

PYC2605 (489024) October/November 2014
RPY2605 (471324)

HIV/AIDS CARE AND COUNSELLING

Duration 2 Hours

70 Marks

EXAMINERS
FIRST

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SECOND

Closed book examination

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This paper consists of 22 pages plus instructions for completion of a mark reading sheet

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This paper consists of 70 multiple-choice questions which must be answered on the mark reading sheet.

Your mark for this examination will be converted to a mark out of 90. Note that your mark for Assignment 01 and 02 will be converted to your year mark (a mark out of 10) which will be added to the mark you obtain for this examination paper.

After completing your answers, you must hand in the following:

- (i) The mark reading sheet
- (ii) This examination paper. (All the pages must be handed in.)

ENSURE THAT YOU HAVE WRITTEN YOUR STUDENT NUMBER, MODULE CODE AND UNIQUE NUMBER ON THE MARK READING SHEET.

- ANSWER THE FOLLOWING SEVENTY MULTIPLE CHOICE QUESTIONS ON THE MARK READING SHEET.
- FOLLOW THE ATTACHED INSTRUCTIONS CAREFULLY.
- SUBMIT YOUR COMPLETED MARK READING SHEET TOGETHER WITH THIS EXAMINATION PAPER.

NO STAPLES PLEASE!

Note: Section A (Question 1 to 55) is compulsory for all students. Students may then choose between Section B (Guidance track) and Section C (Care track)

SECTION A

QUESTION 1

People are always asking where HIV originated. The final conclusion after doing sequence comparisons between different species, was that

- (1) an ancestor of HIV-1 (group M) was transmitted by a gorilla to human beings
- (2) we will never know where HIV really came from
- (3) HIV-1 originated from Green monkeys in West-Africa where they were butchered for food
- (4) an ancestor of HIV-1 (group M) was transmitted from a chimpanzee to a human being

QUESTION 2

UNAIDS (2008) describes Aids as follows

- (1) A chronic disease that seldom results in death
- (2) A fatal disease that can ultimately lead to death
- (3) A treatable and curable disease
- (4) An acute infection which can develop into a chronic disease which is treatable

QUESTION 3

The defences of the immune system can be divided into two main groups: the non-specific defences, for example (a) _____, and the specific defences, for example (b) _____

- (1) (a) the skin and mucous membranes, (b) plasma proteins
- (2) (a) phagocytes (e.g. macrophages), (b) lymphocytes (e.g. T cells and B cells)
- (3) (a) plasma proteins, (b) phagocytes (e.g. macrophages)
- (4) (a) T lymphocytes (e.g. CD4+T cells), (b) B lymphocytes (e.g. B memory cells)

QUESTION 4

The immune system consists of two parts: the innate immune response and the acquired immune response. The innate immune response

- (a) is an adaptive immune response, which means that it is specifically designed to attack specific pathogens
- (b) is evolutionary, a very old immune system and nearly all living things (plants and animals) have one
- (c) is nonspecific and cannot adapt to special circumstances
- (d) is inherited from our parents and it is nonspecific

[TURN OVER]

The correct answer is

- (1) (b), (c), and (d)
- (2) (a) and (b)
- (3) (a) and (c)
- (4) (b) and (d)

QUESTION 5

The most important antigen-presenting cells (or APC) in the immune system are the

- (1) macrophages
- (2) CD4+T cells
- (3) B lymphocytes
- (4) dendritic cells

QUESTION 6

The risk of becoming infected with HIV is two to four times higher for women than it is for men. Women are biologically more vulnerable to HIV infection than men, because women

- (1) living in traditional African societies are usually forced to comply with cultural practices, such as living with their in-laws and subjecting themselves to the practice of widow cleansing
- (2) are exposed to semen for a longer time during sex than men are to vaginal fluids, and semen contains higher concentrations of HIV than do vaginal fluids
- (3) living in poor and deprived conditions are often forced to become sex workers in order to keep themselves and their children alive
- (4) often have more sexual partners than men

QUESTION 7

Linda is a lesbian who never engages in heterosexual activities. She has, however, multiple woman partners and is worried about getting infected with HIV. What would you advise her?

- (1) All homosexual activities are high risk and she should drastically reduce her number of partners
- (2) Lesbian sexual activities are not particularly high risk, but she should refrain from sharing sex toys and she should use barriers (e.g. latex squares) when participating in oral sex
- (3) She does not need to worry at all because lesbians fall into a low risk group
- (4) Lesbians should always refrain from using sex toys because these may cause bleeding of the vaginal lining

QUESTION 8

Martin is a young medical student who accidentally sustained a needle-stick injury while administering an injection to an HIV-positive patient. Martin was HIV negative before the needle-stick injury. What advice would you give him in terms of the risk of contracting HIV through sharp instruments?

- (1) His risk is very high and he should immediately start with antiretroviral medication, which should be taken for three months
- (2) His risk of actually contracting the virus is so small (approximately 0,37%) that he can just ignore the accident
- (3) He should go for HIV testing immediately and again after three months and, if he tests HIV positive, after three months he should start with antiretroviral medication
- (4) Although his chance of contracting HIV is small (approximately 0,37%), it is still advisable that he immediately start taking antiretroviral medication as prophylaxis

[TURN OVER]

QUESTION 9

Interventions to prevent HIV infection can broadly be classified into three main categories, namely behavioural, biomedical and structural interventions. An example of a structural intervention that could be used to prevent the spread of HIV is

- (1) HIV testing
- (2) human rights
- (3) microbicides
- (4) circumcision

QUESTION 10

PROPHYLACTIC (or preventative) treatment of opportunistic diseases (e.g. TB and PCP) in HIV infected people is generally based on

- (1) the onset of the first symptoms of the disease
- (2) the results of blood tests, confirming the diagnosis of a specific opportunistic disease
- (3) CD4+T cell counts - as soon as the CD4+T cell count reaches a certain level, treatment should commence
- (4) the person's previous health history - whether he or she has experienced other opportunistic infections in the past

