

PYC2605 (492606) October/November 2015
RPY2605 (481699)

HIV/AIDS CARE AND COUNSELLING

Duration 2 Hours

70 Marks

**EXAMINERS
FIRST**MRS HC ERASMUS
MR FZ SIMELANE
PROF PJ VAN DYK
DR EM CRONJEMRS K SHIRINDA-MTHOMBENI
PROF AC VAN DYK**SECOND**

Closed book examination

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This paper consists of 19 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 80. Note that your mark for Assignment 01 and 02 will be converted to your year mark (a mark out of 20) 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 60) is compulsory for all students. Students may then choose between Section B (Guidance track) and Section C (Care track).

SECTION A

QUESTION 1

What is the difference between HIV-1 and HIV-2?

- (1) HIV-1 is less pathogenic (or 'dangerous') than HIV-2
- (2) Although HIV-1 and HIV-2 is structurally similar, HIV-1 is more pathogenic than HIV-2
- (3) HIV-1 is a more virulent virus with a lower viral count than HIV-2
- (4) HIV-1 has lower transmission rates than HIV- 2

QUESTION 2

HIV-1 can be classified into three main groups, namely

- (1) Subtypes A, B and C
- (2) HIV-1, HIV-2 and SIV
- (3) M (major), O (outlier) and N (non-M and non-N)
- (4) Groups G, B and A

QUESTION 3

We know how many people are infected with HIV by looking at the HIV incidence and the HIV prevalence. What is the definition of HIV incidence?

- (1) It is the percentage of people living with HIV (as a proportion of the total population) at a specific time
- (2) It is a 'snapshot' view of the current number of people infected with HIV
- (3) It is the percentage of new cases of HIV infection in a defined period of time, for example in one year
- (4) It is a percentage which is calculated by dividing the number of people living with HIV by the number of the total population

QUESTION 4

In order to use the CD4+T cell to manufacture more viruses, the HI virus uses _____ to transform its viral RNA into viral DNA

- (1) Reverse Transcriptase
- (2) HIV RNA protease
- (3) HIV proteins
- (4) Integrase

QUESTION 5

The defences of the immune system can be divided into two main groups namely the non-specific defences and the specific defences. An example of non-specific defences (or the front line of the body's 'army') is

- (1) T lymphocytes
- (2) the skin, plasma proteins and phagocytes
- (3) CD4+T cells
- (4) Antibody producing B cells

[TURNOVER]

QUESTION 6

The defences of the immune system can be divided into two main groups namely the non-specific defences and the specific defences. An example of the specific defences is

- (1) CD4+T cells
- (2) the skin and mucous membranes
- (3) plasma proteins
- (4) macrophages

QUESTION 7

Why are people with STIs (sexually transmitted infections) particularly vulnerable to HIV infection?

- (1) Cells of Langerhans occur in the genital area, and serve as 'taxi's that transport the virus from an infected to an uninfected person
- (2) STIs cause genital inflammation which attracts numerous killer T cells with viral receptors to the site of infection
- (3) People with STIs have very high levels of reverse transcriptase enzymes that open the 'gates of the immune system' for all kinds of opportunistic diseases, including HIV, to attack them
- (4) It is mainly because HIV is also an STI and they always go together

QUESTION 8

Does the presence of sexually transmitted infections make it easier for the HI virus to enter the body? Why do you say this?

- (1) Yes, sexually transmitted infections attract immune cells with CD4+T cell receptors to the site of infection. The HI virus latches onto the CD4+T cell receptors and thus finds an easy way to enter the body at the site of infection.
- (2) Yes, because the various organisms causing STIs (sexually transmitted infections) are used as carriers to transport the HI virus into the body.
- (3) No, not necessarily. The relationship between STIs and HIV infection is more indirect. That is, people who are infected by STIs usually are more promiscuous and partake in unprotected sex – which also makes it much easier for the HI virus to be transmitted.
- (4) No, STIs do not make it easier for the HI virus to enter the body. The reverse is, however, true. People who are HIV positive have a dysfunctional immune system – thus making it easier for them to contract STIs.

QUESTION 9

In areas where HIV is a public health problem, healthcare workers should use the AFASS criteria to evaluate the feasibility of replacement feeding. One of the AFASS criteria is to assess if replacement feeding is

- (1) free of charge
- (2) affordable for the mother and the family
- (3) supplied by the World Health Organisation
- (4) applicable in the mother's community

QUESTION 10

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

- (1) male circumcision
- (2) vaccines
- (3) condoms
- (4) HIV testing

[TURNOVER]

QUESTION 11

The primary phase of HIV infection (or acute sero-conversion illness)

- (a) usually occurs one day after HIV infection
- (b) is often characterised by swelling of lymph nodes, sore throat, mild fever and other flu-like symptoms
- (c) occurs a few weeks before a person's HIV status changes from HIV negative to HIV positive
- (d) is usually associated with a very high viral load

The correct answer is

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

QUESTION 12

Which one or more of the following statements describe the process of sero-conversion?

