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HIV/AIDS CARE AND COUNSELLING

Duration 2 Hours

70 Marks

EXAMINERS
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SECOND

Closed book examination

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This paper consists of 21 pages plus instructions for completion of a mark reading sheet

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Please complete the attendance register on the back page, tear off and hand to the invigilator.

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)

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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

It is widely accepted that HIV originated through interspecies transmission (from primates to humans) that occurred at some time around the 1930's. What is the most likely theory of how this happened?

- (1) The virus was most probably transmitted from primates to hunters where the hunter was bitten or cut while hunting or butchering the animals
- (2) It is well known that the people in equatorial West-Africa had sex with the primates in the early 1990s
- (3) Green monkeys were often kept as pets by children in Africa, and they bit or scratched the children and transmitted the virus in this way to humans
- (4) Monkey kidneys were used to develop vaccines for polio and the contaminated vaccines introduced the HI virus into the human population

QUESTION 2

Which HI virus type is predominant in Southern Africa?

- (1) HIV 1 Subtype B
- (2) HIV 1 Subtype C
- (3) HIV 2 Subtype B and C in combination
- (4) HIV 2 Subtype C

QUESTION 3

How would you explain to a client what is meant by 'immune deficiency'?

- (1) The HI virus in your body is immune to any deficiencies caused by the syndrome
- (2) Your immune system can no longer protect your body against infections from outside
- (3) The HI virus is deficient because it is a retrovirus
- (4) Your immune system is so deficient that it can only produce new viruses

QUESTION 4

How do viruses (including HIV) reproduce?

- (1) Viruses can reproduce in any warm and humid environment, the cells of the virus divide to form new viruses
- (2) Viruses reproduce in the open air, they cannot reproduce in anaerobic conditions
- (3) Viruses 'inject' their genetic material into a living cell and then use the cell to reproduce more viruses
- (4) Viruses first kill cells, then enter them and then use the remains of the cell as 'food' for the new viruses

[TURN OVER]

QUESTION 5

How do the dendritic cells warn the lymphocytes (B and T cells) that they should mobilise to protect the body against an organic invader such as a virus? The dendritic cells

- (1) swallow the virus and then carry it to the lymphocytes, which then destroy both the dendritic cells and the virus
- (2) surround the virus, grab an antigen from it and display it like a 'banner of war' in order to mobilise the lymphocytes
- (3) surround the virus and render it inactive until the lymphocytes find it and kill it
- (4) swallow the virus and, when the dendritic cells die, the virus dies with them, thus warning lymphocytes about the presence of the foreign antigens in the process

QUESTION 6

The HI virus uses different enzymes to help it to reproduce. The role of the enzyme reverse transcriptase, is to

- (1) help the HI virus to attach to the CD4+T cell's receptors
- (2) enable the new viral RNA and viral proteins to merge and bud from the cell membrane
- (3) assist fusion of viral DNA and CD4+T cell DNA
- (4) transform viral RNA into proviral DNA

QUESTION 7

Although HIV is present in many body fluids, the concentration of HIV is particularly high in some, such as (a) _____, while it is relatively low in others, such as (b) _____

- (1) (a) blood, (b) semen
- (2) (a) saliva, (b) tears
- (3) (a) sweat, (b) vaginal fluids
- (4) (a) vaginal fluids, (b) urine

QUESTION 8

Jacob is a teenage boy who has heard a lot about HIV transmission from his friends. However, because there are so many myths about how HIV is transmitted, it is difficult for him to distinguish between fact and myth. As a health-care worker, you ask him to compile examples of facts and myths about transmission. Jacob gave a correct answer by stating that transmission of HIV through (a) _____ is a fact, while transmission of HIV through (b) _____ is a myth.

- (1) (a) coughing or sneezing, (b) handshaking or hugging
- (2) (a) unprotected sex, (b) breastmilk
- (3) (a) contact with infected blood, (b) mosquito bites
- (4) (a) swimming pools, (b) blood transfusions

QUESTION 9

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

- (1) People with STIs have very low antibody counts and this opens the 'gates of the immune system' for all kinds of opportunistic diseases, including HIV, to attack them
- (2) STIs cause genital inflammation which attracts numerous immune cells with CD4+T cell receptors to the site of infection
- (3) Enzymes such as integrase occur in the genital area, and serve as 'taxi' that transport the virus from an infected to an uninfected person and integrate it into the CD4+T cells
- (4) People with STIs are very promiscuous and they will therefore also be exposed to HIV

[TURN OVER]

QUESTION 10

Research has established that _____ for 4 to 6 months is the optimal feeding type for all babies, irrespective of their HIV status

- (1) formula feeding
- (2) mixed feeding
- (3) exclusive breastfeeding
- (4) breastfeeding with no solids, but with water and juice