QUESTION 11

Health workers in Africa often find the syndromic management approach for STI (sexually transmitted infection) treatment more practical than the diagnostic management approach. The following are some of the disadvantages of syndromic case management

- (1) Laboratories with sophisticated techniques and facilities are acquired to diagnose the specific STI
- (2) Patients may be under-treated, that is, they may receive less drugs than are actually necessary
- (3) Patients with asymptomatic STI infections do not get treated
- (4) STIs often go untreated because it is often impossible for patients who reside far from clinics to return for test results and treatment at a later stage

QUESTION 12

Complete the following sentence. The HIV viral load is usually (a) ___ during the acute or sero-conversion phase in the first weeks after infection. This is due to (b) ___

- (1) (a) moderate, (b) the development of the set point
- (2) (a) high, (b) very rapid multiplication and replication of the virus after infection
- (3) (a) low, (b) the remarkable capacity of the body's immune system to be able to resist, even temporarily, the immense viral onslaught in this phase of the infection
- (4) (a) undetectable, (b) the fact that the person is still in the window period and the diagnostic tests are not sensitive enough to pick up the low viral levels

QUESTION 13

Which combination of symptoms is a definite indication that a person has tuberculosis?

- (1) Fever with chills, swollen glands, diarrhoea and oral thrush
- (2) Coughing, enlarged liver, weight loss and shingles
- (3) Anaemia, shingles, malaise and fever
- (4) Fever with chills, night sweats, a persistent cough and weight loss

[TURN OVER]

QUESTION 14

The _____ HIV antibody test is the easiest to use, painless and less intrusive than other tests

- (1) Rapid HIV diagnostic home-kit test
- (2) OraQuick saliva rapid test
- (3) p24 Dried Blood Spot
- (4) Fourth generation ELISA test

QUESTION 15

Puleng is participating in a vaccine trial (which means that she received an HIV vaccine) If Puleng is not infected with HIV, she will test negative for HIV infection on

- (1) The ELISA test
- (2) OraQuick rapid test
- (3) Nucleic acid tests
- (4) All of the above

QUESTION 16

What is the difference between HIV antibody tests and HIV viral tests?

- (1) The HIV viral test is more likely to give false positive results than the HIV antibody test
- (2) The results of HIV viral tests are available within 10 to 30 minutes, while the results of HIV antibody tests are available only after 5 to 10 days
- (3) HIV viral tests are more reliable than HIV antibody tests because the window period of the HIV viral test is much shorter than the window period of the HIV antibody test
- (4) HIV antibody tests react to antibodies in the blood which have formed in reaction to the HIV virus, while HIV viral tests react to the presence of the actual virus in the blood

QUESTION 17

The single most important test for determining an individual's immune status is the (a)____ The best predictor of the risk of opportunistic infections in HIV positive people is (b)____

- (1) (a) CD4+T cell count, (b) the viral load test
- (2) (a) antibody count, (b) a virus count
- (3) (a) CD4+T cell count, (b) the CD4+T cell count
- (4) (a) viral load count, (b) the CD4+T cell count

QUESTION 18

In order to manage HIV infection, it is important for the clinician to monitor the individual's CD4+T cell count, as well as the viral load in his or her blood, on an ongoing basis. A viral load test (RNA PCR) is important to

- (a) assess the severity of the HIV infection
- (b) evaluate the status of the immune system
- (c) measure the client's response to anti-retroviral medication
- (d) prevent or treat opportunistic infections
- (e) prescribe relevant anti-retroviral medication

The correct answer is

- (1) (a), (c) and (e)
- (2) (b) and (d)
- (3) (a) and (b)
- (4) (a), (c) and (d)

QUESTION 19

The use of triple-drug therapy (HAART) was first introduced in (a)_____ but it was only made publically available in South Africa in (b)_____

- (1) (a) 1985, (b) 1994
- (2) (a) 1990, (b) 2000
- (3) (a) 1994, (b) 2002
- (4) (a) 1996, (b) 2003

QUESTION 20

The standardised drug regime approach has the following advantages

- (1) Treatment is tailor-made for a specific individual and his or her needs
- (2) There are no medication side-effects
- (3) Patterns of drug-resistance can be predicted
- (4) Treatment is so simple that no training or education for health care providers or patients is necessary

QUESTION 21

Why do we not give PEP to a rape survivor who tests positive on a baseline HIV test?

- (1) The ARVs won't help the rape survivor
- (2) PEP might contribute to the development of drug-resistant viruses
- (3) The ARVs might compromise the future treatment of the rape survivor
- (4) All of the above

QUESTION 22

One of the principles of behaviour change is that the counsellor should be absolutely specific about the behaviour that needs to be changed. It is therefore important to identify the action, target, context and time of the behaviour that you want to change. The important conceptual difference between casual sex (1) once a week and casual sex (2) once a year refers to the _____ of the behaviour

- (1) action
- (2) target
- (3) context
- (4) time

QUESTION 23

Thandiwe is a sex worker. One of her clients, John, told her that he has nothing against condoms, but he refuses to use them because all his friends believe that 'real men do not use condoms'. According to the theories of behaviour change, John's refusal to use condoms is under

- (1) normative control, because it is very important for John to impress and please his friends
- (2) intentional control, because John has no intention of using condoms
- (3) attitudinal control, because John has very negative attitudes towards condom use
- (4) subjective control, because John does what he thinks is best for him personally

[TURN OVER]

QUESTION 24

A group of Aids educators working at truck stops in Africa decide to open a few HCT (HIV Counselling and Testing) services along the trucking routes. With the underlying philosophy of VCT in mind, what do they hope to achieve by doing this?