- (a) Sero-conversion is the point at which a person's HIV status changes from being negative to positive
- (b) Sero-conversion usually occurs 12 weeks after infection with the HI virus
- (c) Sero-conversion usually coincides with the time an HIV test is positive

The correct answer is

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

QUESTION 13

The treatment of STIs (sexually transmitted infections) is based on either the diagnostic or the syndromic management approach. The diagnostic approach is often used in so-called first world countries. Which one of the following is an advantage of the diagnostic approach?

- (1) A definite diagnosis of the STI can be established by identifying the causing organism
- (2) The chances of over-treating patients by giving them more drugs than are actually necessary are very large
- (3) Patients do not have to wait for treatment since the results of diagnostic tests are available immediately
- (4) The diagnostic approach does not require laboratory support

QUESTION 14

The main cause of death in people with HIV infection is opportunistic infections. There are three main ways to prevent opportunistic infections namely

- (1) preventing exposure, chemoprophylaxis, and immunisation
- (2) biomedical, behavioural and structural prevention
- (3) ARVs, condoms and circumcision
- (4) Co-trimoxazole prophylaxis, Isoniazid and AZT

[TURNOVER]

QUESTION 15

The two factors that determine the accuracy of a blood test are sensitivity and specificity. The sensitivity of a test is its ability to pick up very low levels of antibodies. The specificity of an HIV antibody test refers to its ability to

- (1) ignore the presence of antibodies that are not specific to HIV
- (2) detect HIV positivity and not give false negative results
- (3) recognise cross-reacting non-specific antibodies
- (4) pick up very high levels of antibodies not to give false positive results

QUESTION 16

There are various tests on the market to diagnose HIV infection. One of the advantages of the HIV PCR technique is that

- (1) it does not rely on the development of antibodies before it yields a positive test result
- (2) it detects the virus in the blood within 10 to 30 minutes and can be done at a patient's bedside
- (3) it can be used in rural or remote areas where laboratory facilities are not available, and where clients are often unable to return for test results
- (4) it is very useful to diagnose babies born to HIV positive mothers when they are 15 months old, while the usual tests only show antibodies at 18 months

QUESTION 17

If a person's test result is 'HIV antibody positive', what does this mean?

- (1) The person has tested positive for the antibodies of the HI virus and is therefore probably infected with the virus
- (2) If the person is not in the window period, he or she may be infected with the HI virus
- (3) The presence of antibodies shows that the person is immune to the HI virus – as is the case with some sex workers in KwaZulu-Natal
- (4) The presence of HIV antibodies shows that the person was in contact with a HIV positive person, but not necessarily that he or she is infected

QUESTION 18

What is meant by the 'window period' within the HIV testing environment?

- (1) The person still tests HIV negative and cannot, therefore, transmit the virus to another person
- (2) The person already tests HIV positive, but is not yet infectious to others
- (3) The person received a false positive result
- (4) The person may be infected with the HI virus, although he or she still tests HIV negative. If the person is indeed HIV positive, he or she may already be able to transmit the HI virus to others

QUESTION 19

Anti-retroviral therapy has the following primary goals. The virological goal is to (a)____, while the epidemiological goal is to (b)____

- (1) (a) improve the quality of the HIV positive person's life, (b) improve immune functioning, reduce opportunistic infections and delay the onset of Aids
- (2) (a) reduce the HIV viral load as much as possible, (b) reduce HIV-related sickness and death and to reduce the impact of HIV transmission in the community
- (3) (a) reduce HIV-related sickness and death and to reduce the impact of HIV transmission in the community, (b) reduce the HIV viral load as much as possible
- (4) (a) improve immune functioning, reduce opportunistic infections and delay the onset of Aids, (b) improve the quality of the HIV positive person's life

[TURNOVER]

QUESTION 20

Under ideal conditions, how does anti-retroviral medication (ART) work to prevent HIV infection after rape?

- (1) ART interferes with the integrase enzyme and prevents the viral RNA from integrating with the cell's DNA
- (2) ART interferes with the replication mechanisms of HIV and prevents the virus from attacking the CD4+T cells and thus from reproducing
- (3) ART kills all the CD4+T cells in the vicinity of the HI viruses before the viruses have a chance to attack the CD4+T cells
- (4) ART 'seals' the entry point of injury and prevents viruses getting past the first line of defence, namely the skin or mucose membranes

QUESTION 21

The function of the reverse transcriptase enzymes are to

- (1) complete the early stages of HIV replication by transforming viral RNA into proviral DNA
- (2) assemble the new viral RNA and viral proteins, and to assist with the maturation of fully infectious new viruses that bud from the CD4+T cells
- (3) assist with HIV DNA integration into the nucleus of the CD4+T cells
- (4) assist the virus to enter the CD4+T cells from outside

QUESTION 22

Why should single-drug regimes (or monotherapy) no longer be used under any circumstances?