QUESTION 11

The asymptomatic latent phase of HIV infection is characterised by the following

- (1) The person is HIV positive, has already sero-converted, has no symptoms of HIV infection, and can infect sex partners
- (2) The person is HIV positive, has not yet sero-converted, has latent symptoms of HIV infection, and cannot infect sex partners
- (3) The person is HIV positive, has already sero-converted, has an array of minor symptoms and can infect sex partners
- (4) The person is still HIV negative, has not yet sero-converted, has no symptoms of HIV infection, and cannot infect sex partners

QUESTION 12

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

- (a) Laboratories with sophisticated techniques and facilities need to be acquired to diagnose the specific STI
- (b) Over-treating patients, who may receive more drugs than they actually need
- (c) Patients with asymptomatic STI infections do not get treated at all
- (d) STIs often go untreated because it is often not possible for patients who reside far from clinics to return for test results and treatment at a later stage

The correct answer is

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

QUESTION 13

Opportunistic infections and diseases, such as tuberculosis, often attack people with Aids. An opportunistic infection

- (a) is caused by pathogens which usually do not attack a healthy immune system
- (b) is always characterised by fever, weight loss and diarrhoea
- (c) is characterised by both a high viral count and a high CD4+T cell count
- (d) takes the 'opportunity' to attack a deteriorated immune system

The correct answer is

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

[TURN OVER]

QUESTION 14

HIV counselling and testing (HCT) clinics should use TB checklists and refer patients with symptoms to their nearest TB treatment clinic. Which of the following symptoms would you include in your TB checklist?

(a) swollen glands, (b) anaemia, (c) diarrhoea, (d) persistent coughing, (e) enlarged liver, (f) weight loss, (g) shingles, (h) shortness of breath, (i) malaise, (j) oral thrush, (k) loss of appetite, (l) recurrent herpes infections, (m) night sweats and fever, (n) coughing blood

- (1) (a), (d), (f), (h), (j), (m) and (n)
- (2) (b), (c), (d), (e), (f), (h), (i), (k), (m) and (n)
- (3) (d), (f), (h), (i), (k), (m) and (n)
- (4) (b), (d), (f), (g), (j), (l) and (m)

QUESTION 15

The two factors that determine the accuracy of a blood test are sensitivity and specificity. The sensitivity of an HIV antibody test refers to its ability to

- (a) pick up very low levels of antibodies
- (b) detect HIV positivity and not give false negative results
- (c) distinguish specific antibodies from other cross-reacting, non-specific antibodies
- (d) demonstrate HIV negativity and not give false positive results

The correct answer is

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

QUESTION 16

Mary is worried about her HIV status because she has two sex partners. The result of her ELISA antibody test is negative. This result can mean any of the following

- (a) Mary has not been infected with HIV
- (b) No antibodies against HIV have been found in Mary's blood
- (c) Mary may be infected with HIV, but antibodies against the virus have not yet formed
- (d) Mary is in the 'window period'

The correct answer is

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

QUESTION 17

Why is the availability of the Rapid HIV antibody test especially useful in rural and resource poor communities?

- (1) The Rapid test detects the HI virus itself in the blood and does not have to rely on antibodies
- (2) The results are usually available within 10 minutes which means that the client does not have to come back again for the results
- (3) The Rapid test has a 100% reliability and specificity, making a second confirmatory test unnecessary
- (4) The test can be used as a home-test by clients, which therefore makes pre- and post-HIV test counselling unnecessary

[TURN OVER]

QUESTION 18

After the discovery of HIV, the great search for a test to diagnose HIV began. The first kits for antibody testing became available in April

- (1) 1983
- (2) 1985
- (3) 1987
- (4) 1994

QUESTION 19

Why do we use a combination of three antiretroviral drugs (also called 'triple therapy' or HAART) instead of only one drug (or single-drug regimens)?

- (a) It is less expensive in the long run
- (b) It is more effective in reducing viral loads, because different kinds of medication interfere with the replication of viruses in different ways
- (c) It decreases the chances of the virus becoming drug resistant
- (d) It is more effective in reducing viral loads, because of the higher dosages involved

The correct answer is

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

QUESTION 20

The anti-retroviral class, Protease Inhibitors, disturb the life cycle of the HI virus by interfering with the (a)___ enzyme. Interference with this enzyme (b)___

- (1) (a) protease, (b) prevents the virus from changing its RNA into proviral DNA
- (2) (a) reverse transcriptase, (b) prevents the virus from changing its RNA into proviral DNA
- (3) (a) protease, (b) prevents the formation and release of new HI viruses from the infected cells
- (4) (a) integrase, (b) prevents the formation and release of new HI viruses from the infected cells

QUESTION 21

Anti-retroviral therapy has four primary goals. The therapeutic goal is to

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

QUESTION 22

It is recommended by the World Health Organisation that an HIV-infected pregnant woman with a CD4+T cell count < 350 cells/mm³ should receive

- (1) lifelong antiretroviral treatment to prevent mother-to-child transmission as well as for her own health
- (2) AZT, Nevirapine and TDF from 14 weeks of pregnancy onwards
- (3) antiretroviral prophylaxis to prevent mother-to-child transmission
- (4) treatment for TB and other opportunistic infections