- (1) They want to force all truckers to voluntarily test themselves for HIV
- (2) They hope that truckers who test HIV negative will be motivated to adopt safer sex practices in order to stay negative in future
- (3) They want to disclose the truckers' HIV status to motivate other truckers to go for testing
- (4) They hope that truckers who test HIV positive will change their jobs because it is well known that truckers spread HIV all over Africa

QUESTION 25

According to the Transtheoretical Model of Prochaska and DiClemente (1992), behaviour change involves movement through the following stages

- (1) Behaviour labelling, Cost and benefit assessment, Commitment to change, and Action
- (2) Pre-contemplation, Contemplation, Preparation, Action, Maintenance, and Termination
- (3) Preparation, Contemplation, Behaviour labelling, Action, Maintenance, and Termination
- (4) Behaviour labelling, Commitment to change, and Taking action

QUESTION 26

Peter is in the COMMITMENT TO CHANGE stage of the Aids Risk Reduction Model. Peter's behaviour is shaped by factors such as

- (1) seeking information on how to modify his behaviour
- (2) believing that being infected by HIV is undesirable
- (3) what his friends think of the new behaviour, and the social support he gets for the new behaviour
- (4) perceiving himself as susceptible to HIV infection

QUESTION 27

You were asked by the Department of Health to facilitate a workshop for sex workers. To be a successful facilitator, which one of the following points will you have to bear in mind?

- (1) Remember that people have the right to differ and disagree, but Aids is such a serious and clear-cut issue that the participants should all agree with your conclusions in the end
- (2) The equal participation of all the sex workers is important, and silent participants should be encouraged to participate without 'putting them on the spot' or shaming them
- (3) If somebody asks you a difficult question, don't 'lose face' by admitting that you don't know the answer. The sex workers will lose confidence in you as an Aids expert, it is better to give a vague answer or to change the topic of discussion
- (4) Sex workers have a serious problem due to their work and there is no time to waste with group participation. The facilitator should follow a lecture style and give them as much information as possible

QUESTION 28

If sexual behaviours can be placed on a continuum from no-risk to high-risk behaviours, oral sex constitutes

- (1) low risk, if a condom is used or if a latex barrier, such as a spliced-open condom, is used to cover the genitalia
- (2) no risk, if pre-seminal fluids are allowed into the partner's mouth, because pre-seminal fluids do not contain the HI virus
- (3) very high risk unless a condom or latex barrier is used
- (4) no risk. There is no proof that oral sex causes HIV infection

[TURN OVER]

QUESTION 29

June is a sex worker and she is HIV positive. Is it dangerous for her to have sex with men who are also HIV infected?

- (1) Yes, because the virus in her blood will become drug resistant
- (2) No, because she is already HIV infected herself
- (3) Yes, because the viral load in her blood may increase after re-infection
- (4) No, because many sex workers in Africa have developed immunity to HIV infection

QUESTION 30

According to Hammond-Tooke (1989), traditional Africans believe that illness has both an immediate as well as an ultimate cause. The immediate cause (a) _____, while the ultimate cause (b) _____

- (1) (a) is often attributed to bewitchment or sorcery, (b) can be a germ or a virus
- (2) (a) is usually pollution, (b) is God's punishment for sin
- (3) (a) can be a germ or a virus, (b) is often attributed to bewitchment or sorcery
- (4) (a) is usually jealous neighbours, (b) is the wrath of the ancestors

QUESTION 31

According to Mbiti, traditional African beliefs are based on principles such as

- (1) independence
- (2) the interest of the individual
- (3) union with nature
- (4) the survival of the fittest

QUESTION 32

There are many similarities and differences between traditional African healing and Western counselling. Puleng visited both the traditional healer and the Western counsellor and, in her experience, the traditional healer (a) _____, while the Western counsellor (b) _____

- (1) (a) sends her to the hospital for proper tests, (b) hypnotises her and interprets her dreams
- (2) (a) emphasises the unity between her and her community, (b) emphasises her individuality and her self
- (3) (a) is directive in his approach and helps her to do introspection, (b) is non-directive and wants her to take responsibility for her own life
- (4) (a) is interested in her relationship with her ancestors, (b) is interested in her relationship with her parents

QUESTION 33

Active listening is not an easy skill to acquire and counsellors should be aware of hindrances (or roadblocks) to effective listening. Which one of the following is an example of evaluative listening?

- (1) 'That woman with Aids'
- (2) 'I think when I respond to her I will say that I understand that she feels hurt'
- (3) 'I wonder what I should make for supper tonight?'
- (4) 'I think what you are saying now is right, whereas your previous understanding was wrong'

[TURN OVER]

QUESTION 34

Thandiwe said to her counsellor that she is very bitter about how unfair life is. She was forced to have sex with her brother-in-law after her husband died and she is sure that it is how she got infected. The counsellor showed empathy by

- (1) recognising and acknowledging Thandiwe's feelings towards her brother-in-law, and experiencing the same bitterness towards him for infecting Thandiwe
- (2) sharing her own experiences in the Aids field with Thandiwe to try and convince her that it does not matter where she got the infection. What matters now is what Thandiwe is prepared to do about it
- (3) stepping into Thandiwe's shoes' and showing pity and compassion, as well as anger towards a cultural system that allows widow cleansing
- (4) showing that she understood Thandiwe's feelings towards her brother-in-law, and communicating this understanding to her in such a way that Thandiwe better understood her own feelings

QUESTION 35

The following cultural differences should be kept in mind in cross-cultural counselling in Africa

- (1) Due to an internal locus of control, clients are often not prepared to make decisions in the counselling session, and have to discuss it with their family first
- (2) Group-orientated cultures often find it difficult to talk about personal feelings or emotions
- (3) Most African cultures find it disrespectful if the counsellor does not make eye contact with them
- (4) The directive, advice-giving approach should be exclusively used in traditional African counselling contexts, since traditional healers are always directive

QUESTION 36

In order to 'listen attentively' to your client in a counselling session, it is necessary to

- (1) sit with your eyes closed to listen and concentrate better
- (2) force the client to make eye contact, because this enhances attentive listening and communication
- (3) focus on the content of your client's story and ignore any contradictory statements
- (4) focus on your client's body language and the explicit and implicit meanings of his or her spoken words

QUESTION 37

According to Egan, it is impossible for a counsellor to really understand the world of clients who differ from him or her in significant ways. One of the counsellor's most important tools for getting as close as possible to understanding the client's world is empathy based on effective (a)___ and (b)___

