

PYC3702

(471067)

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ABNORMAL BEHAVIOUR AND MENTAL HEALTH

Duration 2 Hours

70 Marks

**EXAMINERS
FIRST**MRS H HENDERSON
DR JK MOODLEY
DR FN VAN ZYLMRS PB MOKGATLHE
MRS VM NEKHAVHAMBE
MS E VISSER**SECOND
EXTERNAL**MRS KM MODUTLA
MS PA FERNANDES**Closed book examination**

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This paper is based on the DSM-5

This paper consists of 22 pages, instructions for completion of a mark-reading sheet, and 1 sheet for rough work on page 23

After completing your answers, you must hand in the following

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

This examination paper consists of seventy items Your mark will be converted by the computer to a percentage

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

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Instructions

Answer the following multiple-choice questions on the mark-reading sheet

Read the instructions for completing the mark-reading sheet **before** answering the questions

Please make sure that you have indicated the correct **UNIQUE PAPER NUMBER** on your mark-reading sheet

Use only a **SOFT PENCIL** to answer the questions

Question 1

According to the DSM-5 classification system, the diagnosis of Acute Stress Disorder and Post-traumatic Stress Disorder are very similar. However, a diagnosis of Acute Stress Disorder requires that the symptoms are present for at least ----- to -----, whereas for Post-traumatic Stress Disorder the symptoms must be present for more than ----- since the traumatic event

- 1 Acute Stress Disorder two days, two weeks, PTSD six months
- 2 Acute Stress Disorder two days, 30 days, PTSD six months
- 3 Acute Stress Disorder three days, one month, PTSD one month
- 4 Acute Stress Disorder two days, 30 days, PTSD three months

Question 2

According to the biological dimension of the Multipath Model explaining the aetiology of Post-traumatic Stress Disorder, which area of the brain has been identified as preparing the body for "flight or fight" by releasing hormones?

- 1 The amygdala
- 2 The medial prefrontal cortex
- 3 The hypothalamic-pituitary-adrenal (HPA) axis
- 4 The frontal lobes

Read the following short case study and then answer questions 3 and 4

From birth to age four, Amanda's single mother in whose care Amanda was could not adequately take care of Amanda. Amanda's mother was actively abusing drugs and had moved many times to escape her violent boyfriends. Furthermore, Amanda was exposed to explicit adult sexual activity when her mother was high on drugs. At five-years old, Amanda was placed in a foster home and by seven years old, she had experienced five different foster homes.

Her current foster parents were concerned by her recurrent anger outbursts. Amanda also showed no preferential affection towards them and would go off with anyone without checking where her foster-parents were first. She indiscriminately sought attention and affection from adult strangers, sometimes touching them inappropriately. She could not engage socially with her peers and was disinterested in interactive play with them. She also often engaged in isolative, sexualised behaviour.

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Question 3

According to the DSM-5 classification system, Amanda's principal diagnosis is - - - - -

- 1 Attention-Deficit/Hyperactivity Disorder
- 2 Disinhibited Social Engagement Disorder
- 3 Disruptive Mood Dysregulation Disorder
- 4 Reactive Attachment Disorder

Question 4

According to the DSM-5 classification system, Amanda's secondary diagnosis in the category of Other Conditions That May Be a Focus of Clinical Attention would include

- 1 Disruption of Family by Separation or Divorce
- 2 Child Sexual Abuse, Child Neglect
- 3 Child Neglect
- 4 Wandering Associated With a Mental Disorder

Read the following case study and then answer questions 5 and 6.

Sbu, ten years old, was experiencing academic and significant interpersonal difficulties. The psychologist's assessment revealed an IQ score of 63 on a standardised intelligence test.

Question 5

According to the DSM-5 classification system, Sbu should receive the diagnosis of - - - - -

- 1 Intellectual Disability, Mild
- 2 Intellectual Disability, Moderate
- 3 Intellectual Disability, Severe
- 4 Intellectual Disability, Profound

Question 6

The psychologist then continues to explain to Sbu's parents that the prognosis of Sbu's diagnosed disorder (Question 5) could involve the following - - - - -

- 1 Sbu's motor and speech development will be impaired. He will achieve limited self-care and therefore will need full-time nursing care to assist him through his life.
- 2 Sbu will be able to learn to communicate with others and will be able to perform basic hygiene under supervision. He will likely be able to perform semi-skilled work in a supervised, protective workshop environment.
- 3 Sbu will be able to learn basic numeracy and language skills and as an adult will be able to be trained to perform semi-skilled work. He will need guidance when encountering mild stress.
- 4 Sbu will be able to complete his primary school education with assistance. He is likely to achieve social and work skills to support his basic adult needs. He may need guidance when under unusual social or financial stress.

[TURN OVER]

Question 7

According to the DSM-5 classification system, Enuresis is diagnosed when the following criteria are met

- a) the wetting of clothes or bed is repeated
- b) involuntary voiding of urine
- c) voluntary voiding of urine
- d) voiding of urine occurs at least twice a week
- e) voiding of urine occurs at least once a day
- f) symptoms of enuresis is present for at least 3 months
- g) symptoms of enuresis is present for at least 6 months
- h) chronological age of child is at least 5 years of age
- i) chronological age of child is at least 4 years of age

- 1 b, c and e
- 2 a, c, d and f
- 3 a, b, e, f and h
- 4 a, b, c, d, f and h

Read the following case study and then answer questions 8, 9 and 10

Billy, a three-and-a-half-year-old boy, is brought to the clinical psychologist for an assessment. His mother reports that he was born full term following a normal pregnancy and delivery. At 18 months, he underwent medical surgery due to bouts of inflammation of the middle ear. At the time, his mother also had concerns that he was not speaking any words, but his doctor said, "Let's wait and see." A follow-up appointment was scheduled with the paediatrician for when he turned two years old where it became evident that Billy was 'developmentally delayed' and the doctor advised that Billy start attending special interventions.

Since the age of two, Billy has attended three preschools. He was asked to leave his previous schools because of behavioural problems. Since he began preschool, his teachers have reported that he appears to be "in his own world", will not follow new instructions easily and largely ignores the children in the class.

Billy's mother further reports that he has been in good health recently. She voices, tearfully, that all of his milestones were delayed, particularly his language. She denies any history of developmental regression. She adds that Billy has made progress, since starting with special interventions, and he will now use single words like "juice" and "cookie" to make requests.