[TURN OVER]

QUESTION 23

The post-exposure prophylaxis protocol for occupational exposure to HIV-infected blood is as follows. If the baseline HIV test is negative and the healthcare worker access help within (a)_____ after the incident, a (b)_____ course of ARVs should be offered

- (1) (a) 24 hours, (b) 28-day
- (2) (a) 48 hours, (b) 30-day
- (3) (a) 2 hours, (b) 60-day
- (4) (a) 72 hours, (b) 28-day

QUESTION 24

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 BUYING a condom and USING a condom refers to the _____ of the behaviour

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

QUESTION 25

According to Bandura's theory, individuals with a high self-efficacy

- (1) will be more inclined to change their sexual behaviour because they have a self-driven external locus of control
- (2) will not change their sexual behaviour because a high self-efficacy was identified by many researchers as an obstacle to behavioural change
- (3) will be more inclined to change their sexual behaviour because they believe in their ability to adopt the required behavior
- (4) will not change their sexual behaviour because they feel so self-efficient that they do not realise the need to change their behaviour in the first place

QUESTION 26

Mabel read an article about Aids in the November edition of Love Life and realised that she may be at risk from contracting HIV, but that she has the ability to change the situation. She made a New Year's resolution to ask her boyfriend to always use condoms - starting on the first day of January. Which one or more of the principles of behaviour change do you recognise in Mabel's decision to change her behaviour?

- (a) Recognition of the need to change
- (b) Intention to perform a specific behaviour
- (c) Self-efficacy
- (d) A realistic perception that there are more obstacles to behaviour change than benefits and that the road ahead will be difficult

The correct answer is

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

QUESTION 27

Which one of the following people is in the pre-contemplation phase of behaviour change according to the Transtheoretical Model?

- (1) Maboe knows about the dangers of Aids, but he believes that it will never happen to him
- (2) Lebo is considering the advantages and the disadvantages of using condoms, but she is not sure yet if it is worth the trouble to use condoms
- (3) John is seriously thinking of changing his behaviour and to be faithful to his girlfriend. He even said no to sex with random women on a couple of occasions now
- (4) Puleng has decided to use condoms every time she has sex. She is very proud of herself because she consistently used condoms now for the past six months

QUESTION 28

Daisy is in the behavioural labelling stage of the Aids Risk Reduction Model. Daisy's behaviour is shaped by factors such as

- (1) seeking information on how to modify her behaviour
- (2) believing that being infected by HIV is undesirable
- (3) what her friends think of the new behaviour, and the social support she gets for the new behaviour
- (4) Both (1) and (2) above

QUESTION 29

It can be very helpful for a facilitator to introduce an 'icebreaker' at the beginning of a training session. What is the role of an 'icebreaker'?

- (1) Icebreakers relax participants by making fun of them
- (2) Icebreakers force silent members to take the lead in the group discussions
- (3) Icebreakers help learners to learn and practise new behaviour
- (4) Icebreakers help to break down some of the barriers that often exist between people

QUESTION 30

According to your prescribed book, which one or more of the following HIV and Aids group facilitators has/have the qualities of a good and successful facilitator?

- (1) Jan helps her group to discover how much they already know, and build upon their experiences by involving them in their own learning
- (2) May found that participants often remember the wrong answers that group members gave, and therefore prefers to give the group all the necessary information and only then allow them to ask questions
- (3) April remains as objective as possible, but when it comes to negative attitudes towards people with Aids, she imposes her very strong opinions on the participants and tries to force them into agreeing with her that negative attitudes are harmful
- (4) All three of the facilitators are good because each one has something to contribute to the learning process

QUESTION 31

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 she can be reinfected with another strain of the virus
- (2) No, because she is already HIV infected herself
- (3) Yes, because her CD4+T count is very low due to the virus in her blood
- (4) No, because many sex workers in Africa have developed immunity to HIV infection

[TURN OVER]

QUESTION 32

It is very important for Aids counsellors to know the terminology of sex practices practised by their clients. If your client has oral-penile contact or oral sex performed on a male partner, it is called

- (1) anilingus
- (2) cunnilingus
- (3) fellatio
- (4) femilingus

QUESTION 33

According to the traditional African worldview, ancestors form a very important and intrinsic part of the daily lives of traditional Africans. Ancestors are seen as

- (1) vindictive spirits with only one purpose to punish their people with illness and death if they misbehave
- (2) supreme beings who have withdrawn themselves from human beings
- (3) benevolent spirits who preserve the honour and the traditions of the tribe
- (4) good but powerless beings who cannot protect their people against evil and destructive forces

QUESTION 34

Dancing, singing, rituals and ceremonies are often used in traditional African communities for healing or educational purposes. Should these forms of dramatisation be encouraged by Aids educators?