- (1) Monotherapy is very expensive and it can have serious side-effects
- (2) Monotherapy produces only a temporary reduction in the viral load, and it can have serious side-effects
- (3) Monotherapy almost always leads to the development of drug resistance, and it produces only a temporary reduction in the viral load
- (4) Monotherapy is very expensive, it has serious side-effects and it produces only a temporary reduction in the viral load

QUESTION 23

The standardised drug regime approach has the following advantages

- (1) Treatment is tailor-made for a specific individual and his or her needs
- (2) Side-effects can be monitored more easily
- (3) Drug-resistance to the medication is less likely to develop
- (4) Treatment is so simple that no training or education for health care providers or patients is necessary

QUESTION 24

One of the principles of behaviour change is that the Aids educator 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 buying a (1) latex condom versus buying a (2) non-latex condom, refers to the _____ of the behaviour

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

[TURNOVER]

QUESTION 25

Before a person's behaviour can be changed, it is important to establish whether this specific behaviour is under normative control or attitudinal control. Attitudinal control means that

- (1) the beliefs and attitudes of a person's friends will determine whether the person changes his or her behavior
- (2) the person's positive or negative attitudes towards the specific behaviour will determine whether the person changes his or her behaviour
- (3) a person's beliefs in his or her own control over health and life will determine whether the person will change his or her behavior
- (4) the desire to please one's friends and family members will determine whether a person changes his or her behaviour

QUESTION 26

According to the theories of behaviour change, people first need to recognise the need to change a specific behaviour before they will take the necessary steps to change that behaviour. Which one or more of the following factors will contribute to the realisation that high risk sexual behaviour should change?

- (1) The realisation that you are behaving in a way that increases your risk of HIV infection
- (2) Knowing someone who is HIV positive
- (3) Believing that condoms will reduce your chances of being infected with HIV
- (4) All of the above

QUESTION 27

You decide to advertise a workshop for sex workers as follows: 'Sex workers! Aids kills! Stop spreading death through Africa.' Keeping the principles of behaviour change in mind, do you think that this message will be effective?

- (1) No, because sex workers don't have the intention or the self-efficacy to change their sexual behaviour
- (2) Yes, because the message is very scary, and people will only change their behaviour if they are scared enough about the consequences of Aids
- (3) No, because the message discriminates against sex workers and blames them for spreading the disease through Africa
- (4) Yes, because sex workers will, for the first time, realise their role in spreading the disease through Africa

QUESTION 28

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 29

There are many teaching methods or strategies that can be used by Aids educators to promote learning. One of the advantages of group discussions is

- (1) Group discussions expose members of the group to the beliefs, values and practices of others
- (2) Learners find it beneficial to practise new behaviour through simulated exercises
- (3) It is empowering for learners if the facilitator builds on their expertise
- (4) Group discussions force silent members to take the lead in the discussions

[TURNOVER]

QUESTION 30

You were asked by the Department of Health to facilitate a workshop for sex workers. To be a successful facilitator, which one or more 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) Equal participation of all is not important, and if some of the sex workers are silent or even fast asleep, the facilitator should accept that the sex worker is not interested and leave it at that
- (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 their own 'language' and they often use slang words. To avoid total breakdown of communication, it is important for you as the facilitator to become acquainted with the terminology the group uses

QUESTION 31

Nomsa and her husband are both HIV positive, but they refuse to take ARVs. Is it still necessary for them to use condoms when they have sexual intercourse?

- (1) No, it is not necessary, because Nomsa and her husband are both infected anyway and to use condoms will make no difference. What is important is that they should not have sexual intercourse with anybody else
- (2) Yes, it is necessary, because every time Nomsa and her husband have sex, Nomsa's CD4+T cell count decreases, because she is a woman with a larger biological chance of becoming reinfected
- (3) No, it is not necessary, because the other strain of HIV that causes reinfection, namely HIV-2, occurs only in West Africa
- (4) Yes, it is necessary, because Nomsa and her husband may reinfect each other, which may further increase their viral loads and decrease their CD4+T cell counts

QUESTION 32

The femidome or female condom empowers women by giving them control over their sex lives. What are some of the advantages of the female condom?

- (a) Because it is made of latex, it requires no special storage
- (b) It can be used with water- as well as oil-based lubricants such as Vaseline, KY-Gel and baby oil if it is not made of latex
- (c) It can be inserted an hour or so before intercourse
- (d) It can be used by a woman without her male partner knowing about it

The correct answer is

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

QUESTION 33

Witchcraft is believed to be the causal agent of Aids in some African countries. What are the negative implications of witchcraft beliefs for Aids counselling and education in Africa?

- (1) People who believe in witchcraft are not very supportive of Aids patients or their family members because they believe that these people brought the illness on themselves by enraging their communities
- (2) Feelings of guilt and anxiety are alleviated if external factors such as witches can be blamed, and a sense of guilt and anxiety is necessary for people to change their sexual behaviour
- (3) It is difficult to change harmful sexual practices if people believe that they cannot be held responsible for their own behaviour
- (4) The personal cost for witches is very high, since many women who are perceived to be witches are still hunted down and killed in Africa

[TURNOVER]

QUESTION 34

Thandiwe was diagnosed with HIV by a Western doctor in the hospital where she gave birth to her baby. She accepted the diagnoses but insisted on going to her traditional healer as well. How could Thandiwe's behaviour be explained according to Hammond-Took (1989)?