At home, Billy is described as a "handful", especially when his routine is disrupted, but he will usually calm down when his mother turns on his favourite TV cartoon programme. Billy's mother states that he will have prolonged tantrums when denied what he wants, and the tantrums will often occur when they are attempting to leave their house. During these tantrums, he will frequently bang his head and bite his hand, which frightens her. For some time now, she has been concerned that Billy does not like to play with his similar-aged cousins during family get-togethers, but she thought this was because he was an only child and did not like to share.

[TURN OVER]

Question 8

During the assessment, the clinical psychologist ruled out Disruptive Mood Dysregulation Disorder as a diagnosis in Billy's case. Identify the alternative that is the **correct** reason for Disruptive Mood Dysregulation Disorder **being ruled out**

- 1 Because of delayed speech development, Billy's temper outbursts only involve behavioural acting out reactions
- 2 Billy's tantrums are accompanied by self-injurious behaviour
- 3 Billy's temper outbursts are triggered by situations that Billy perceives as stressful
- 4 Billy is only three-and-a-half years old

Question 9

The clinical psychologist also ruled out Selective Mutism as a diagnosis in Billy's case. Identify the alternative that is the **correct** reason for Selective Mutism **being ruled out**

- 1 Billy does not have the age-related language capacity to speak fluently in any social situation
- 2 Billy does make use of certain words to communicate his needs
- 3 Billy is not socially well adjusted and does not have much opportunity to speak
- 4 The abnormal behaviour exceeds a year

Question 10

According to the DSM-5 classification system, Billy meets criteria for a diagnosis of - - - - -

- 1 Attention-Deficit/Hyperactivity Disorder
- 2 Autism Spectrum Disorder
- 3 Separation Anxiety Disorder
- 4 Oppositional Defiant Disorder

Question 11

The general attributes of the Western worldview focuses on - - - - - while the African worldview focuses on - - - - -

- 1 competition , uniqueness
- 2 being one with nature , mastery of nature
- 3 the survival of the individual, the survival of the community
- 4 separateness and interdependence , co-operation and independence

Question 12

Seboko's parents subscribes to the African worldview. Which **one** of the following attributes most accurately reflects their understanding of mental health?

- 1 Analytical
- 2 Mastery of the universe
- 3 Intuitive, spiritual
- 4 Objective

[TURN OVER]

Question 13

The Universalist approach emphasises all of the following **except**

- 1 consistency across cultures
- 2 that all people are alike
- 3 cultural context
- 4 that all people require uniform treatment

Question 14

Which **one** of the following statements applies to "Moriti wa letswele" according to the African perspective on psychopathology?

- 1 It is based on the view that the environment is potentially dangerous
- 2 It is associated with maternal care
- 3 It is characterised by a psychogenic pain
- 4 It is sent by the ancestors

Read the following case study and answer questions 15, 16, 17, 18, 19 and 20.

Leago, a 20-year-old university student, has been referred for psychotherapy. It is alleged that she has been abusing alcohol for the past year and is also involved in a sexual relationship with a 60-year-old man (Kumkani) who she regards as her blesser. She knows that her blesser is married with four children and she is only interested in the "blesser/blessee" relationship because of the financial rewards that comes with it.

She met Kumkani through a mutual friend and he became her source of financial support as he catered for her every desire. In the beginning, she felt uncomfortable about the relationship and would feel better after a few drinks, which would make her feel less anxious and less inhibited. She certainly enjoyed belonging to an elite team of "blessees", and what started as a few glasses of wine to help her loosen up at weekend parties, increasingly resulted in her consuming a few bottles of wine throughout the week. She attributed her increased drinking to pressures at university and the desire to be comfortable in social situations.

Over the past two years, all the partying caused her to drink heavily and she would often skip her classes and failed to submit most of her assignments. She was given a final warning by her lecturers that she would be expelled if she did not improve her behaviour, at which point she decided to stop drinking. However, the more her lecturers complained, the more she felt she needed greater amounts of the substance to cope with her challenges. Whenever she went to class without a drink, she would experience psychomotor agitation, sweaty palms, nausea and irritability and wasn't able to attend to what the lecturer was saying, or to take proper class notes, or answer any questions the lecturer might ask her. Leago found it increasingly difficult to cope with the effects of being without a drink and she decided to have a few drinks with the hope that no one would notice. However, her continued drinking resulted in declined academic performance and strained family relationships.

According to her aunt, Leago had a traumatic childhood with her father dying when she was only nine years old and her widowed mother being known as a 'township drunkard'. She would often leave Leago and her siblings to fend for themselves. Her aunt decided to take Leago in after matric in order to assist her with the payment of her tertiary studies. Leago's aunt received a phone call from one of Leago's lecturers who informed her that Leago is facing a possible expulsion because of her declining academic performance. When confronted by her clearly distraught aunt, Leago became emotionally distressed and tried to commit suicide by taking an overdose of sleeping pills. She was taken to an emergency healthcare facility for medical attention.

[TURN OVER]

Question 15

Which **one** of the following DSM-5 diagnoses would be the appropriate principal diagnosis in Leago's case?

- 1 Narcissistic Personality Disorder with substance abuse
- 2 Borderline Personality Disorder with self-injurious behaviour
- 3 Alcohol Use Disorder
- 4 Unspecified Alcohol-Related Disorder

Question 16

With reference to the *social dimension* of the Multipath Model, - - - - played a major role in the development of Leago's principal diagnosis

- 1 Physiological dependency
- 2 Behavioural under-control
- 3 Social pressure
- 4 Coping with life transitions

Question 17

Which **one** of the following symptoms that Leago manifests indicates that she has developed **tolerance** towards alcohol?

- 1 Leago's need for markedly increased amount of alcohol to obtain the desired effect
- 2 Leago's continued use of alcohol despite adverse impact on her academic performance
- 3 Leago's symptoms of agitation, sweaty palms, nausea and irritability
- 4 Leago feeling less anxious and less inhibited after using alcohol

Question 18

Which **one** of the following symptoms that Leago manifests indicates that she is experiencing symptoms of **withdrawal** from alcohol?

- 1 Leago's need for markedly increased amount of alcohol to obtain the desired effect
- 2 Leago's continued use of alcohol despite adverse impact on her academic performance
- 3 Leago's symptoms of psychomotor agitation, sweaty palms, nausea and irritability
- 4 Leago's declined academic performance and strained family relationships

Question 19

Which **one** of the following refers to factors related to the *biological dimension* in the development of Leago's mental disorder according to the Multipath Model (as cited in Sue et al , 2016)?