- (1) Yes, it should be encouraged, because dramatisation helps people to overcome their anxiety and to express their emotions
- (2) No, it should be discouraged, because dramatisation distracts people's attention from the real, serious issues of Aids
- (3) Yes, it should be encouraged, because dramatisation helps people to relax and to forget the serious realities of Aids
- (4) No, it should be discouraged, because dramatisation discourages people from accepting and integrating threatening issues into their own personal reality

QUESTION 35

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

- (1) independence
- (2) the interest of the individual
- (3) union with one's own rational being
- (4) the survival of the community

QUESTION 36

During the counselling session, your client discloses to you that he/she is HIV positive and explains that the reason for not telling you before was because he/she was afraid of your response. According to Egan, in which one of the following responses listed below would you, as the counsellor, demonstrate basic empathy?

- (1) You felt afraid to tell me that you are HIV positive, because you feared that I would reject you
- (2) I know how you feel!
- (3) Do I understand you correctly if I say that you are HIV positive and that you did not want to tell me because you were afraid of my response?
- (4) When did you find out that you were HIV positive?

[TURN OVER]

QUESTION 37

One day, in one of their counselling sessions, Mary says to Thandiwe 'Thandiwe, I feel as if I must give my permission before you make any contributions to our discussions, and maybe we should talk about it' Mary used the advanced communication skill of (a) _____, which is a useful skill when (b) _____

- (1) (a) information sharing, (b) a session is directionless and no progress is being made
- (2) (a) advanced empathy, (b) diversity between the counsellor and client gets in the way of counselling
- (3) (a) self-disclosure, (b) trust between counsellor and client seems to be a problem
- (4) (a) immediacy, (b) dependency seems to interfere with the helping process

QUESTION 38

When and how should referral of clients take place within the Aids context?

- (a) Referral should be arranged in such a way that the client does not feel rejected
- (b) In cases of psychopathology or severe depression, it may be necessary to refer the client to a clinical psychologist
- (c) Referral should be arranged if a counsellor no longer wants to be responsible for the client
- (d) Referral should be arranged if the client needs additional helpers (e.g. spiritual or financial)

The correct answer is

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

QUESTION 39

You counselled your HIV positive client, Pete, on the importance of disclosing his HIV status to his wife. Pete, however, refuses to tell his wife that he is HIV positive because he does not feel ready to do so yet. By allowing Pete to make his own decision to not tell his wife that he is HIV positive at this stage, according to the person-centred approach, you demonstrate which of the following aspects of respect?

- (1) The realisation that the principle of unconditional positive regard is not possible in practice
- (2) A willingness to give up your values in order to put Pete's values first
- (3) The ability to deny to Pete the fact that his decision upsets you
- (4) The willingness to understand Pete's decision, even though you do not agree with it

QUESTION 40

A counsellor who works at a health clinic for sex workers shows her clients unconditional positive regard when she

- (1) respects and accepts her clients as they are, irrespective of their values, work and sexual preferences
- (2) accepts her clients' uniqueness as human beings but judges them for the work they do in order to help them to change their ways
- (3) respects and accepts her clients as they are by putting aside her own Christian values and beliefs
- (4) is 'there for her clients' by always taking their side and acting as their advocate

QUESTION 41

During the counselling session, your client shares with you the reasons why he thinks it is necessary for him to take an HIV test. However, he says that, at the same time, these are the very same reasons why he does not want to go for the test. According to Egan, in which one of the following responses would you, as the counsellor, be demonstrating basic empathy?

- (1) I so understand your confusion. I felt the same way when I had to go for my test.
- (2) You feel unsure about whether or not to take the test because you are frightened about what the results may be?
- (3) I understand that you feel afraid, but don't you think it would be better to get it over and done with? Then at least you would know for sure.
- (4) The confusion you are experiencing about whether or not to take the test is to be expected and is a natural part of the process.

QUESTION 42

One of the differences between a Western counsellor and a traditional African healer is that the traditional healer (a) _____, while the Western counsellor (b) _____.

- (1) (a) bases his help on common sense, scientific evidence and logic, (b) uses intuition and symbols in her counselling.
- (2) (a) is mainly directive in his approach and gives his clients advice on what to do, (b) is non-directive and expects her clients to take responsibility for their own decisions.
- (3) (a) makes his clients feel good about themselves by placing emphasis on individuality and self concept, (b) emphasises the unity between her, her parents and her community.
- (4) (a) gives attention to his clients' feelings and thoughts through introspection, (b) follows a more holistic approach and emphasises the unity of the body and mind.

QUESTION 43

Pre-HIV test counselling is compulsory in South Africa. What do you say to a client who says the following to you: 'I don't want to be counselled. Just do the test and get it over with.'

- (1) The law of the land is above all and unfortunately I may not test you without counselling you first. I promise I will do my job as well as possible, but you will have to bear with me.
- (2) I understand your hesitation, but I can get into serious trouble if I test you without pre-test counselling. Please make my job easier, otherwise I will have to refuse to test you and I really don't want to do that!
- (3) I will test you, but please sign this form to indicate your aggression and your refusal to be counselled. Please roll up your sleeve so that I can draw the blood.
- (4) I sense that you have reservations about counselling. Did you have a bad counselling experience in the past? Can we perhaps talk about it for a while before I do the test?

