+2+7(16)
- 6) Enumerate the objectives of school health programmes. Briefly mention different components under the programme. 6+6 ('17, S'17)
- 7) Describe in brief the healthcare delivery in rural India. What are the services to be provided at community health Centre level according to public health standards? 6+6 (S'14)
- 8) Enumerate the different categories of manpower available at block level for delivering primary health care. Outline the services a newborn is expected to receive from a subcentre and ASHA from birth to 5 years of age. 6+6 (S'17)
- 9) Enumerate the functions of Primary health centre .What are the services provided by subcentre ?('18)

SHORT NOTES

- 1) Preventive services offered by your Medical College & Hospital. (14)
- 2) Central Government Health Scheme ('13)
- 3) Health insurance scheme. ('12)
- 4) Elements of Primary Health Care. ('09, S'15)
- 6) Principles of Primary Health Care. ('10, '16, S'12)
- 7) Voluntary Health Agency. ('11)
- 8) Intersectoral co-ordination. ('08)
- 9) FRU. ('04, S'08, S'11, S'07)
- 10) Functions of PHC. (S'08)
- 11) ASHA (S'10, S'16: Role as depot holder)
- 12) Appropriate Technology. (S'15)

EXPLAIN WHY

- 1) Equitable distribution of health services an important principle of Primary Health Care. ('13)
- 2) Primary Health Care is basically the responsibility of the state. ('08)
- 3) Medical care and health care are not synonymous ('08, S'09)
- 4) Sub-Centre is considered as pivot of healthcare delivery system in rural area. ('09)
- 5) Networking with voluntary health agencies plays an important role in health care delivery ('10, S'09)

- 6) M.O. in a PHC is responsible for many jobs. – Explain (S'09)
- 7) A health service which is accessible may not be acceptable by the community. – Justify. (S'11)
- 8) ORS can be an example of one of the principles of primary health Care. (S'14)
- 9) Primary Health Care is essential health care. (S'15)
- 10) ORS is an example of appropriate technology. (S'18)

18) MEDICINE & SOCIAL SCIENCE

LONG QUESTIONS

- 1) Enumerate types of family. Describe the stages of family cycle. Discuss the role of family in health and disease. 2+4+6 ('10)
- 2) Define social security. Enumerate different types of Social Security. Briefly discuss any one of the social security system in our country. 2+3+7 ('09, S'12)

SHORT NOTES

- 1) Social mobilization. ('15)
- 2) Acculturation. ('05)
- 3) Social stress ('17)
- 4) Functions of family (S'11)
- 5) Family Physician (S'07)
- 6) Family Diagnosis. (S'15)
- 7) Socioeconomic status scale (S'15)
- 8) Family physician ('18)

EXPLAIN WHY

- 1) Explain why "Family is considered as an epidemiological unit". ('14)
- 2) Customs do not always have negative effect on health. (S'16)
- 3) Family performs many functions : Explain ('18)

19) INTERNATIONAL HEALTH

SHORT NOTES

- 1) Non-Government organization. ('14)
- 2) UNICEF. ('07, S'16, S'17: Childcare services only)
- 3) CARE -India. ('10)
- 4) Indian Red Cross (08, '17, S'12)
- 5) Functions of WHO (S'08, S'09)

20) GENETICS & HEALTH

- 1) Genetic counselling ----short note ('05, S'10)
- 2) Importance of genetic counselling in preventing the genetic disorders --- explain why ('17, S'09)

21. MENTAL HEALTH

1) Drug dependence and drug addiction are not synonymous. - Explain. (S'13)

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