- 1 Leago's father died when she was nine years old, which resulted in her experiencing a lot of stress
- 2 Leago's aunt was distraught by her situation, which also created distress for Leago
- 3 Leago experienced a decline in her academic performance, which resulted in a lot of stress for her
- 4 Leago's mother was considered as a 'township drunkard', which implies a genetic predisposition

[TURN OVER]

Question 20

Leago's explanation of apparently feeling relaxed and experiencing increased sociability that occurred due to the initial effects of the alcohol she ingested, is due to alcohol's - - - - -

- 1 depression of the inhibitory centres in the brain
- 2 activation of the inhibitory centres in the brain
- 3 depression of the autonomic nervous system
- 4 stimulation of the autonomic nervous system

Read the following case study carefully and then answer questions 21, 22, 23 and 24.

John, a 23-year-old master's student in civil engineering, was referred to a clinical psychologist by his research supervisor who realised that John's extreme and pervasive worries were hampering his research progress

John appears pale and nervous and describes himself as having been a "worrier" for many years. He has always assumed that it is normal to take life seriously and worry about various aspects of life as his mother, a single parent, also worries about everything

As a postgraduate student, John worries a lot about what his supervisor would think of him and revises chapters of his dissertation several times before submitting them to his supervisor. He also worries about his finances, his relationships, his mother, and whether he will ever find a good job. John experiences difficulty concentrating on his research, feels nervous, restless and irritable, and experiences problems falling asleep at night as he becomes flooded by anxiety and worrisome thoughts about all aspects of his life as soon as he goes to bed

Although John realises that most of his worries are unfounded, he cannot distance himself from worrying about everything that might possibly go wrong

Question 21

In diagnosing John's abnormal behaviour according to the DSM-5 classification system, Obsessive-Compulsive Disorder was **ruled out** as a possible diagnosis. Would you - - - - -?

- 1 agree with this decision, as John does not manifest any compulsive behaviour
- 2 disagree with the decision as John's thoughts about the worrisome aspects of his life alleviate his anxiety
- 3 disagree with the decision, as John is clearly unable to control the intrusive, worrisome thoughts
- 4 agree with the decision as John worries about real-life concerns and none of his worries has content that is odd, irrational or of a magical nature

Question 22

According to the DSM-5 classification system, the principal diagnosis of - - - - - is made in John's case

- 1 Panic Disorder
- 2 Social Anxiety Disorder (Social Phobia)
- 3 Obsessive-Compulsive Disorder
- 4 Generalised Anxiety Disorder

[TURN OVER]

Question 23

Which of the following factors, according to the *biological dimension* of the Multipath Model (cited in Sue et al , 2016), can be regarded as important in the development of John's abnormal behaviour?

- 1 A genetic predisposition
- 2 An underactive fear network
- 3 Chronic activation of the sympathetic nervous system
- 4 Insufficient activation of the prefrontal cortex in anxiety-provoking situations

Question 24

Which of the following factors would be regarded as important in the development and maintenance of John's abnormal behaviour according to the *psychological dimension* of the Multipath Model as cited in Sue et al (2016)?

- a) Worry about worrying
 - b) Anxious parents
 - c) Dysfunctional role models
 - d) Lower threshold for uncertainty
 - e) Use of worry as coping mechanism
 - f) Anxiety-evolving schemas
-
- 1 a and d
 - 2 b, c and f
 - 3 a, b, c and e
 - 4 a, d, e and f

Question 25

Which of the following statements about compulsive behaviours in Obsessive-Compulsive Disorder are **correct**?

- a) Compulsive behaviours are typically goal directed, fulfilling a realistic purpose
 - b) Compulsive behaviours are aimed at reducing distress triggered by obsessions
 - c) Compulsions are often performed according to rules that must be applied rigidly
 - d) Compulsions are often time-consuming
 - e) Compulsions serve a specific purpose and are not a source of distress or impairment
 - f) Sexual compulsions, gambling and pathological collecting behaviour are all examples of compulsive behaviour
-
- 1 a, c and e
 - 2 b, c and d
 - 3 a, e and f
 - 4 b, d and f

[TURN OVER]

Question 26

----- distinguishes normal collecting behaviour from Hoarding Disorder

- 1 Insight into behaviour
- 2 The value of the collected items
- 3 The amount of the collected items
- 4 Persistent difficulties in discarding or parting with collected items

Question 27

Which of the following descriptions regarding Bipolar and Related Disorders are **correct**?

- a) Individuals with Bipolar I Disorder have experienced at least one manic episode
- b) Manic episodes are severe, involve severe impairment of occupational or psychosocial functioning, and may involve psychotic features and or hospitalisation
- c) Manic episodes last at least 10 days or less if hospitalisation is necessary
- d) During a manic episode mood may be irritable rather than euphoric and cheerful
- e) Bipolar II Disorder requires, in addition to one major depressive episode, at least one manic episode
- f) Individuals with hypomania very seldom manifest symptoms of over-activity, impulsivity and rapid speech
- g) Cyclothymic Disorder involves mild hypomanic symptoms alternating with major depressive episodes for at least 12 months

- 1 a, b, and d
- 2 a, e, and g
- 3 b, c and f
- 4 c, d and e

Question 28

For the past 18 months Josh, an intelligent ten-year-old boy, had several severe temper outbursts per week, both at home and at school. A diagnosis of Disruptive Mood Dysregulation Disorder is only justified in Josh's case if his mood between the outbursts -----

- 1 is hypomanic
- 2 is depressed
- 3 is irritable or angry
- 4 fluctuates between sadness and elation

Question 29

For the past two years Rita, a 19-year-old student, has experienced intense sadness, concentration problems and food cravings every month for two to three days prior to the onset of her periods. These episodes have a negative effect on her academic performance as well as her relationship with her boyfriend.