QUESTION 44

Maria's HIV test results turned out to be positive. She felt a sense of relief when the counsellor shared the news with her during a post-test counselling session. Which one of the following statements best explains Maria's reaction?

- (1) Maria's reaction is abnormal and she is definitely in denial and not ready to accept her HIV positive status.
- (2) Maria is displaying quite a normal reaction to her test results - perhaps this puts into perspective some of the unexplained symptoms that she often gets, also, now she does not have to live with the uncertainty any longer.
- (3) Maria's reaction is very abnormal - no one has ever reacted this way to an HIV positive test result.
- (4) Maria's reaction is not unusual for a person suffering from post-traumatic stress syndrome.

[TURN OVER]

QUESTION 45

A male university lecturer, aged 31, consults a counsellor for pre-test counselling. The lecturer has been in a monogamous relationship for two years. Prior to this he had two male partners and they did not always use condoms. He has been feeling very tired lately and is worried that he may be HIV positive. The counsellor's reaction is as follows: 'This was a very stupid thing to do, but it is not too late if you start practising safer sex now. Tiredness is, anyway, not necessarily a symptom of HIV infection.' Is this a good or a bad response, and why?

- (1) It is a good response, because the counsellor puts the lecturer at ease about his symptoms and she gives him good advice about practising safer sex.
- (2) It is a bad response, because the counsellor passes judgement on his behaviour and she does not take his symptoms seriously.
- (3) It is a good response, because the counsellor shows empathy by acknowledging the lecturer's feeling that he knows he did a stupid thing.
- (4) It is a bad response, because the counsellor should concentrate on his positive behaviour by acknowledging the fact that he is currently in a monogamous relationship.

QUESTION 46

If a parent has to tell a child that the child is HIV positive, which of the following principles apply?

- (1) Disclosure is an ongoing process that may last for years, and the parent does not have to tell the child everything at once.
- (2) To withhold information from the child will later be experienced by the child as lying. It is therefore better to give the child all the information about the condition at once.
- (3) If a child is still very young (e.g. pre-school) and asks difficult questions, it is better to lie to the child about certain issues than to confuse the child with complex answers.
- (4) Parents experience so much fear and guilt about their child's HIV positive status, that a parent is not the ideal person to disclose the child's status to the child.

QUESTION 47

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

- (a) Help the parent to deal with his or her feelings of guilt and shame first.
- (b) Explain to the parent that disclosure is not a once-off experience. Tell the child only what he or she needs to know and build on that as the need comes up.
- (c) Allow children to participate in grieving and discuss the situation with the child – this leaves the child with less unfinished business to manage after the parent's death.
- (d) Plan for the child's future, but do not share the plans of who is going to take care of the child after the parent's death with the child, since this will lead to the child experiencing untimely grief and depression.

The correct answer is

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

[TURN OVER]

QUESTION 48

The symptoms of depression can be categorised as affective, physiological, cognitive and behavioural. Physiological symptoms of depression include (a)____, while behavioural symptoms of depression include (b)_____

- (1) (a) pessimistic beliefs about the future, suicidal thoughts, negative thinking and concentration problems, (b) sadness, unhappiness, worthlessness, anxiety and apathy
- (2) (a) neglect of personal appearance, crying, social withdrawal and slow or reduced speech, (b) pessimistic beliefs about the future, suicidal thoughts, negative thinking and concentration problems
- (3) (a) loss of appetite and weight, sleep disturbance, loss of libido, disrupted menstrual cycle in women and constipation, (b) neglect of personal appearance, crying, social withdrawal and slow or reduced speech
- (4) (a) sadness, unhappiness, worthlessness, anxiety and apathy, (b) pessimistic beliefs about the future, suicidal thoughts, negative thinking and concentration problems

QUESTION 49

During the post-test counselling session, you have to share with your client the news that he is HIV positive. Your client is devastated at the result and, during the session, you become convinced that he is a definite suicide risk. You decide that the situation calls for a crisis intervention. Which one of the following statements below describes a correct crisis intervention?

- (1) The actual issue is the crisis situation itself, rather than your client's emotional reaction to it. You therefore directly tackle any false beliefs or fears your client may have about a positive diagnosis.
- (2) You regard the situation as being very serious and recommend to your client that he continues seeing you for counselling on an ongoing basis.
- (3) You give your client the space to be his own source of support and assistance so that you do not disempower him.
- (4) You take charge of the session, and provide your client with advice and direction in an empathic manner, since he is in no state to think clearly himself.

QUESTION 50

Which one of the following recommendations would most effectively help the bereaved person to cope with his/her loss?