- (1) As an African woman, Thandiwe did not trust 'white medicine' and she knew that only the traditional healer would be able to heal her
- (2) The white doctor could only tell Thandiwe that the ultimate cause of the infection was a virus, while only the traditional healer could tell her who or what the immediate cause of the illness was
- (3) The white doctor told Thandiwe what the immediate cause for her illness was, but Thandiwe believed that only the traditional healer would be able to tell her what the ultimate cause of her infection was
- (4) Thandiwe knew that the cause of her illness is God's punishment for her sins, and a Western doctor cannot help her with that

QUESTION 35

According to Mbiti, it is extremely important for traditional Africans to acquire personal immortality through their children. After death, a person is in the state of personal immortality when

- (1) they are 'remembered' by people of their own immediate blood
- (2) they continue to exist in the Zamanı period as a 'living-dead' person
- (3) they are cast out of the Sasa period into the spirit world of the Zamanı
- (4) their physical death is also the end of their genealogical line

QUESTION 36

During the counselling session, your client Pete discloses to you that he is HIV positive and explains that the reason for not telling you before was because he feared your response. How would you, as the counsellor, respond with a view to demonstrating basic empathy?

- (1) You remain silent after Pete's disclosure because you are not sure what to say and you think that silence would be better than a brief response
- (2) You match Pete's emotional tone, even if it means you are not being yourself in that moment
- (3) You name the relevant emotion expressed by Pete and refer to the relevant experience that gave rise to his feelings
- (4) You appreciate the importance of Pete's disclosure and therefore use the standard response recommended by Egan for client's self-disclosure, rather than your own words

QUESTION 37

One day, in one of your counselling sessions, you say to Pete 'Pete, I feel that we get stuck in our discussions. Maybe it is time for us to take a look at what we are doing.' You are using the advanced communication skill of (a) _____, which is a useful skill when (b) _____.

- (1) (a) immediacy, (b) a session is directionless and no progress is being made
- (2) (a) advanced empathy, (b) dependency interferes with the helping process
- (3) (a) self-disclosure, (b) trust between counsellor and client seems to be a problem
- (4) (a) information sharing, (b) a session gets stuck and seems to be going nowhere

QUESTION 38

Nomsa discusses her marital problems with a counsellor who responds as follows 'Nomsa, I understand exactly how you feel. Your husband is a very selfish person for sleeping around and infecting you.' The counsellor is showing

- (1) empathy
- (2) immediacy
- (3) self-disclosure
- (4) sympathy

[TURNOVER]

QUESTION 39

Counselling is concerned with the task or tasks of

- (a) assisting the client to address and resolve specific problems and to make their own decisions
- (b) giving the client the opportunity to explore and discover ways of living more fully and satisfyingly
- (c) working through feelings and inner conflict and improving their relationships with others

The correct answer is

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

QUESTION 40

Which of the following statements about the communication skill of attending are correct?

- (a) Attending refers to the way in which counsellors can be with their clients both physically and psychologically
- (b) Attending tells clients that you are with them and that they can share their world with you
- (c) Attending puts you as the counsellor in a position to listen carefully to what your clients are saying
- (d) Attending means that the counsellor remains sensitive to individual and cultural differences in clients' reactions to attentiveness

The correct answer is

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

QUESTION 41

Which one of the following statements illustrates the difference between traditional African healing and Western counselling?

- (1) The traditional healer is mainly directive in his or her approach to giving advice to the client, while the Western counsellor tends to follow a more non-directive approach by expecting the client to take responsibility for his or her own decisions
- (2) Western counselling is mainly based on the unity between the person and the community, while traditional African healing emphasises the importance of the individual and the self
- (3) The traditional healer is only interested in the client's relationship with his or her ancestors, neighbours and family, while the Western counsellor is interested in personality integration, wholeness and positive growth
- (4) Western counselling is based on self-analysis, while traditional African healing is based on introspection

QUESTION 42

One of your clients, Jonathan, has problems coping with his HIV status. In which of the following situations would you be empowering him?

- (a) Together with Jonathan, compile a list of his problems (the current scenario), and then use your expertise to advise him on what he should do and want (the preferred scenario) in order to feel better
- (b) You identify possible solutions to Jonathan's problems and encourage him to implement these. A client is more likely to adhere to your suggestions than his or her own suggestions
- (c) Identify the ways in which Jonathan has dealt successfully with his problems in the past and help him (if necessary) to develop new coping skills
- (d) Encourage Jonathan to call on peer support or self-help groups

[TURNOVER]

The correct answer is

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

QUESTION 43

If a client decides that she needs more time to decide whether or not she wants to be tested for HIV, what should your reaction be?