A clinical psychologist would probably -----

- 1 make the diagnosis of Persistent Depressive Disorder (Dysthymia)
- 2 make the diagnosis of Factitious Disorder Imposed on Self
- 3 not make any diagnosis as Rita does not meet the criteria for any mental disorder and rather refer her to a gynaecologist
- 4 make the diagnosis of Premenstrual Dysphoric Disorder

[TURN OVER]

Question 30

Audrey, a young woman, has a history of Bipolar I Disorder. For the past week, her mood has been markedly elevated and expansive. She sleeps very little but still feels energetic, she is quite talkative and active. She also reports - - - - - which indicates that she is currently experiencing a **hypomanic** rather than a **manic episode**

- 1 increased appetite
- 2 good insight into her condition
- 3 increased academic productivity
- 4 ego-dystonic psychotic symptoms

Read the following case study carefully and then answer questions 31 and 32

Thembi, a 50-year-old widow, was admitted to a hospital after she had tried to gas herself. Over the past few months, since the death of her only child, Thembi has become increasingly depressed with loss of energy, self-deprecating ideas, feelings of guilt and diminished ability to concentrate. She has lost a lot of weight due to a marked loss of appetite. She also has regular early morning awakenings with an inability to fall back to sleep despite feeling excessively tired and exhausted. She has become socially withdrawn and has lost all joy in life. On realising that her suicide attempt had failed, Thembi has become very sad and lies motionless in her bed for many hours at a time.

Question 31

Which of the following DSM-5 diagnoses would be the most appropriate in Thembi's case?

- 1 Intense mourning
- 2 Adjustment Disorder with depressed mood
- 3 Persistent Depressive Disorder (Dysthymia) with catatonia
- 4 Major Depressive Disorder, severe with melancholic features

Question 32

According to the Behavioural explanation, the development and maintenance of Thembi's current abnormal behaviour can be attributed to - - - - -

- 1 insufficient role models
- 2 loss of social reinforcement
- 3 negative schemas about herself
- 4 thinking patterns associated with learned helplessness

[TURN OVER]

Read the following case study and then answer questions 33, 34, 35, 36 and 37.

Eddie, a 26-year-old taxi driver, had reportedly begun to display strange behaviour over a three-week period. He refused to drive certain routes explaining that he saw little gremlin-like creatures running on the roads. He explained that these creatures audibly tormented him if he drove these routes. His wife described Eddie's version of events during this three-week period as incoherent and frightening. She was confused with the sudden onset of Eddie's behaviour, as well as with the sudden return of Eddie to his normal behaviour within a month after the symptoms had first began.

Over the last four months, Eddie's symptoms have unfortunately returned. Eddie furthermore developed a lethargy that left him demotivated to continue trying to take alternate routes to avoid the gremlin-like creatures. He has quit his job and appears to have little or no interest in finding other employment. Eddie has progressively begun to withdraw from interacting with his family and meeting with his friends at the local shebeen on a Friday night.

Question 33

Had Eddie seen a psychologist within the **first month** that his symptoms initially developed, he would most likely have been diagnosed with - - - - according to the DSM-5 classification system.

- 1 Schizophreniform Disorder
- 2 Brief Psychotic Disorder
- 3 Delusional Disorder
- 4 Schizophrenia

Question 34

Had Eddie seen a psychologist within the **last four months** during which his symptoms had returned, he would most likely have been diagnosed with - - - - according to the DSM-5 classification system?

- 1 Schizophreniform Disorder
- 2 Brief Psychotic Disorder
- 3 Delusional Disorder
- 4 Schizophrenia

Question 35

Eddie's symptom of lethargy that has left him demotivated is known as - - - -

- 1 alogia
- 2 anhedonia
- 3 asociality
- 4 avolition

Question 36

Eddie's symptom of minimal interest in social relationships is known as - - - - and is one of the - - - - characteristics of his disorder.

- 1 alogia , atypical
- 2 anhedonia , positive
- 3 asociality , negative
- 4 avolition , core

[TURN OVER]

Question 37

Eddie's symptom of his inability to experience pleasure with previously enjoyed experiences, such as spending time with his family and with his friends at the shebeen, is known as ----- This symptom is also characteristic of -----

- 1 alogia , Selective Mutism
- 2 anhedonia , Major Depressive Disorder
- 3 asociality , Schizoid Personality Disorder
- 4 avolition , Major Neurocognitive Disorder

Question 38

According to Sue et al (2016), which of the following characteristics sharply increases the likelihood of developing Schizophrenia?

- a) High levels of suspiciousness and paranoia
- b) Recent deterioration in functioning, especially social withdrawal
- c) Substance abuse
- d) Increasing frequency of unusual thoughts

- 1 a
- 2 b and c
- 3 a, b and c
- 4 all of the above

Question 39

Which of the following statements according to Sue et al (2016) **best** describes the **prodromal phase** of Schizophrenia?

- 1 During this phase, individuals primarily show the positive symptoms of Schizophrenia
- 2 During this phase, individuals display signs of social withdrawal and isolation, peculiar behaviour, inappropriate affect, poor communication patterns, and neglect for personal grooming
- 3 During this phase, symptoms are no longer prominent in that psychotic behaviour and symptom severity decline
- 4 During this phase, individuals lead a productive life although complete recovery is rare.

Question 40

Which **one** of the following cues is a direct risk factor for adolescent suicide according to research aimed at combatting suicide among adolescents (as cited by Sue et al , 2016)?

- 1 verbalised intent
- 2 reckless behaviour
- 3 increased alcohol or drug use
- 4 prolonged or unexpected farewells

[TURN OVER]

Read the following case study and answer questions 41, 42, 43 and 44

Mr Smith is a 53-year-old father of two-year-old David. His ex-wife, Mrs Smith, expressed serious concern regarding the frequency with which he takes their son, without good reason, to various specialists. She is particularly concerned that David has been subjected to numerous invasive tests and medical procedures, on Mr Smith's insistence.

Despite the reassurances of these medical specialists that David is healthy, Mr Smith continues to fabricate symptoms and complaints of gastro-intestinal issues. Mr Smith even went so far as to induce a nappy rash on David's bottom using abrasive chemicals in order to prove the severity of David's alleged medical symptoms.

Mr Smith has previously admitted to his psychologist that he always had dreams of being a medical doctor and that he gains a sense of vindication from discussing David's alleged medical problems with those medical professionals who are willing to listen to his concerns.

Question 41

From the information provided in the case study, **Mr Smith** can be diagnosed with - - - - - according to the DSM-5 classification system. This disorder is characterised by - - - - -

- 1 Malingering, feigning illness for an external purpose or incentive
- 2 Illness Anxiety Disorder, the preoccupation of having or contracting a serious illness
- 3 Somatic Symptom Disorder, excessive attention and treatment seeking for alleged medical concerns
- 4 Factitious Disorder, inducing or simulating illness on oneself or another for the purpose of gaining the attention of medical professionals

Question 42

Which **one** of the following DSM-5 diagnoses would be most appropriate for **David**?