- (1) (a) probing (b) self-disclosure
- (2) (a) attending (b) listening
- (3) (a) clarification (b) immediacy
- (4) (a) listening (b) advanced empathy

QUESTION 38

The following cultural differences should be kept in mind in cross-cultural counselling in Africa

- (1) Due to an external locus of control, clients are often not prepared to make decisions in the counselling session, and have to discuss it with their family first
- (2) It is impossible to facilitate group-orientated cultures to show insight into personal feelings or emotions
- (3) Touching is a universal sign of empathy, and the counsellor should always make a point of touching their clients
- (4) Traditional healers are always directive and the successful counsellor should learn from this and always advise their clients on what to do and what not to do

[TURN OVER]

QUESTION 39

Suzi is 16 years old and has been sent by her mother for an HIV test. She explains to you that her mother is convinced that she is already having sex with her boyfriend. She, however, tells you that she is not sleeping with her boyfriend. On the basis of the above information, which one of the following actions is the most appropriate for you to take?

- (1) You can see that Suzi is telling the truth and you decide to send her for the HIV test without providing counselling, because you already know that the results are going to be negative
- (2) You know that 16 is a vulnerable age and so you spend some time getting to know Suzi, hoping that she will open up more to you as the pre-test counselling continues
- (3) You do not know who is telling the truth and so you send Suzi back home with a letter, explaining that the reasons for HIV testing must be clear before counselling can continue
- (4) You do not simply want to believe that Suzi is telling the truth, and so you spend the pre-test counselling session telling her about the moral implications of sleeping with one's boyfriend, before sending her for the test

QUESTION 40

Frances fears that she is HIV positive because of an extramarital affair she had a few years ago. She is extremely worried about her husband's reaction should she test HIV positive. Which of the following counsellors give the most appropriate response to address Frances's concerns?

- (1) Peter suggests a role-play situation between Frances and her husband in which she should practise telling the news to her husband (as a way of preparing her husband for this possibility)
- (2) Carina reassures Frances that, if she is HIV positive, there are medical treatments that can keep her healthy for a long time, and that she does not have to tell her husband
- (3) Juan explores, with Frances, the possible advantages and disadvantages of taking an HIV test and help her to consider how she can practise safer sex until her test results are known
- (4) Banti advises Frances to keep her results and the affair a secret from her husband since most men are not able to cope with news like this

QUESTION 41

When responding to a client's needs during post-test counselling,

- (1) advice giving is more important than reflection because this is often the only time the counsellor has to spend with the client
- (2) talking is more important than listening because the client is often too shocked to say much and he or she really needs the input of the counsellor
- (3) an attitude of empathic attentiveness is more important than doing or saying specific things
- (4) taking action is more important than silence and merely being with the client

QUESTION 42

Lizelle heard that she was HIV positive a few weeks ago. She felt fine for the first week, but in the second and third weeks began to feel anxious, helpless, socially withdrawn and could not get a proper night's sleep because of nightmares (relating to her diagnosis). She felt better in the fourth week. Lizelle's symptoms can be diagnosed as

- (1) acute stress disorder, because the symptoms occurred within 4 weeks of the event and lasted for less than 28 days
- (2) acute stress disorder, because the symptoms differ from those needed for a diagnosis of post-traumatic stress disorder
- (3) post-traumatic stress disorder, because the symptoms occurred within 4 weeks of the event and lasted for less than 28 days
- (4) post-traumatic stress disorder, because no HIV related traumatic event is diagnosed as an acute stress disorder

[TURN OVER]

QUESTION 43

Counsellors working in Africa often find that nobody talks to the affected children in a household where a parent has Aids. Why are children often excluded from HIV and Aids counselling?

- (a) Caregivers often don't know how to talk to children about HIV and Aids
- (b) Children are often protected by close family members who help them to deal with the illness and death of relatives, thus making it unnecessary to counsel them
- (c) Counselling by any person outside the family is taboo in many cultures
- (d) To counsel a child is a specialist field and it cannot be done by loved ones or lay counsellors

The correct answer is

- (1) (a)
- (2) (a) and (b)
- (3) (c)
- (4) (b) and (c)

QUESTION 44

Which of the following clients experienced a major depression disorder?

- (1) Sue's father died unexpectedly. She experienced excessive distress and she could not properly function at work. Sue started feeling better 5 months after the funeral, when she learned to adapt to her father not being there for her.
- (2) Cary was diagnosed as HIV positive and she experienced severe feelings of anxiety and helplessness for the first two weeks after the diagnosis. She had nightmares and could think of nothing else except her positive diagnosis. Cary came to terms with her diagnosis and felt better 4 weeks after her diagnosis.
- (3) Pete was in a car accident where he lost his wife. For the first 5 months or so, Pete seemed to cope well, but then the death of his wife really hit him. He felt anxious and helpless, experienced problems with sleeping, could not concentrate and lost all interest in social contact with others. This condition lasted for about a year before Pete went to a psychologist for help in coping with his wife's death.
- (4) Luke lost his job and took it very hard. He felt sad, pessimistic and hopeless all the time, could not sleep, did not wash or take care of his hygiene in any way, and did not eat properly. His friends were very concerned because he showed a radical change from his previous levels of functioning.

QUESTION 45

Thandi has been HIV positive for three years and has been seeing you for counselling for six months. In the last few weeks, she has begun to experience a strong desire to disclose her status to others. In which one of the following ways would you be helping Thandi do this?

- (1) By recommending that she first disclose to people she does not know as a way of practising the disclosure of her status to people nearest to her.
- (2) Helping her to become strong enough to resist other people's needs to express their feelings and concerns after she has disclosed her HIV positive status to them.
- (3) Exploring ways in which she can accept herself and her disclosure, irrespective of how others may react.
- (4) By refusing to mediate the disclosure process if Thandi requests this of you, because this will result in your taking too much responsibility for the process and thus disempowering Thandi.