- (1) Try your best to convince the client to go for testing without delay because this is the best thing to do
- (2) Accept that some clients may wish to think further about the matter, but emphasise the importance of safer sex practices
- (3) Accept that your pre-test counselling has failed and refer her to another clinic or counsellor who might be able to convince her
- (4) Give her time to think it over, but follow-up by phoning her every day to find out if she is ready to come back for the test

QUESTION 44

According to the law, counsellors who are not trained health care professionals may not perform the HIV Rapid antibody test. How do you comply with the ethical and legal requirement of confidentiality if a third party is involved to perform and interpret the test?

- (1) The law is contradictory and this requirement makes it impossible to maintain confidentiality, since the counselling relationship now involves three people, namely the client, the counsellor and the health care professional performing the test
- (2) The concept of group confidentiality must be discussed with the client, and he or she should be assured of complete confidentiality from both the counsellor and the health care professional performing the test
- (3) The health care professional should come in only to perform the Rapid test and then withdraw. The counsellor can then read the results after 30 minutes and disclose these results to the client without involving a third party in the process
- (4) Counsellors should use their own discretion and disregard the law when necessary. Three people simply cannot be involved in a pre- and post-test situation

QUESTION 45

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) Dory suggests a role-play situation between herself and Frances, in which she practises telling the news to her husband (as a way of preparing her for this possibility)
- (2) Stefan 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 before she gets sick (which will only happen in some years time)
- (3) Susan explores, with Frances, the possible advantages and disadvantages of taking an HIV test and convinces her that it is maybe better for her not to know her HIV status
- (4) Carl advises Frances that 'attack is her best defence' and to keep her results a secret from her husband (if it is positive), but to think of a good reason why she should insist on condom use

[TURNOVER]

QUESTION 46

Stefan, who is already very sick, refuses to tell anybody that he has Aids. What are some of the disadvantages of not disclosing his HIV positive status?

- (a) The secrecy and the fact that Stefan has nobody to talk to can lead to a lot of stress
- (b) Stefan is denying himself the emotional and physical support of his loved ones
- (c) Stefan may lose his job as well as his insurance claims, because it is important to disclose one's HIV status in both cases
- (d) Family members and friends are not getting the opportunity to come to terms with Stefan's HIV status

The correct answer is

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

QUESTION 47

Complete the following definition of crisis intervention. Crisis intervention is a (a)___ designed to (b)___ Crisis intervention is (c)___ and occurs shortly after a crisis has happened

- (1) (a) short-term helping process, (b) provide immediate relief, (c) active, direct and brief
- (2) (a) form of emotional 'first aid', (b) support and assist the client, (c) passive, non-directive and empathic
- (3) (a) long-term helping process, (b) ensure ongoing therapy, (c) attentive, non-directive and respectful
- (4) (a) way of preventing suicide, (b) refer the client to an emergency service, (c) prescriptive, supportive and passive

QUESTION 48

It is very difficult for a parent to disclose his or her HIV positive status to a child. How would you, as a counsellor, facilitate the process of disclosure?

- (1) Empower the parent to deal with the child's feelings of guilt and shame first
- (2) Explain to the parent that disclosure is a once-off experience. Tell the child everything at once. It is very frightening for children to be told only half-truths
- (3) Share the plans you have made for the child's future with him or her so that the child can feel secure about his or her caretaking after the parent's death
- (4) Do not discuss death and dying issues with the child. It is hard enough for a child to deal with the disclosure of a parent's HIV positive status as it is

QUESTION 49

Which one of the following statements, about the possibility of suicide, is correct?

- (1) Counsellors must avoid the subject as much as possible, because raising the subject may, in itself, suggest suicide to the client
- (2) Counsellors should assess the amount of detail involved in a suicide threat - the more detail given, the more serious the person may be about committing suicide
- (3) Counsellors should realise that a person who threatens to commit suicide seldom does it
- (4) Counsellors must not involve other health care workers in preventing suicide, because this usually communicates a lack of trust in the client

[TURNOVER]

QUESTION 50

What is meant by the bereavement task of reinvesting emotional energy?

- (1) Forgetting the deceased person as far as you possibly can
- (2) Opening yourself up to emotional involvement in new friendships and relationships
- (3) Denying yourself the opportunity of experiencing the pain of loss
- (4) Keeping as busy as possible by travelling, socialising or working so that you do not have time to think about your loss

QUESTION 51

Eighteen months after his father's death, Danny is still very quiet, withdrawn and tearful and his school marks have dropped extensively. According to Moore and Carr (who work with bereaved children), Danny's behaviour is

- (1) normal under the circumstances and will probably diminish over time as Danny comes to accept his loss
- (2) abnormal because no child should react in such a way after a father's death
- (3) normal since his father died a violent death, but Danny should be medicated with anti-depressants until he can cope with the death
- (4) abnormal because it does not seem that Danny's behaviour is diminishing over time and it might be harmful to him to feel this way

QUESTION 52

When Terry's partner died from an Aids-related illness, she lovingly preserved all of her partner's possessions. This attempt to deny her loss is known as

- (1) mummification
- (2) buffering
- (3) distorting
- (4) selective forgetfulness

QUESTION 53

Which of the following techniques can the counsellor use to facilitate the process of bereavement?