- 1 No Diagnosis
- 2 Child Physical Abuse
- 3 Illness Anxiety Disorder
- 4 Factitious Disorder imposed on another

Question 43

According to the **cognitive behavioural perspective** as contained in the *psychological dimension* of the Multipath Model, - - - - - is a possible factor that could help explain the development of **Mr Smith's** behaviour.

- 1 repression of unresolved conflict
- 1 the degree of knowledge about medical concepts
- 2 reinforcement from others for physical symptoms
- 3 the repetitive activation of the sympathetic nervous system

[TURN OVER]

Question 44

Following intensive treatment in a psychiatric unit, a psychologist recommends that **Mr Smith** join a support group for clients with similar diagnoses as his' to prevent a relapse and repeated hospitalisation for the diagnosed condition. This is a form of - - - - - prevention

- 1 group based
- 2 secondary
- 3 tertiary
- 4 community based

Question 45

According to the DSM-5 classification system, individuals diagnosed with Somatic Symptom Disorder show a pattern of - - - - - which occurs for a period of - - - - -

- 1 preoccupation with health and excessive worry about serious illness, at least 6 months
- 2 reporting and reacting to pain or other distressing physical or bodily symptoms, at least 6 months
- 3 preoccupation with health and excessive worry about serious illness, at least 12 months
- 4 reporting and reacting to pain or other distressing physical or bodily symptoms, at least 12 months

Question 46

According to the **psychodynamic perspective** Somatic Symptom and Related Disorders are caused by - - - - -, whereas the **cognitive behavioural perspective** assumes that such disorders are caused by - - - - -

- 1 a history of childhood illness or trauma, impaired neural connectivity
- 2 neurotic parenting, lack of neurocognitive stimulation in early childhood
- 3 the repression of sexual or other conflicts, reinforcement of the sick role
- 4 catastrophic misinterpretations of inner conflicts, the repression of negative thinking

Question 47

Which **one** of the following statements about Personality Disorders is **incorrect**?

- 1 People with personality psychopathology often function well enough to get along without aid from others and may not see themselves as having a problem
- 2 People with personality psychopathology often show tell-tale signs in childhood
- 3 A diagnosis of any Personality Disorder cannot be made unless it is preceded by a mental disorder *in childhood*
- 4 A diagnosis of a Personality Disorder should not be made before late adolescence

[TURN OVER]

Question 48

----- Personality Disorder can be differentiated from ----- Personality Disorder in that the former is characterised by a pervasive pattern of grandiosity, need for admiration, and lack of empathy, whereas the latter is characterised by a pervasive pattern of disregard for and violation of the rights of others

- 1 Antisocial, Narcissistic
- 2 Narcissistic, Borderline
- 3 Antisocial, Borderline
- 4 Narcissistic, Antisocial

Question 49

Which of the following Personality Disorders belong to the Cluster A Personality Disorders, characterised by odd or eccentric behaviours?

- a) Antisocial Personality Disorder
- b) Borderline Personality Disorder
- c) Narcissistic Personality Disorder
- d) Paranoid Personality Disorder
- e) Histrionic Personality Disorder

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

Question 50

Jabu, a 40-year-old man, is the chief editor of a national newspaper. He has been known to make bragging statements such as that he is a very special person and as close as a man will get to the image of God. Jabu tends to become extremely upset when someone questions his decisions, he expects his employees to give him constant praise and tends to lack empathy for his employees. Jabu's relationships at work and at home are suffering because of his behaviour. He is likely to meet the DSM-5 criteria for -----

- 1 Bipolar I Disorder
- 2 Delusional Disorder
- 3 Schizotypal Personality Disorder
- 4 Narcissistic Personality Disorder

Question 51

In explaining the causes for Borderline Personality Disorder, the **cognitive behavioural perspective** posits that individuals with this disorder seem to hold three basic assumptions, namely a) The world is dangerous, b) I am powerless, and c) -----

- 1 I am inherently perfect
- 2 I am inherently isolated
- 3 I am inherently unacceptable
- 4 I am inherently irresponsible

[TURN OVER]

Read the following case study carefully and then answer questions 52, 53, 54, 55 and 56.

Mulalo, aged 22, feels humiliated after being caught on several occasions by the campus police peeping at women changing. His initial act of sexually deviant behaviour occurred at the age of 16 when he was reprimanded by the school's gym coach for watching his unsuspecting female classmates changing after gym class. During his session with a psychologist on campus, he admitted to being sexually aroused by watching women undress as well as stealing female undergarments from the women's gym locker room, which he then sniffs while he is masturbating.

Question 52

The psychologist excluded Transvestic Disorder as a possible diagnosis. Which **one** of the following options is the **correct** reason for this being ruled out?

- 1 Mulalo does not report an overwhelming desire to become a woman
- 2 Mulalo has experienced deviant sexual behaviour since adolescence
- 3 Mulalo's main motive for stealing female undergarments is not for him to wear but rather to use for stimulation during masturbation
- 4 Mulalo experiences recurrent intense sexual arousal from the use of female undergarments while masturbating

Question 53

The psychologist excluded Sexual Masochism Disorder as a possible diagnosis. Which **one** of the following options is the **correct** reason for this being ruled out?

- 1 Mulalo does not experience fantasies of the women being humiliated
- 2 Mulalo experiences intense sexual arousal from watching women undress
- 3 Mulalo does not experience guilt or remorse for his sexual deviant behaviour
- 4 Mulalo does not experience recurrent sexual arousal from being humiliated during sexual acts

Question 54

The psychologist's principal diagnosis according to the DSM-5 classification system in Mulalo's case is likely to be - - - - Disorder

- 1 Exhibitionistic
- 2 Voyeuristic
- 3 Paedophilic
- 4 Frotteuristic

Question 55

The psychologist would also make an additional diagnosis of - - - - Disorder according to the DSM-5 classification system in Mulalo's case

- 1 Fetishistic
- 2 Paedophilic
- 3 Frotteuristic
- 4 Exhibitionistic

[TURN OVER]

Question 56

The psychologist would also make a DSM-5 diagnosis from the category Other Conditions that May be a Focus for Clinical Attention in Mulalo's case namely - - - - -

- 1 educational problems
- 2 phase of life problem
- 3 adult antisocial problem
- 4 problems related to other legal circumstances

Read the following case study carefully and answer questions 57, 58 and 59.