[TURN OVER]

QUESTION 46

The term 'stages' of bereavement should be avoided in favour of the term 'tasks' of bereavement. The reason(s) for this is/are to

- (a) avoid the idea of strict consecutive stages
- (b) emphasise the discrete nature of bereavement tasks
- (c) emphasise the active nature of bereavement rather than imply that bereavement is a passive process 'flowing over' the grieved person

The correct answer is

- (1) (a) and (b)
- (2) (a)
- (3) (c)
- (4) (a) and (c)

QUESTION 47

In the process of accepting the reality of the immanent death of a terminally ill loved one, which of the following ideas may complicate the bereavement process?

- (a) Insisting that God will definitely heal the sick person if his or her faith is strong enough
- (b) Denying the importance of this life, with an overemphasis on the life hereafter
- (c) Insisting that the bereaved person comes to a complete acceptance of the loss before the bereavement process can progress any further

The correct answer is

- (1) (a) and (b)
- (2) (c)
- (3) (a), (b) and (c)
- (4) (a) and (c)

QUESTION 48

The young child between 6 and 9 years can

- (1) not grasp the irreversibility of death
- (2) see death as universal and personal
- (3) grasp the irreversibility of death, but not the universal and personal aspects of death
- (4) not yet emotionally handle death and should therefore, as far as possible, be excluded from burial and mourning rites

QUESTION 49

The counsellor can help adults to get rid of negative or destructive thoughts and to adopt healthier and life affirming thoughts by using the ___ technique

- (1) open-chair technique
- (2) cognitive restructuring
- (3) imagery
- (4) immediacy

QUESTION 50

Which of the following body fluids should be considered to be as likely to transmit HIV infection as HIV-infected blood?

- (1) Vaginal secretions, vomit with blood in it and sputum
- (2) Vaginal secretions, pregnancy fluid (or amniotic fluid) and vomit with blood in it
- (3) Saliva or spit and lung mucus or sputum
- (4) Vaginal secretions, pregnancy fluid (or amniotic fluid), saliva or spit, vomit with blood in it, and lung mucus (or sputum)

[TURN OVER]

QUESTION 51

What advice can you give an HIV positive person with regard to basic food safety and eating defensively?

- (a) Eggs can be eaten in any form – raw or cooked
- (b) Biltong (dried meat) and dried sausage can be sources of salmonella and should therefore be avoided
- (c) Lightly steamed seafood should be avoided
- (d) Raw sprouts are a good source of protein and should be eaten at least once a day

The correct answer is

- (1) (a) and (d)
- (2) (b) and (c)
- (3) (b), (c) and (d)
- (4) (a), (b), (c) and (d)

QUESTION 52

Which one of the following nurses finds it difficult to set professional boundaries between themselves and their patients?

- (1) Nurse A cannot 'get the patients out of her head' She thinks of them all night at home and she cries about their problems
- (2) Nurse B looks after her patients' children after work when they feel too sick to look after their own children
- (3) Nurse C is profoundly touched by the negative effects of stigmatisation on her patients' lives but also by the secondary stigmatisation on her own life
- (4) Nurse D is overwhelmed by the Aids statistics and she wonders how the country will cope with the Aids crisis in the future

QUESTION 53

Prison A isolates and quarantines HIV positive patients, while Prison B refuses to provide information about HIV and Aids to its inmates. Which basic human rights applying to all citizens are infringed upon by Prison A and Prison B?

- (1) Prison A the right not to be unfairly discriminated against, Prison B the right to bodily, psychological and educational integrity
- (2) Prison A the right not to have one's privacy infringed, Prison B the right to information and a basic education
- (3) Prison A the right to bodily and psychological integrity, Prison B the right not to be unfairly discriminated against
- (4) Prison A the right to liberty, autonomy and freedom of movement, Prison B the right to information and education

[TURN OVER]

QUESTION 54

A child may consent to or ask for the following if he/she is under the age of 12 years, with sufficient maturity to understand the request and its consequences

- (a) HIV testing,
- (b) antiretroviral treatment,
- (c) treatment for STIs,
- (d) condoms,
- (e) other forms of contraception

The correct answer is

- (1) (a)
- (2) (d)
- (3) (a), (b), (c), (d) and (e)
- (4) None of the above

QUESTION 55

What does the South African law say about male circumcision?

- (1) Unfortunately, the law does *not make* provision for circumcision
- (2) Circumcision is a cultural issue and only recommendations can be made *on how to do* circumcision safely
- (3) A child who is older than 16 years must give consent to be circumcised
- (4) The child's parent must give consent for circumcision to be performed

[TURN OVER]

NOTE: If you have chosen the GUIDANCE TRACK, do Section B, Questions 56 to 70. If you have chosen the CARE TRACK, go to Section C on page 21 and answer Questions 56 to 70

SECTION B: GUIDANCE TRACK

QUESTION 56

Which one of the following statements is true in terms of children's perception of illness in the intermediate school phase (Grade 4 to Grade 6)?

- (1) They can distinguish between the causes and symptoms of disease, and they have a good understanding of the prevention of illness
- (2) They can distinguish between the physical and the psychological, as well as between internal and external bodily experiences
- (3) They know that HIV can be transmitted through sex, blood and from mother to baby, but their thinking processes are too concrete to realise that 'not all kinds of sex' lead to Aids
- (4) Because their understanding is largely concrete and non-specific, children of this age are not interested in the causes, symptoms or prevention of illness

QUESTION 57

What precautions should be taken to provide a safe school environment?

- (1) Blood splashes to the face or eyes should be flushed with a weak bleach (or Jik) solution
- (2) If there is a biting or scratching incident where the skin is broken, the victim of the incident should be treated with PEP (or post-exposure prophylaxis)
- (3) All cleaning staff, learners, educators and parents should be informed about the universal precautions that will be adhered to at a school
- (4) Blood stains or old blood on rugby or soccer jerseys are safe and it is not necessary for the boys to change their contaminated clothes during play

QUESTION 58

Thandiwe's eldest daughter is 10 years old and attending a school where Aids education is offered to them. Which of the following meet the basic requirements for successful Aids education?