- (1) Rituals, writing, memorabilia and memory books
- (2) Imagery, brainstorming and weighing up solutions
- (3) Objects, role playing, concreteness and advanced empathy
- (4) Cognitive restructuring, brainstorming, genuineness, and selecting solutions

QUESTION 54

What advice would you give an HIV positive person, to keep her immune system as healthy as possible?

- (1) She must attend a support group at least twice a week
- (2) She must eat defensively and avoid cooked meat, garlic and raw eggs
- (3) She must get enough rest and exercise, and she must stop smoking
- (4) She must attend aromatherapy since it is a proofed method to boost the immune system

QUESTION 55

Positive living is an extremely powerful morale booster for an HIV positive person. Which of the following tips can be considered as helpful for you as counsellor to share with your client?

- (a) Join a support group and keep contact with friends and family
- (b) Manage your life better by organising your time and by setting yourself realistic goals
- (c) Accept change. Rediscover your enjoyment of sex
- (d) Eat junk foods whenever you can to save time for better things than preparing food

[TURNOVER]

The correct answer is

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

QUESTION 56

Occupational stress can have a negative impact on our lives, our work and our relationships and it can lead to burnout if not addressed appropriately. Burnout can be defined as

- (1) a syndrome of physical and emotional exhaustion, involving the development of a negative self-concept, negative job attitudes and loss of concern or feelings for clients
- (2) the perception of being unable to cope with an internal or external expectation or demand in the workplace
- (3) feelings of sadness and unhappiness due to an unbearable demanding workload
- (4) a syndrome of behavioural and physiological symptoms such as lack of energy, neglect of personal appearance and a loss of appetite

QUESTION 57

Employers and organisations should offer their employees professional supervision and mentoring to decrease occupational stress. There are, however, important differences between the terms 'mentoring' and 'supervision'. To 'mentor' means to (a) _____, while to 'supervise' means to (b) _____

- (1) (a) be in a hierarchical managerial position in the organisation where the caregiver works, (b) help caregivers to re-evaluate their expectations and performance goals
- (2) (a) evaluate the quality of the work of the caregiver on a regular basis, (b) be involved in a supportive and equal relationship with the caregiver
- (3) (a) be involved in a supportive and equal relationship with the caregiver, (b) evaluate the quality of the work of the caregiver on a regular basis
- (4) (a) help caregivers to re-evaluate their expectations and performance goals, (b) be involved in a supportive and equal relationship with the caregiver

QUESTION 58

Sarah is HIV positive and ten weeks pregnant. A counsellor coerces Sarah to go for an abortion on the grounds that it would be unfair to bring a child into a world of orphans. Is the counsellor's conduct sound according to the Bill of Rights?

- (1) Yes. Sarah has the right to information and it is important that the counsellor explain her options to her.
- (2) No. Sarah has the right to reproductive care which includes her right to make her own decisions about her pregnancy.
- (3) Yes. Sarah has the right of access to health care services and she can go for an abortion at any clinic offering the service.
- (4) No. Sarah has the right not to be unfairly discriminated against, and the counsellor discriminates against her on grounds of her HIV status.

QUESTION 59

A child may consent to his or her own medical treatment if the child is over the age of (a) _____ and if (b) _____

- (1) (a) 16 (b) the treatment is to the benefit of the child
- (2) (a) 12 (b) the child is of sufficient maturity to understand the treatment
- (3) (a) 16 (b) the child understand the consequences of the treatment
- (4) (a) 12 (b) the parents or legal guardians also agree to the treatment

[TURNOVER]

QUESTION 60

According to The Choice on Termination of Pregnancy Act, can a seventeen year old girl consent to termination of pregnancy?

- (1) Yes, but the doctor or midwife must advise her to speak to her parents or other family members before having the abortion. As soon as the girl has spoken to someone in her family about the abortion, it can be done.
- (2) No, a woman may not request an abortion without the knowledge and consent of the baby's father – even if she is unmarried and only seventeen years old.
- (3) Yes, but the doctor or midwife must advise her to speak to her parents or other family members before having the abortion. However, the girl does not have to follow this advice.
- (4) No, a girl should be at least eighteen years old before she can consent to the termination of her pregnancy without her parents' approval.