Ms Jeffreys, a well-respected 33-year-old married school librarian was arrested for disorderly conduct, when she was found at the Michelangelo Hotel, half-naked, engaged in an altercation with a man. She denied knowledge of how she got to the hotel, although the man insisted that she had come there under a different name for a voluntary sexual encounter. Ms Jeffreys described significant amnesia for the first 12 years of her life, with the feeling that her "life started at 12 years old". She reported that much of her life since childhood was also interrupted by episodes of amnesia and confusion, relating for example to her work, her marriage, the birth of her children and her sex life with her husband.

Ms Jeffreys reported changes in skills, for example, she was often told that she played piano well but had no memory of it. Her husband re-reported that she had always been "forgetful" of conversations and family activities. He also noted that at times, she would speak like a child, at times, she would adopt a Nigerian accent, and at other times, she would uncharacteristically be angry and provocative. Ms Jeffreys had no recall of these episodes and she was shocked at what she was told.

When she was asked about her earlier years, Ms Jeffreys appeared to enter a trance-like state and in a child-like voice stated, "I just don't want to be locked in the closet". Over time in therapy, the psychologist noted that Ms Jeffreys had different alter identities and that each had their own age, facial expressions, voice tone, and contained certain aspects of Ms Jeffreys history.

Gradually, the alters described a history of family chaos, brutality, and neglect during the first 12 years of Ms Jeffrey's life, until her mother who was also an alcoholic achieved sobriety and fled from her husband, taking her children with her. Ms Jeffreys, in the alter identities, described episodes of physical and sexual abuse and emotional torment by her father.

Question 57

In diagnosing Ms Jeffreys' abnormal behaviour according to the DSM-5 classification system, which **one** of the following was the main reason for **ruling out** Posttraumatic Stress Disorder (PTSD) as a possible diagnosis?

- 1 Ms Jeffreys does not experience any recurrent nightmares regarding the traumatic events in her life
- 2 Her amnesia symptoms did not relate only to her memories of traumatic events but for many everyday events
- 3 Her mood fluctuations are ascribed to changes in identity and is not a result of emotional reactivity to a traumatic experience
- 4 Ms Jeffreys has an inability to recall important aspects of her traumatic past

[TURN OVER]

Question 58

The psychologist's principal DSM-5 diagnosis in Ms Jeffrey's case is likely to be - - - - -

- 1 Acute Stress Disorder
- 2 Dissociative Identity Disorder
- 3 Bipolar I Disorder
- 4 Depersonalisation/Derealisation Disorder

Question 59

The psychologist would make an additional DSM-5 diagnosis from the category *Other Conditions That May Be a Focus of Clinical Attention* in Ms Jeffrey's case, namely, - - - - -

- 1 Occupational Problem
- 2 Adult Antisocial Behaviour
- 3 Parent-child Relational Problem
- 4 Other Personal History of Psychological Trauma

Question 60

The **psychodynamic model's** explanation for Ms Jeffrey's principal diagnosis outlines the following causal factors - - - - -

- 1 encapsulating or walling off of the traumatic experiences
- 2 developing faulty cognitive schemas about past experiences
- 3 ineffective parental role models in childhood
- 4 an inherited genetic disorder that follows an intergenerational pattern of utilising dissociation

Question 61

Maddy, a 13-year-old girl, and **Thando**, a 12-year-old boy, have both been diagnosed with Conduct Disorder according to the DSM-5 classification system. Based on the information in Sue et al. (2016) their gender difference would lead us to accurately expect the following

- 1 **Maddy** would more likely manifest symptoms such as truancy, substance abuse or chronic lying whereas **Thando** will be more likely to rather show symptoms such as fighting and aggressive theft
- 2 **Maddy** would more likely manifest more prosocial behaviour such as showing regret regarding her behaviour whereas **Thando** would more likely deny his behaviour when confronted
- 3 **Maddy** would more likely use emotional manipulation techniques such as flirting to get the emotional attention that she demands from others, whereas **Thando** would more likely make use of force and threats to get what he wants
- 4 As **Thando** grows up he will be more likely than **Maddy** to develop symptoms that meet the full DSM-5 diagnostic criteria for Antisocial Personality Disorder later in life

[TURN OVER]

Question 62

When, according to the DSM-5 classification, a clinician makes a diagnosis of Conduct Disorder, certain specifiers need to be considered. One of these specifiers regards the 'type of onset based on the age of onset'. Which **one** of the following is an **accurate** statement regarding the correct diagnostic specifier?

- 1 Childhood-Onset type at least one criterion characteristic of Conduct Disorder with onset before 10 years of age
- 2 Adolescent-Onset type at least two criteria characteristics of Conduct Disorder with onset after 10 years but before 13 years
- 3 Unspecified onset absence of any criteria characteristic of Conduct Disorder before age of 10 years
- 4 Adult-Onset type at least one criterion characteristic of Conduct Disorder with onset before 16 years and meeting all diagnostic criteria at 18 years of age

Question 63

According to the DSM-5 classification system, Conduct Disorder and Oppositional Defiant Disorder are both diagnosable disorders of childhood and adolescence. Sue et al (2016) further classify both these disorders as externalising disorders of childhood. Which **one** of the following statements is **inaccurate** regarding the similarities between these two disorders?

- 1 Both these disorders are disruptive behaviour disorders
- 2 Both these disorders are associated with symptoms that are socially disturbing and distressing to others
- 3 Diagnosis of both these disorders requires a pattern of behaviour that is i) atypical for the child's age and developmental level, ii) persistent, and iii) severe enough to cause significant impairment in social, academic or vocational functioning
- 4 In both these disorders anger and resentment are common emotions and children with both these disorders may engage in spiteful actions which usually do not involve breaking the law or acting in a cruel or vicious manner towards others

Question 64

According to the DSM-5 classification system, Intermittent Explosive Disorder is a disorder in the category of Disruptive, Impulse-Control and Conduct Disorders. Which of the following statements regarding Intermittent Explosive Disorder (IED) are **accurate**?