- (a) Her school has appointed a special teacher who is very knowledgeable about HIV and Aids and gives Aids education only to all the senior children in the school
- (b) Aids education in her school starts in Grade 1, because the school principle argued that children at this age are very receptive towards accepting a healthy life style
- (c) The Aids education forms part of a larger lifeskills education programme that is presented to the whole school once a week in the school hall
- (d) The programme was devised in cooperation with the community and includes the input from parents, the community- and spiritual leaders

The correct answer is

- (1) (b), (c) and (d)
- (2) (a) and (d)
- (3) (a), (b) and (d)
- (4) (b) and (d)

[TURN OVER]

QUESTION 59

If you were the teacher of Nomsa's eldest daughter (13 years) how would you have handled Aids education with her class?

- (1) By occasionally devoting a special period to Aids education
- (2) By adding elements of Aids education on a regular basis to existing school curriculum
- (3) By starting Aids education as part of a lifeskills programme, but at this stage it is still too early to make sex education part of the curriculum
- (4) By scaring the children as much as possible, by relating the disastrous effects of the disease

QUESTION 60

Although the risk of HIV transmission as a result of contact play and contact sport is generally insignificantly low, teachers must make sure that the following rules are followed

- (a) No learner with an open wound or an open sore may participate in contact sport
- (b) A player who is bleeding must be removed from the sports field immediately and treated
- (c) A bleeding wound should be cleaned immediately and covered with a waterproof plaster
- (d) Although it is important to treat wounds immediately, it is not necessary for the injured player to change clothes soiled with blood

The correct answer is

- (1) (b) and (c)
- (2) (a) and (d)
- (3) (a), (b) and (c)
- (4) All of the above

QUESTION 61

Aids educational programmes aimed at children from the age of 7 to 9 should be focusing on

- (1) prevention of non-sexual transmission
- (2) sexual behaviour change
- (3) causes and effects of HIV and Aids
- (4) clinical aspects of HIV and Aids

QUESTION 62

Sex education in the foundation phase is a thorny issue in the current HIV and Aids context How would you handle it with children in the foundation phase?

- (1) If questions about sex arise, handle them by emphasising that sex is natural and that they should be positive about their bodies This does, however, not imply that one should give fully-detailed sexual education to children the moment they ask their first questions of a sexual nature
- (2) Avoid all references to sex at this early stage Explain to children that it will be discussed with them when they are older
- (3) Teach children that at such a young age they should rather not think about sex
- (4) Take sex questions seriously and show respect to the child by discussing all sex issues in detail and in an open adult way

QUESTION 63

The primary purpose of Aids education for learners in Grades 7 to 9 is

- (1) the dissemination of correct information only
- (2) to concentrate mainly on safer sex practices
- (3) to present a programme that includes a balance between knowledge, life skills, attitudes and values
- (4) not to teach life skills, but to instil the correct attitudes and values in the children

[TURN OVER]

QUESTION 64

The task of a spiritual counsellors is to _____ the client's process of searching for meaning. The missing word is

- (1) lead
- (2) direct
- (3) facilitate
- (4) guide

QUESTION 65

Is it appropriate for Westernised counsellors to challenge the traditional African beliefs of their clients?

- (1) Yes, but it should be done in a non-confrontational way
- (2) No, because traditional beliefs are not harmful
- (3) Yes, because traditional beliefs are not compatible with Christianity or the Muslim faith
- (4) No, except if such beliefs are specifically harmful

QUESTION 66

Spiritual counselling in the Aids context is often complicated by

- (1) ignorance of clients regarding faith issues
- (2) the idea that HIV infection is regarded by most clients as a medical issue only
- (3) the fact that sexual transgressions are often judged more harshly in faith communities
- (4) the fact that most HIV positive clients do not feel a need for spiritual counselling

QUESTION 67

Orphanages are not generally seen as the most appropriate interventions for orphans or other children made vulnerable by HIV and Aids. Orphanages often function as a (a) ___ satisfier by providing food, shelter and clothes to satisfy a child's (b) ___ needs. Care for orphans should rather be based on the fulfilment of all the needs of the child by using a care model that use (c) ___ satisfiers.

- (1) (a) singular, (b) subsistence, (c) synergistic
- (2) (a) pseudo, (b) protection, (c) true
- (3) (a) inhibiting, (b) basic, (c) transcendence
- (4) (a) synergistic, (b) affection, (c) singular

QUESTION 68

The loss of autonomy and control of one's destiny, the deprivation of human rights and the loss of choices regarding one's home, family structure and marital status (girl child), are all examples of the deprivation of the fundamental human need of (a) _____ brought about by HIV and Aids. A psychosocial support and care initiative that will allow the child's fulfillment of this need is based on the (b) _____.

- (1) (a) affection (b) provision of encouragement and empathy and building of the child's self-esteem
- (2) (a) freedom (b) honoring of the rights of the child to experience and express freedom
- (3) (a) understanding (b) provision of life skills, insight and guidance in an attempt to build the child's knowledge of the world
- (4) (a) identity (b) creation of an environment where the child feels valued as a significant contributor

[TURN OVER]

QUESTION 69

Which one of the following is an example of a pseudo-satisfier of children's needs?

- (1) An orphanage where the child can stay safely
- (2) A soup kitchen where the child gets food once a day
- (3) The city with its bright lights and promises of a better life
- (4) A loving home which provides for most of the child's needs

QUESTION 70

According to Manfred Max-Neef, the needs of children are few, finite and classifiable. The need for parental and family love, emotional nurturing, intimate relationships with others, friendships and peer support can be classified as the need for

- (1) participation
- (2) affection
- (3) protection
- (4) identity

[TURN OVER]

NOTE. If you have chosen the CARE TRACK, do Section C, Questions 56 to 70

SECTION C: CARE TRACK

QUESTION 56

Women with symptoms of vaginal thrush are often advised to follow the 'candida diet' What is the candida diet?

- (1) The candida diet advises women to divide their food into three groups and to make sure that they eat food from each one of these groups at every meal
- (2) The candida diet advises women to avoid foods containing yeast and sugar (e.g. bread and beer) because these foods can contribute to the growth of fungus
- (3) The candida diet is based on principles to suppress fungus growth and it advises women to rub plain yogurt on the red areas affected by the vaginal thrush
- (4) The candida diet is an alternative diet developed by Candice Davidson for women who do not have the means to spend a lot of money on healthy but expensive food

QUESTION 57

Some people in the final phase of Aids may experience continuous pain. How should pain preferably be dealt with?