NOTE: If you have chosen the **GUIDANCE TRACK**, do Section B, Questions 61 to 70. If you have chosen the **CARE TRACK**, go to Section C on page 17 and answer Questions 61 to 70

Please note: You do not have to indicate your choice between Section B or Section C because the correct alternatives are the same for equivalent questions

SECTION B: GUIDANCE TRACK**QUESTION 61**

The young child in the junior primary school phase (grade 1 to grade 3) define illness in terms of

- (1) internal, unobservable features that are associated with the disease, such as 'infection in the lungs'
- (2) feelings that are associated with the disease, such as 'feeling hurt and lonely'
- (3) causes that are associated with the disease, such as 'sleeping with bad women'
- (4) external and observable features that are associated with the disease, such as 'red spots on the body'

QUESTION 62

At what development stage are children egocentric, in the sense that they believe they are the focus of everyone's attention (imaginary audience) and that their experiences bear no resemblance to those of others (personal fable)?

- (1) Adolescent years
- (2) Before school
- (3) Junior primary school phase
- (4) Senior primary school phase

QUESTION 63

In terms of their moral development, children in Grades 4 to 6

- (1) stop following rules blindly about safety, health and how to prevent HIV infection, and start to internalise rules by knowing what is wrong and what is right
- (2) believe in immanent justice and they believe that what other people - especially adults - tell them to do is right and what they themselves think is wrong
- (3) follow rules about safety, health and how to prevent HIV infection very strictly, and they believe that they will be severely punished if they break these rules
- (4) judge behaviour by its consequences and not by the intentions that prompted the behaviour

[TURNOVER]

QUESTION 64

As a teacher of younger children in the intermediate phase, your Aids educational programme should be aimed at helping children to

- (1) prevent the formation of prejudices and rectify myths and misconceptions
- (2) realise that symptoms of diseases (such as HIV and Aids) can be external (observable) and/or internal (not directly visible)
- (3) think more abstractly about diseases such as HIV and Aids
- (4) All of the above

QUESTION 65

Peer group pressure is a major factor in the life of adolescents. What are the implications of this fact in the HIV and Aids context?

- (1) Young adolescents should as far as possible be taught that conformation to peer-group pressure always have very negative consequences and can only influence their social development in a negative way
- (2) Accept that conformation to the peer group gives adolescents guidelines of how to eventually make their own choices and gradually develop self-confidence. Educators should therefore positively use peer group education which can yield very positive results
- (3) Try to minimise the effect of peer-group pressure by avoiding peer-group education in the Aids field
- (4) Excessive conformity to peer pressure is unavoidable in the case of older adolescents and should be accepted by HIV and Aids educators

QUESTION 66

Lorato an 11 year old girl comes to your clinic complaining that she has been sexually abused by her uncle. She has nobody else to turn to and she requests an HIV test from you. You perceive her as a very mature 11-year old. According to the Children's Act what are you required to do?

- (1) Conduct the test after doing extensive pre-test counselling
- (2) Refuse to see her because she is under-age and refer her to the police station
- (3) Explain to her that you can only do the test, once she has undergone psychological counselling
- (4) Explain to her that you cannot conduct the test unless she is accompanied by a parent or guardian, who can consent for her to take the test

QUESTION 67

Why do some religious communities tend to judge people more harshly for so-called 'sexual transgressions'?

- (1) Because the Bible is generally negative inclined toward sexuality and sees it as a 'necessary evil' for procreation only
- (2) Because, under influence of Plato's philosophy, they tend to be negatively inclined toward the physical world and hence sexuality
- (3) Because sexual transgressions are judged more harshly by God as the epitome of evil conduct
- (4) Because religious leaders are generally so concerned about the physical well-being of their congregation that they want to protect them at all cost against possible STIs

QUESTION 68

When dealing with death and dying within a spiritual framework, adolescents are mainly concerned with

- (a) comforting external religious rituals
- (b) internal commitment
- (c) trying to understand abstract concepts such as right and wrong
- (d) issues about the fairness or unfairness of life

[TURNOVER]

The correct answer is

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

QUESTION 69

According to Manfred Max-Neef, the needs of children are few, finite and classifiable. The need for being productive and having the capacity and skills to produce something can be classified as the need for

- (1) creation
- (2) participation
- (3) transcendence
- (4) subsistence

QUESTION 70

Max-Neef identified various satisfiers of human needs. Refugee camps for displaced children refer to

- (1) pseudo-satisfiers
- (2) destroyers
- (3) inhibitors
- (4) singular satisfiers

NOTE: If you have chosen the CARE TRACK, do Section C, Questions 61 to 70.

Please note: You do not have to indicate your choice between Section B or Section C because the correct alternatives are the same for equivalent questions.

SECTION C: CARE TRACK

QUESTION 61

The basic rules for treating diarrhoea in adults are

- (1) Drink more fluids than usual, stop the intake of solid foods for at least 24 hours, and be on the lookout for danger signs such as weight loss
- (2) Drink something nutritious like milo or milkshake after every loose stool, eat small amounts of nutritious foods high in fibre, and be on the lookout for any signs of dehydration such as a rapid pulse
- (3) Restrict the intake of fluids as well as solid foods for at least 12 hours, and be on the lookout for danger signs such as fever and irritability
- (4) Drink more fluids than usual, eat small amounts of nutritious, low-fat foods and be on the lookout for any signs of dehydration such as a dry skin

QUESTION 62

Under what conditions can a disease be classified as a notifiable disease?