- a) A diagnosis of IED involves recurrent outbursts of extreme verbal or physical aggression that occur approximately twice a week for at least three months
- b) Three outbursts occurring within a one-year period involving damage or injury to people, animals or property
- c) The outbursts occur suddenly in response to minor provocation and do not involve premeditation
- d) Between outbursts, the individual's mood is normal, however, the outbursts themselves seem to be aimed at achieving some tangible outcome
- e) A central diagnostic criterion involves that a diagnosis of IED is exclusive of a diagnosis of any of the other Disruptive, Impulse-Control and Conduct Disorders
- f) For a child to be diagnosed with IED they should be at least 6 years old, as this is the age at which it is presumed that children have learnt to control their aggressive impulses
- g) A diagnosis of IED is associated with early exposure to familial aggression, violence and interpersonal trauma
- h) The average age of onset of IED is 12 years old

[TURN OVER]

- 1 a, c and d
- 2 b, d, e and f
- 3 a, b, d, e and g
- 4 a, b, c, f, g and h

Question 65

According to Sue et al (2016), Oppositional Defiant Disorder appears to have two components namely, i) -----, which seems to predict future depressive symptoms, and ii) defiant and oppositional behaviour, that seems to predict future -----

- 1 the involvement of negative affect and emotional dysregulation , delinquency and Conduct Disorder
- 2 a biological component e g reduced neurotransmitter receptor activity , learning ability and homicidal probability
- 3 predisposition to exaggerated anger and impulsive reactions , substance abuse and suicidal tendencies
- 4 the ability to access environmental support , ability to develop emotional bonding in interpersonal relationships

Question 66

Which **one** of the following statements is **inaccurate** regarding the Neurocognitive Disorders (NCD)?

- 1 NCDs involve a significant deficit in cognition and are present since birth or develop during early childhood
- 2 Medical assessment and determining specific aetiology for the presenting NCD are important components of the diagnostic process regarding NCD
- 3 In the DSM-5 classification system, the criteria for diagnosing NCDs are all based on the following dimensions complex attention, executive function, learning and memory, language, perceptual-motor and social cognition
- 4 The underlying pathology that produces the NCD's also indicates the nature and age of onset of the different subtypes of NCD

Read the following case study and then answer questions 67 and 68

While receiving treatment for a severe medical condition 45-year-old **Peter**, also manifests symptoms that mainly involve a disturbance in consciousness, memory problems and impairment of cognitive functioning regarding focussing, sustaining and shifting attention. Although Peter does not experience any delusions and hallucinations, his symptoms result in an impairment of functioning

Question 67

Peter's most likely principal diagnosis according to the DSM-5 classification system is -----

- 1 Delirium due to a general medical condition
- 2 Conversion Disorder
- 3 Mild Neurocognitive Disorder due to a general medical condition
- 4 Schizophrenia

[TURN OVER]

Question 68

Given the DSM-5 principal diagnosis that Peter received, one would expect that **Peter's** symptoms would have - - - - -

- 1 developed over a short period (hours or days)
- 2 developed gradually over the last 12 months
- 3 been present for at least the last six months
- 4 included numerous additional symptoms relating to other cognitive dimensions

Question 69

According to the DSM-5 diagnostic criteria, a diagnosis of a Neurocognitive Disorder due to - - - - - will entail a minimal decline in learning, memory or perceptual-motor skills, but will however entail a progressive decline in language and behaviour, significant changes in behaviour, personality and social skills, progressive difficulty with fluent speech or word meaning, and muscle weakness

- 1 Parkinson's Disease
- 2 Alzheimer's Disease
- 3 Dementia with Lewy Bodies
- 4 Frontotemporal Lobar Degeneration

Question 70

Who has the **lowest** risk for developing dementia?

- 1 Bonnie, a 70-year-old woman who recently had a stroke
- 2 Neo, an 85-year-old woman recovering from a hip fracture
- 3 Zinzi, a 35-year-old woman who injured her head in a bicycle fall
- 4 Dora, a 35-year-old woman who is being treated for excessive alcohol use

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TOTAL: [80]
YEAR MARK: [20]
GRAND TOTAL: [100]

[TURN OVER]

PART 1 (GENERAL/ALGEMEEN) DEEL 1

STUDY UNIT: PSY100 X
STUDIE EENHEID: (PSY100-X)

INITIALS AND SURNAME
VOORLETTERS EN VAN

DATE OF EXAMINATION
DATUM VAN EKSAMEN

PAPER NUMBER
VRAESTELNOMMER

STUDENT NUMBER
STUDENTENOMMER

UNIQUE PAPER NO.
UNIEKE VRAESTEL NR.

1 2 3 4 5 6 7 8 9

For use by examination invigilator
Vir gebruik deur eksamenopsiener

IMPORTANT

BELANGRIK

1. USE ONLY AN HB PENCIL TO COMPLETE THIS SHEET
2. MARK LIKE THIS
3. CHECK THAT YOUR INITIALS AND SURNAME HAS BEEN FILLED IN CORRECTLY
4. ENTER YOUR STUDENT NUMBER FROM LEFT TO RIGHT
5. CHECK THAT YOUR STUDENT NUMBER HAS BEEN FILLED IN CORRECTLY
6. CHECK THAT THE UNIQUE NUMBER HAS BEEN FILLED IN CORRECTLY
7. CHECK THAT ONLY ONE ANSWER PER QUESTION HAS BEEN MARKED
8. DO NOT FOLD

1. GEBUIK SLEGS N HB POTLOOD OM HIERDIE BLAD TE VOLTOOI
2. MERK AS VOLG
3. KONTROLEER DAT U VOORLETTERS EN VAN REG INGEVUL IS
4. VUL U STUDENTENOMMER VAN LINKS NA REGS IN
5. KONTROLEER DAT U DIE KORREKTE STUDENTENOMMER VFRSTREK HET
6. KONTROLEER DAT DIE UNIEKE NOMMER REG INGEVUL IS
7. MAAK SEKER DAT NET EEN ALTERNATIEF PER VRAAG GEMERK IS
8. MOENIE VOU NIE