- (1) Patients with Aids can easily become addicted to pain medication, and it is therefore advisable to avoid pain medication and rather to encourage relaxation exercises
- (2) Use the 'ladder' approach, and start with the strongest medication the patient can take, rather than giving medication that won't help at all
- (3) Encourage patients to take their pain medication on a regular basis as prescribed, before the pain becomes too great
- (4) Aspirin and paracetamol should be avoided as pain medication if possible, because these drugs often cause constipation

QUESTION 58

What are the signs and symptoms of electrolyte disturbances (for example in patients who have diarrhoea or who vomit)?

- (a) A wet, clammy skin
- (b) Muscle cramps
- (c) An irregular pulse
- (d) Weakness

The correct answer is

- (1) (b) and (d)
- (2) (a), (b) and (d)
- (3) (a) and (c)
- (4) (b), (c) and (d)

QUESTION 59

Patients with Aids often develop shingles. Which of the following statements describe shingles the best?

- (1) Shingles is caused by the herpes zoster virus which infects nerve cells and causes severe itching of the skin but fortunately not a lot of pain
- (2) Shingles is characterised by a rash on the skin – usually on the chest or back, and it is very painful
- (3) Shingles is caused by the herpes simplex virus and it infects the skin and nervous system
- (4) There is no vaccine yet to prevent shingles

[TURN OVER]

QUESTION 60

What advice would you give an HIV positive woman who complains about oedema (or swelling) of her legs?

- (a) She must reduce her water intake
- (b) She must avoid wearing tight-fitting clothes
- (c) She must sit down in a position with her legs lower than her heart to stimulate her circulation
- (d) She must reduce her sodium intake

The correct answer is

- (1) (b) and (c)
- (2) (c) and (d)
- (3) (b) and (d)
- (4) (a), (b) and (d)

QUESTION 61

Pain management is a very important part of caring for patients with Aids. Which one of the following statements is correct in terms of pain management?

- (1) Try to diagnose and treat the actual cause of pain and do not assume that all pain is due to HIV infection
- (2) Aspirin should be given to children and adolescents as they experience pain more severely than adults
- (3) Follow the guidelines of administering medication by mouth, by clock and in a step-by-step manner by starting with the stronger opioids, but don't give morphine too soon
- (4) Keep in mind that antiretroviral medications may improve the general immune status of the patient but it has no effect on pain

QUESTION 62

The basic rules for treating an adult with high fever are

- (a) Encourage the patient to drink lots of cool fluids such as water, broth, weak tea and juice
- (b) Give sponge baths or use a fan to keep the patient's temperature down
- (c) Don't give antipyretic medications, because they can interact negatively with antiretroviral medication. Rather give aspirin
- (d) Do not open the windows. A person with a high fever already has an infection and a cool draught may make the person sicker

The correct answer is

- (1) (a) and (b)
- (2) (a), (b) and (c)
- (3) (b) and (d)
- (4) (c) and (d)

QUESTION 63

How would you treat a patient with rectal abrasions due to rectal herpes?

- (a) Wash the area of the anus with a weak lemon juice solution to slow down the rate of the fungus growth
- (b) Let the patient sit in a luke-warm bath with Savlon or salt to relieve the discomfort
- (c) Administer pain medication if necessary
- (d) Encourage the patient only to use toilet paper, as the use of cotton wool or Wet Ones may worsen the condition

[TURN OVER]

The correct answer is

- (1) (b) and (d)
- (2) (a) and (c)
- (3) (b) and (c)
- (4) (a), (b), (c) and (d)

QUESTION 64

Co-trimoxazole is a simple and cost-effective intervention which can extend and improve the quality of life of people living with HIV. Co-trimoxazole is a/an (a)_____ that targets (b)_____.

- (1) (a) antibiotic, (b) bacteria
- (2) (a) antiviral medications, (b) the HI virus
- (3) (a) antimicrobial agent, (b) bacteria, fungi and protozoa
- (4) (a) antifungal medication, (b) fungi

QUESTION 65

A group of health care workers who work in a clinic in a rural area ask for your advice on the cheapest but most effective method for sterilising and disinfecting their instruments. What would you tell them?

- (1) Domestic pressure cookers can be used for 5 minutes at their highest pressure to sterilise instruments
- (2) The instruments should be left in the sun for at least 1 hour to disinfect them completely
- (3) Exposure to ethylene oxide for between 4 and 16 hours is an effective and cheap way to sterilise instruments
- (4) The instruments should be boiled for 30 minutes from the time the water begins to boil

QUESTION 66

Read the following statement and indicate if you agree with the statement or not. 'Tuberculosis is a very serious opportunistic infection in Africa, and prophylactic (preventive) treatment with INH (a TB medication used to prevent TB) should be offered to all HIV-infected individuals.'

- (1) Yes. The combination of TB and HIV is very dangerous and the mortality rate for tuberculosis is much higher in people who are co-infected with HIV. Treatment with INH reduces the mortality rate by ten times.
- (2) No. INH as a prophylactic treatment for tuberculosis should only be offered to HIV infected individuals with a CD4+T count of under 350 cells/mm³ and who can adhere to the medication for at least three months until the CD4+T cells stabilise.
- (3) No. INH as prophylactic treatment for tuberculosis should never be offered to HIV positive people who already show signs of active tuberculosis, because this may lead to the development of drug resistant TB bacilli.
- (4) Yes. Most people in Africa have been exposed to the TB bacilli and will therefore test positive on a tuberculin skin test. Given the high prevalence of HIV infection in Africa, it therefore makes sense to treat all HIV positive individuals prophylactically with INH.

QUESTION 67

Which one of the following statements illustrates an advantage of home-based-care?