- (1) Counsellors should be more direct with their bereaved clients and provide them with solutions to their problems, so that they do not get stuck in the grief process.
- (2) Clients should be encouraged to make a major-life change during the grief process, like moving to another town or changing their jobs, since this will help them to reinvest their emotional energy.
- (3) While cautioning clients against the 'rebound' effect, counsellors should encourage their clients to relocate emotionally by making new friends and even finding new partners with time.
- (4) Clients should not be encouraged to mark the anniversaries of their loved ones' deaths, because this will slow the rate at which they are successfully able to work through the mourning process.

QUESTION 51

Typical manifestations of normal grief behaviour may include some of the following behaviours, feelings, physical sensations and cognitions.

- (1) Sleep and appetite disturbances, dreams of the deceased, crying, sadness, anxiety, loneliness, helplessness
- (2) Hollowness in the stomach, tightness in the chest, weakness of muscles, disbelief, confusion, pre-occupation
- (3) Avoidance patterns, yearning, anger, dry throat, over sensitivity, sense of depersonalisation, hallucination
- (4) All of the above

[TURN OVER]

QUESTION 52

Juan recently found out that he is HIV positive. He also realised that he has done a lot of wrong things in his life. He promised God that he will never have sex again and go to church and charity events if God will cure him from HIV. In which of the Kubler-Ross stages of bereavement is Juan?

- (1) Denial
- (2) Bargaining and guilt
- (3) Sadness and depression
- (4) Resolution and acceptance

QUESTION 53

One of the techniques used to facilitate the bereavement process is cognitive restructuring. The assumption/s behind cognitive restructuring is/are that

- (a) our emotions and feelings are influenced by what we think about
- (b) we should get rid of negative or destructive thoughts
- (c) we should adopt healthier and life-affirming thoughts

The correct answer is

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

QUESTION 54

An example of a body fluid that requires universal precautions, is (a)___, while (b)___ do/does not require any special precautions

- (1) (a) blood, (b) cerebrospinal (CSF) fluid
- (2) (a) vomit containing visible blood, (b) faeces and urine
- (3) (a) nasal secretions, (b) saliva and tears
- (4) (a) wound secretions, (b) amniotic fluid

QUESTION 55

In which one or more of the following situations would you advise a health care worker to adhere to 'universal blood and body fluid precautions'?

- (a) Mary is dressing the open wound of an HIV positive patient
- (b) John, a dentist assistant, is cleaning the mouth of a patient after draining an abscess that formed in the patient's mouth
- (c) Puleng is a nurse in a Tuberculosis hospital where she handles the sputum of patients who often cough up blood
- (d) Juan is giving an HIV positive patient with malaria (who has a fever and is sweating profusely) a sponge bath to try and get his temperature down

The correct answer is

- (1) Mary and Juan, because both their patients are HIV positive
- (2) Mary, because she is exposed to the blood of an HIV positive person
- (3) Mary, John and Puleng, because they are exposed to body fluids requiring universal precautions, regardless if the patient is HIV positive or not
- (4) Juan, because HIV positive patients with malaria are ten times more likely to transmit the HI virus due to the very high viral load in the blood of HIV positive people with malaria

[TURN OVER]

QUESTION 56

Which one of the following steps may help Andrew to manage his stress and burnout?

- (1) He should re-evaluate his belief in his own abilities, strive to achieve his performance goals even if they are unrealistically high, and he must lower his standards
- (2) He should learn to trust and accept the knowledge he already has, rather than further pressurise himself to attend the additional refresher and training courses
- (3) He must learn how to draw firm boundaries between himself and his clients so that he can remain unaffected should one of them die
- (4) He should be encouraged to nurture himself as much as possible by ensuring that he gets enough exercise and rest and takes time to do things that he really enjoys

QUESTION 57

Occupational stress and burnout are very serious issues in the health care professions. Employers and organisations should offer their employees professional supervision and mentoring to assist them to cope with their work. There are, however, important differences between the terms 'mentoring' and 'supervision'. A good mentor should

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

The correct answer is

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

QUESTION 58

Dudu felt sick, and visited her local clinic. On the clinic's wall was a written notice stating that all patients coming for treatment were expected to give their consent for an HIV test. This practice is

- (1) illegal, because not all people can read
- (2) legal, because it is the patients' responsibility to ensure that they take notice of all written notices in hospitals and clinics
- (3) illegal, because although the hospital ensured Nomsa's informed consent through the notice, they did not ask her to sign a consent form
- (4) legal, because the patients are formally informed about the tests by the notice

QUESTION 59

Prison A refuses to provide medical treatment for inmates who are HIV positive, while Prison B refuses to provide information on HIV and to distribute condoms. 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 of access to healthcare services, Prison B the right to information and safer sex
- (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 healthcare and support services, Prison B the right to bodily and psychological integrity

[TURN OVER]

QUESTION 60

According to the Sterilisation Act of 1998, a woman of (a)_____ years or older can consent to sterilisation and the husband's consent is (b)_____

- (1) (a) 18 (b) required
- (2) (a) 18 (b) not required
- (3) (a) 21 (b) required
- (4) (a) 21 (b) not required

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 19 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**

Teachers who work with children in the intermediate school phase (Grades 4 to 6) should take their cognitive developmental skills into account when they devise Aids educational programmes. The main purpose of Aids education in this school phase should be to

- (a) develop their ability to think scientifically and to establish a good knowledge of HIV and Aids prevention
- (b) rectify misconceptions about HIV and Aids
- (c) prevent the formation of prejudice
- (d) help the children to identify concrete causes of HIV and Aids

The correct answer is

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

QUESTION 62

Adolescents are often very *self-absorbed* or *egocentric*. Adolescent egocentricity manifests in two ways, namely (a) imaginary audience and (b) personal fable. Which one of the following adolescents illustrates the imaginary audience form of egocentrism?