- (a) When a disease can be positively identified as soon as possible
- (b) when patients can be treated for the disease
- (c) when the disease can be prevented from spreading to other members of the community
- (d) when there is no stigma or negative attitudes attached to the disease

[TURNOVER]

The correct answer is

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

QUESTION 63

Patients with Aids often suffer from respiratory problems. Which of the following measures can be taken in the home-based care situation to alleviate the discomfort experienced by a patient who finds it difficult to breathe?

- (1) Assist the patient to sit upright while leaning forward with the elbows on the knees
- (2) Raise the foot of the bed with blocks
- (3) Let the patient lie flat on his or her left side to drain the fluid from the lungs
- (4) Put a stack of pillows under the patient's knees – it helps to drain the lungs

QUESTION 64

Severe herpes zoster (or shingles) often occurs in people with depressed immune systems. What is shingles?

- (1) Shingles is a viral infection that is caused by the same virus that causes chicken pox. It affects nerve cells and it is characterised by an extremely painful skin rash or tiny blisters on the face, limbs or body.
- (2) Shingles is a bacterial skin infection caused by the herpes zoster bacteria, and it is often one of the first symptoms of HIV infection in young people.
- (3) Shingles is a rare form of skin cancer, characterised by a painful swelling or rash on the skin, or on the mucous membranes. It was used to be seen only in older people, but we see it nowadays in people with depressed immune systems.
- (4) Shingles is an infection that is caused by the HI virus attacking nerve cells. It causes extreme pain in the lower extremities, for example, in the hands and feet of the patient.

QUESTION 65

Your client, who is HIV positive, wants to supplement her diet with additional vitamins, minerals and herbs in order to protect or strengthen her immune system. What advice would you give her?

- (1) The health benefits of vitamins and minerals are a matter of ongoing debate, and it is therefore advisable to take mega-dosages (or large dosages) of vitamins in order to be sure that the vitamins will be effective.
- (2) Take all the major vitamins, such as vitamin B6, B12, C and E, but avoid vitamin A because vitamin A is implicated in the transmission of HIV from pregnant mothers to their babies.
- (3) Because research has not confirmed the value of vitamins, herbs and minerals yet, is advisable not to take any supplements at all, but to make sure that you eat a healthy diet.
- (4) It is a good idea to take a multi-vitamin, but confirm with your doctor before you take any herbs, because some herbs may interact negatively with antiretroviral therapy and may cause it to be ineffective.

QUESTION 66

In which of the following situations is it necessary to wear latex gloves?

- (a) When administering retro-viral medication orally
- (b) When inserting a rectal suppository
- (c) When bathing and giving an Aids patient a back rub
- (d) When drawing blood

The correct answer is

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

[TURNOVER]

QUESTION 67

When should a patient with tuberculosis receive co-trimoxazole, according to the World Health Organisation?

- (1) When the CD4+T cell count is lower than 350 cells/mm³
- (2) All patients with tuberculosis should receive co-trimoxazole
- (3) When the CD4+T cell count is lower than 200 cells/mm³
- (4) When tuberculosis is re-occurring for a second or third time

QUESTION 68

Volunteers play a very important role in home-based-care programmes. Which of the following statements are true in terms of the selection of volunteers?

- (1) Volunteers should be used where they are needed. We are coping with a crisis and there is no time to place volunteers in terms of their personalities, qualities, expertise and interest.
- (2) Volunteers should be selected and used in a community where they fit best in terms of their personalities, qualities, expertise and interest.
- (3) There should be no selection procedure for volunteers. Health care professionals and communities should be thankful for all the help they can get, and they should therefore not be choosy.
- (4) The only prerequisite for a volunteer worker is that he or she should be able to read and write.

QUESTION 69

Home-based care is often the best way to look after someone with Aids. Which one or more of the following, however, highlight(s) the potential problems associated with home-based care?

- (1) Families often do not want home-based caregivers in their homes because of stigma, ignorance and superstition.
- (2) Owing to all the unknown home-based caregivers in the home, the patient has no privacy, and the one thing that is important for the Aids patient, is isolation.
- (3) Patients often do not take their medication correctly, because they become so used to the home-based caregivers that they do not listen to them.
- (4) Many home-based caregivers don't care for their patients and do it only for the money.

QUESTION 70

Local community volunteers play a very important role in home-based care programmes. According to Frohlich (1999), many of the perceived disadvantages of using volunteers can be overcome if the volunteers are

- (a) selected from outside the community to assure objectivity
- (b) recognised as key workers in the programme
- (c) chosen by members of the community
- (d) properly trained in basic home care

The correct answer is

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

PART 1 (GENERAL/ALGEMEEN) DEEL 1

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119	(1) (2) (3) (4) (5)
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138	(1) (2) (3) (4) (5)
139	(1) (2) (3) (4) (5)
140	(1) (2) (3) (4) (5)

Specimen only