- (1) Home-based care is less expensive for the family, and care can be more comprehensive than in the local hospital that is overflowing with patients.
- (2) The patient's HIV positive diagnosis can be kept a secret from the family if a home-based-caregiver takes care of him or her in the privacy of the home.
- (3) It is easier for the patient to comply with a complicated treatment or medication regime in the home than in the hospital.
- (4) The family understands the patient's sickness much better than a health care professional.

[TURN OVER]

QUESTION 68

HIV and Aids makes demands on the local community and society at large that cannot be met by hospitals alone. How would you develop a home-based-care programme in a community which is situated in a rural area in the Limpopo province?

- (a) Compile a community profile to establish the extent of the needs in the community
- (b) Appoint experts from outside the community with experience in home-based care to implement their programme in the community
- (c) Make a list of all the resources and networks in the community and contact them to establish a good referral system
- (d) Put together a multidisciplinary team consisting only of non-professional community volunteers to offer comprehensive care to patients with Aids

The correct answer is

- (1) (b)
- (2) (a) and (c)
- (3) (c) and (d)
- (4) (a), (b), (c) and (d)

QUESTION 69

The use of volunteers in home-based care programs can be successful if

- (1) they are not chosen by the community where the service is rendered because confidentiality might be a problem for the patients
- (2) they don't have to be involved in decision making processes since they are already inundated with caring responsibilities
- (3) they are properly trained in basic home care
- (4) all of the above conditions are met

QUESTION 70

The magnitude of the HIV and Aids crisis has forced every community to become involved in the care of patients. The distinctive feature and purpose of home-based care is to

- (1) ensure that all homeless people with Aids get acceptable homes to live in and have running water and a clean environment
- (2) empower families or loved ones within the community to care for sick people within their own homes and to organise multidisciplinary teams and volunteers to assist these caregivers
- (3) organise volunteer groups to help health care workers in their tasks within hospitals, clinics and practices
- (4) organise multidisciplinary teams of health care workers to offer a more holistic programme of care to sick people and extend care beyond the mere physical needs of sick people

[WILL BE CONVERTED TO A MARK OUT OF 90 AND YOUR 10% YEAR MARK WILL BE ADDED IF YOU QUALIFIED FOR IT] [70]

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70	(1)	(2)	(3)	(4)	(5)
71	(1)	(2)	(3)	(4)	(5)
72	(1)	(2)	(3)	(4)	(5)
73	(1)	(2)	(3)	(4)	(5)
74	(1)	(2)	(3)	(4)	(5)
75	(1)	(2)	(3)	(4)	(5)
76	(1)	(2)	(3)	(4)	(5)
77	(1)	(2)	(3)	(4)	(5)
78	(1)	(2)	(3)	(4)	(5)
79	(1)	(2)	(3)	(4)	(5)
80	(1)	(2)	(3)	(4)	(5)
81	(1)	(2)	(3)	(4)	(5)
82	(1)	(2)	(3)	(4)	(5)
83	(1)	(2)	(3)	(4)	(5)
84	(1)	(2)	(3)	(4)	(5)
85	(1)	(2)	(3)	(4)	(5)
86	(1)	(2)	(3)	(4)	(5)
87	(1)	(2)	(3)	(4)	(5)
88	(1)	(2)	(3)	(4)	(5)
89	(1)	(2)	(3)	(4)	(5)
90	(1)	(2)	(3)	(4)	(5)
91	(1)	(2)	(3)	(4)	(5)
92	(1)	(2)	(3)	(4)	(5)
93	(1)	(2)	(3)	(4)	(5)
94	(1)	(2)	(3)	(4)	(5)
95	(1)	(2)	(3)	(4)	(5)
96	(1)	(2)	(3)	(4)	(5)
97	(1)	(2)	(3)	(4)	(5)
98	(1)	(2)	(3)	(4)	(5)
99	(1)	(2)	(3)	(4)	(5)
100	(1)	(2)	(3)	(4)	(5)
101	(1)	(2)	(3)	(4)	(5)
102	(1)	(2)	(3)	(4)	(5)
103	(1)	(2)	(3)	(4)	(5)
104	(1)	(2)	(3)	(4)	(5)
105	(1)	(2)	(3)	(4)	(5)
106	(1)	(2)	(3)	(4)	(5)
107	(1)	(2)	(3)	(4)	(5)
108	(1)	(2)	(3)	(4)	(5)
109	(1)	(2)	(3)	(4)	(5)
110	(1)	(2)	(3)	(4)	(5)
111	(1)	(2)	(3)	(4)	(5)
112	(1)	(2)	(3)	(4)	(5)
113	(1)	(2)	(3)	(4)	(5)
114	(1)	(2)	(3)	(4)	(5)
115	(1)	(2)	(3)	(4)	(5)
116	(1)	(2)	(3)	(4)	(5)
117	(1)	(2)	(3)	(4)	(5)
118	(1)	(2)	(3)	(4)	(5)
119	(1)	(2)	(3)	(4)	(5)
120	(1)	(2)	(3)	(4)	(5)
121	(1)	(2)	(3)	(4)	(5)
122	(1)	(2)	(3)	(4)	(5)
123	(1)	(2)	(3)	(4)	(5)
124	(1)	(2)	(3)	(4)	(5)
125	(1)	(2)	(3)	(4)	(5)
126	(1)	(2)	(3)	(4)	(5)
127	(1)	(2)	(3)	(4)	(5)
128	(1)	(2)	(3)	(4)	(5)
129	(1)	(2)	(3)	(4)	(5)
130	(1)	(2)	(3)	(4)	(5)
131	(1)	(2)	(3)	(4)	(5)
132	(1)	(2)	(3)	(4)	(5)
133	(1)	(2)	(3)	(4)	(5)
134	(1)	(2)	(3)	(4)	(5)
135	(1)	(2)	(3)	(4)	(5)
136	(1)	(2)	(3)	(4)	(5)
137	(1)	(2)	(3)	(4)	(5)
138	(1)	(2)	(3)	(4)	(5)
139	(1)	(2)	(3)	(4)	(5)
140	(1)	(2)	(3)	(4)	(5)

Specimen only