- (1) Susan is so afraid of Aids that she thinks of nothing else and she imagines that she has all the symptoms of Aids
- (2) Peter believes that he and his problems are so unique that nobody else could have the same experiences
- (3) Tulani is so self-conscious that he believes that he is the focus of everyone else's attention
- (4) Tseko is so self-centered that he gossips or tells fables about other children in his school who - in his opinion - have Aids

[TURN OVER]

QUESTION 63

Should the fact that people do not immediately die from HIV and Aids, be explained to children in the foundation school phase (Grade 1 to Grade 3)?

- (1) Yes, but reasons or explanations for this will be above their capacity of understanding and should therefore not be given
- (2) No, it should not be explained to children in this phase because they are unable to comprehend the reasons for it
- (3) No, it should not be explained to children in this phase because it will make them even more scared of the HI virus
- (4) Yes, but they should also be given a better understanding of how the virus works because it will make other aspects of the disease more comprehensible to them

QUESTION 64

Teachers who work with children in the foundation or junior primary school phase (Grade 1 to Grade 3) should include the following aspects in their Aids education and life skills programmes

- (1) Give a lecture about the dangers of drug use and specify the dangers of ecstasy and marijuana
- (2) Address the children's fears about Aids and warn them to be careful because children of their age can contract Aids
- (3) Teach children general safety consciousness, such as wearing safety belts and why they should not play with fire
- (4) Encourage the children to feel positive about their own bodies, but make it very clear that sex is something to be ashamed of and something that belongs to adults

QUESTION 65

One of the most important developmental tasks of adolescents is to develop a personal value system. In order to develop such a system they have to

- (1) learn to accept the rules of society without challenging them
- (2) question existing values and decide which values are acceptable to them
- (3) achieve the ability to think in abstract terms and therefore be able to align their views with those of society
- (4) accept rules even though these rules may not seem especially useful to them

QUESTION 66

Young children (grades 1 to 3) have an overwhelming fear of Aids, because

- (1) they can already grasp the consequences of HIV infection and what the virus can do to their bodies
- (2) although they can already comprehend that Aids is not a punishment for sin, they find it difficult to understand how one can prevent infection
- (3) they have a good understanding of how sex and drug usage can cause Aids, but find it difficult to deal with it emotionally
- (4) they see disease in rather vague, supernatural and imaginative terms due to the level of their emotional development

QUESTION 67

Spiritual counsellors should consider a child's development stage when talking to the child about death. For example, when a young school child's parent dies (early primary school), the counsellor should

- (1) explain to the child that it was God's will to take the parent away and that the child should accept this
- (2) explain religion to the child in terms of abstract forms to help the child not to feel guilty about the parent's death
- (3) explain to the child that the illness and death of the parent was not punishment for a wrongdoing
- (4) use symbols to explain the death of the parent to the child because children of this age respond better to concrete examples

[TURN OVER]

QUESTION 68

If you are a Christian counsellor, how would you counsel HIV positive clients from other religions, such as Muslims or Buddhists?

- (a) Stress the importance of and reverence for life
- (b) Encourage people to partake in purification rituals, to meditate and/or restructure their lives
- (c) Urge them to convert to Christianity or be doomed
- (d) Explain to them that religion is not important and that they should rather concentrate on medical and psychological aspects of the disease

The correct answer is

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

QUESTION 69

A child's fundamental need for transcendence is deprived due to HIV and Aids when the child

- (1) has no understanding of its place in the larger context of spirituality or religion
- (2) loses autonomy and control over its destiny and when he or she has no choice regarding home, family structure or marital status
- (3) is deprived from school and when there is a loss of inquisitiveness and connection with the wider world outside of the immediate culture
- (4) loses its family home and when there is a general decline into a state of physical poverty

QUESTION 70

The fundamental need for transcendence will be fulfilled by

- (1) allowing children to experience and express their independence and to honour the rights of children
- (2) providing the child unconditionally with a family home, adequate nutritious food, clothing and primary health care
- (3) adults who provide life skills, insight and guidance to build a child's knowledge of his or her family and community
- (4) adults who inculcate in children a sense of wonder at the larger world and who encourage cultural and religious practices

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

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

- (1) Patients are often very poor and they cannot afford to pay the home-based caregivers for their services
- (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) Families often do not want home-based caregivers in their homes because of stigma, ignorance and superstition
- (4) Many home-based caregivers are afraid of looking after Aids patients because of a lack of knowledge and fear that they might become infected themselves, and they only do it for the money

QUESTION 62

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 rural community in KwaZulu-Natal?