PART 2 (ANSWERS/ANTWOORDE) DEEL 2

1	(1) (2) (3) (4) (5)	36	(1) (2) (3) (4) (5)	71	(1) (2) (3) (4) (5)	106	(1) (2) (3) (4) (5)
2	(1) (2) (3) (4) (5)	37	(1) (2) (3) (4) (5)	72	(1) (2) (3) (4) (5)	107	(1) (2) (3) (4) (5)
3	(1) (2) (3) (4) (5)	38	(1) (2) (3) (4) (5)	73	(1) (2) (3) (4) (5)	108	(1) (2) (3) (4) (5)
4	(1) (2) (3) (4) (5)	39	(1) (2) (3) (4) (5)	74	(1) (2) (3) (4) (5)	109	(1) (2) (3) (4) (5)
5	(1) (2) (3) (4) (5)	40	(1) (2) (3) (4) (5)	75	(1) (2) (3) (4) (5)	110	(1) (2) (3) (4) (5)
6	(1) (2) (3) (4) (5)	41	(1) (2) (3) (4) (5)	76	(1) (2) (3) (4) (5)	111	(1) (2) (3) (4) (5)
7	(1) (2) (3) (4) (5)	42	(1) (2) (3) (4) (5)	77	(1) (2) (3) (4) (5)	112	(1) (2) (3) (4) (5)
8	(1) (2) (3) (4) (5)	43	(1) (2) (3) (4) (5)	78	(1) (2) (3) (4) (5)	113	(1) (2) (3) (4) (5)
9	(1) (2) (3) (4) (5)	44	(1) (2) (3) (4) (5)	79	(1) (2) (3) (4) (5)	114	(1) (2) (3) (4) (5)
10	(1) (2) (3) (4) (5)	45	(1) (2) (3) (4) (5)	80	(1) (2) (3) (4) (5)	115	(1) (2) (3) (4) (5)
11	(1) (2) (3) (4) (5)	46	(1) (2) (3) (4) (5)	81	(1) (2) (3) (4) (5)	116	(1) (2) (3) (4) (5)
12	(1) (2) (3) (4) (5)	47	(1) (2) (3) (4) (5)	82	(1) (2) (3) (4) (5)	117	(1) (2) (3) (4) (5)
13	(1) (2) (3) (4) (5)	48	(1) (2) (3) (4) (5)	83	(1) (2) (3) (4) (5)	118	(1) (2) (3) (4) (5)
14	(1) (2) (3) (4) (5)	49	(1) (2) (3) (4) (5)	84	(1) (2) (3) (4) (5)	119	(1) (2) (3) (4) (5)
15	(1) (2) (3) (4) (5)	50	(1) (2) (3) (4) (5)	85	(1) (2) (3) (4) (5)	120	(1) (2) (3) (4) (5)
16	(1) (2) (3) (4) (5)	51	(1) (2) (3) (4) (5)	86	(1) (2) (3) (4) (5)	121	(1) (2) (3) (4) (5)
17	(1) (2) (3) (4) (5)	52	(1) (2) (3) (4) (5)	87	(1) (2) (3) (4) (5)	122	(1) (2) (3) (4) (5)
18	(1) (2) (3) (4) (5)	53	(1) (2) (3) (4) (5)	88	(1) (2) (3) (4) (5)	123	(1) (2) (3) (4) (5)
19	(1) (2) (3) (4) (5)	54	(1) (2) (3) (4) (5)	89	(1) (2) (3) (4) (5)	124	(1) (2) (3) (4) (5)
20	(1) (2) (3) (4) (5)	55	(1) (2) (3) (4) (5)	90	(1) (2) (3) (4) (5)	125	(1) (2) (3) (4) (5)
21	(1) (2) (3) (4) (5)	56	(1) (2) (3) (4) (5)	91	(1) (2) (3) (4) (5)	126	(1) (2) (3) (4) (5)
22	(1) (2) (3) (4) (5)	57	(1) (2) (3) (4) (5)	92	(1) (2) (3) (4) (5)	127	(1) (2) (3) (4) (5)
23	(1) (2) (3) (4) (5)	58	(1) (2) (3) (4) (5)	93	(1) (2) (3) (4) (5)	128	(1) (2) (3) (4) (5)
24	(1) (2) (3) (4) (5)	59	(1) (2) (3) (4) (5)	94	(1) (2) (3) (4) (5)	129	(1) (2) (3) (4) (5)
25	(1) (2) (3) (4) (5)	60	(1) (2) (3) (4) (5)	95	(1) (2) (3) (4) (5)	130	(1) (2) (3) (4) (5)
26	(1) (2) (3) (4) (5)	61	(1) (2) (3) (4) (5)	96	(1) (2) (3) (4) (5)	131	(1) (2) (3) (4) (5)
27	(1) (2) (3) (4) (5)	62	(1) (2) (3) (4) (5)	97	(1) (2) (3) (4) (5)	132	(1) (2) (3) (4) (5)
28	(1) (2) (3) (4) (5)	63	(1) (2) (3) (4) (5)	98	(1) (2) (3) (4) (5)	133	(1) (2) (3) (4) (5)
29	(1) (2) (3) (4) (5)	64	(1) (2) (3) (4) (5)	99	(1) (2) (3) (4) (5)	134	(1) (2) (3) (4) (5)
30	(1) (2) (3) (4) (5)	65	(1) (2) (3) (4) (5)	100	(1) (2) (3) (4) (5)	135	(1) (2) (3) (4) (5)
31	(1) (2) (3) (4) (5)	66	(1) (2) (3) (4) (5)	101	(1) (2) (3) (4) (5)	136	(1) (2) (3) (4) (5)
32	(1) (2) (3) (4) (5)	67	(1) (2) (3) (4) (5)	102	(1) (2) (3) (4) (5)	137	(1) (2) (3) (4) (5)
33	(1) (2) (3) (4) (5)	68	(1) (2) (3) (4) (5)	103	(1) (2) (3) (4) (5)	138	(1) (2) (3) (4) (5)
34	(1) (2) (3) (4) (5)	69	(1) (2) (3) (4) (5)	104	(1) (2) (3) (4) (5)	139	(1) (2) (3) (4) (5)
35	(1) (2) (3) (4) (5)	70	(1) (2) (3) (4) (5)	105	(1) (2) (3) (4) (5)	140	(1) (2) (3) (4) (5)

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P	S	Y	1	0	0	-	X
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- ② The paper number pertains only to first-level courses consisting of two papers

WRITE

0	1
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 for the first paper and

0	2
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 for the second. If only one paper, then leave blank

- ③ Fill in your initials and surname
- ④ Fill in the date of the examination
- ⑤ Fill in the name of the examination centre
- ⑥ WRITE the digits of your student number HORIZONTALLY (from left to right). Begin by filling in the first digit of your student number in the first square on the left, then fill in the other digits, each one in a separate square
- ⑦ In each vertical column mark the digit that corresponds to the digit in your student number as follows [-]
- ⑧ WRITE your unique paper number HORIZONTALLY
NB Your unique paper number appears at the top of your examination paper and consists only of digits (e.g. 403326)
- ⑨ In each vertical column mark the digit that corresponds to the digit number in your unique paper number as follows [-]
- ⑩ Question numbers 1 to 140 indicate corresponding question numbers in your examination paper. The five spaces with digits 1 to 5 next to each question number indicate an alternative answer to each question. The spaces of which the number correspond to the answer you have chosen for each question and should be marked as follows [-]

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