- (1) Compile a community profile to establish the extent of HIV infection in the community
- (2) Make sure that you exclude community leaders from your preliminary profiling of the community, because research has shown that politics hinders health programme development
- (3) Put together a multidisciplinary team consisting of professional caregivers and community volunteers to offer a comprehensive care service to patients with Aids
- (4) Appoint volunteer workers to take over the tasks of the primary caregivers, who are usually the mothers and grandmothers, because they are usually not trained to care for Aids patients and might unintentionally do more harm than good

QUESTION 63

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 selected and used in a community where they fit best in terms of their personalities, qualities, expertise and interest
- (2) 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
- (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

[TURN OVER]

QUESTION 64

Health care workers should wear safety glasses or face shields when they (a) _____. It is therefore advisable to wear protective glasses during procedures such as (b) _____.

- (1) (a) perform procedures where there is potential contact with blood, (b) drawing blood or starting an intravenous line
- (2) (a) come into contact with instruments or other material that could have been used on an HIV positive person, (b) cleaning instruments or handling dressings
- (3) (a) perform procedures where there is a potential threat of blood or body fluid splashing into their eyes, (b) dental procedures or childbirth
- (4) (a) perform general patient care, (b) giving an injection or measuring blood pressure

QUESTION 65

The purpose of palliative care is to

- (1) alleviate a patient's suffering by terminating all medical treatment to bring death and thus relief to the patient as soon as possible
- (2) provide relief from pain and other distressing symptoms, without hastening or postponing death
- (3) take care of the physical needs of the patient, because the patient is too sick to care about psychological or spiritual needs
- (4) do anything in one's power to preserve life and therefore to try new anti-retroviral medications and other therapies to try and save the patient's life

QUESTION 66

It is very difficult to decide when to stop active treatment and to begin to prepare a patient and his or her family for dying. When does palliative care usually begin?

- (a) When medical treatment is no longer effective
- (b) When the patient with Aids does not want to continue with treatment
- (c) When the side-effects of treatment outweigh the benefits
- (d) When there is no reasonable chance of improvement

The correct answer is

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

QUESTION 67

Garth started to abuse alcohol and to smoke heavily when his doctor told him that he is HIV positive. Is it necessary for him to stop the habit?

- (1) Yes, it is necessary, because alcohol abuse and smoking mask the signs of opportunistic infections, and might lead to a situation where his infections are not diagnosed and treated in time
- (2) No, it is not necessary, because he is infected anyway and to stop his habits will cause him too much stress, which is not good for his health
- (3) Yes, it is necessary, because alcohol and cigarettes have been linked to the suppression of the immune system by lowering of the CD4+T cell count, as well as to an increase in secondary infections and illnesses such as pneumonia
- (4) No, it is not necessary, because alcohol interacts very well with some of the medications that the doctor will prescribe for him to decrease the spread of infection in the body

[TURN OVER]

QUESTION 68

Anne's daughter, who is three years old, has a severe chronic illness and is bedridden as a result. The health care professional who visits Anne and her daughter at home gives Anne the following advice: 'A bedridden child should be held in someone's lap as often as possible.' Do you agree with this advice?

- (1) Yes It will help with the digestion of the child's food and it will prevent constipation
- (2) Yes It will improve the child's circulation and give her the love and attention she needs
- (3) No It will spoil her rotten and the last thing a mother needs is a spoiled, sick child
- (4) No To be picked up all the time by other people will result in chronic pain

QUESTION 69

Some degree of mental confusion or dementia is common among people with Aids because of the effect of the HI virus on the brain. How would you care for a patient who has problems with memory loss, concentration, confusion and disorientation?

- (1) Keep the patient's room or home structured, avoid unnecessary changes, place familiar things like photographs around the patient and keep a light on at night
- (2) Talk about the distant past, and when the patient is confused, or has the facts wrong, argue with the patient until he or she has all the facts straight
- (3) Challenge the patient's delusions with reality because if you play along or ignore the delusions, the patient will become more confused and disorientated
- (4) Be very patient and talk to the person as though he or she is a child - that is the only way that a confused person will feel cared for

QUESTION 70

Diarrhoea is one of the most common problems in patients with HIV infection and Aids. The difference between acute and chronic diarrhoea is that acute diarrhoea (a) ____, while chronic diarrhoea (b) ____

- (1) a) is when a person has three or more loose or watery stools per day, (b) is when a person has six or more loose or watery stools per day
- (2) (a) can be treated by prescribing a proper diet and a rehydration fluid, (b) has to be treated with an appropriate antibiotic, loperamide or codeine
- (3) (a) is seldom associated with nausea and vomiting, (b) is almost always associated with nausea and vomiting
- (4) (a) lasts for less than two weeks, (b) usually lasts for more than two weeks

[70]

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Specimen only