

**PYC3702**

( 498873)

May/June 2017

**ABNORMAL BEHAVIOUR AND MENTAL HEALTH**

Duration 2 Hours

80 Marks

**EXAMINERS**

FIRST

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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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[TURN OVER]

**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.

**Read the following case study and answer questions 1, 2, 3, 4 and 5**

Gadifele, a 46-year-old accountant's husband, Tshepo, died nine months ago, after a short illness. According to tradition and customs Gadifele was given strict instructions that she needs to respect the mourning process and not bring shame to her in-laws or late husband's memory. According to Gadifele, her relationship with Tshepo has been characterised by his infidelity and continuous emotional and physical abuse she has had to endure. Tshepo spent most of the weekends at his mistress' house and beat Gadifele up every time she asked about his escapades.

Tshepo moved out of their common home four months prior to his death and died at his mistress' house. Gadifele was subsequently informed by her in-laws that her husband had died and would have to be buried at their home. Gadifele had to put her reservations and unresolved emotional issues regarding Tshepo aside as she was informed by her in-laws that they regarded Gadifele as Tshepo's traditional wife as Tshepo had paid lobola for her. They wanted to hear nothing about his so-called mistress.

Based on the aforementioned, she was expected to observe all traditional rites pertaining to her husband's burial. Gadifele was really infuriated by what she regarded as abuse by her in-laws as she felt no one was willing to listen to her side of the story. When people came in to pay their respects, they were reminded by her in-laws' elders that they were not to shake Gadifele's hand or hug her, but to only converse with her from a distance.

Gadifele refused to wear black as part of the mourning process as she said that she is a modern woman who does not believe in tradition. She also strongly felt that she was not going to grieve for a man who left her for another woman. Gadifele became involved in two serious accidents shortly after the funeral in which she nearly lost her life. Her in-laws attributed the cause of the accidents to her failure to perform prescribed traditional practices.

**Question 1**

According to the **traditional healer**, which **one** of the following conditions could Gadifele be suffering from - - - - -?

- 1 Demonic possession
- 2 Sejeso
- 3 Sefifi
- 4 Go lahla maseko/ ukulahla amasiko

[TURN OVER]

**Question 2**

From an African perspective, Gadifele's in-laws' explanation on the cause of her accidents can be viewed as - - - -

- 1 unresolved grief
- 2 bad spell from sorcerers who are against her family
- 3 go lahla maseko/ ukulahla amasiko
- 4 bolo/Ubuthakathi

**Question 3**

Gadifele's in-laws' insistence that she is neither hugged nor touched by anyone during the mourning period is based on which one of the following beliefs from an African perspective?

- 1 As a widow she has senyama/sefifi and as a result may become contagious to anyone who comes close to her
- 2 As a widow she might become overly emotional with too much sympathy
- 3 As a widow she might become vulnerable to temptation and fail to obey cultural rules
- 4 As a widow she has moriti wa letsele and as a result has bad luck due to her husband's death

**Question 4**

From a traditional African perspective, - - - - is a ritual practice that Gadifele was expected to carry out in mourning the death of her husband

- 1 go tlola
- 2 go roula
- 3 go gatsiwa mohlala
- 4 go lahla maseko/ ukulahla amasiko

**Question 5**

If Gadifele was to have sexual intercourse with a man whilst she is still in the mourning period, the man concerned might develop - - - - according to the traditional African perspective

- 1 sefifi
- 2 sejes
- 3 makgome
- 4 senyama

**Question 6**

Which **one** of the following commonly used substances in South Africa is correctly paired with its general category of type of substance?

- 1 Tik - stimulant
- 2 Cocaine - depressant
- 3 Ritalin - hallucinogen
- 4 Alcohol - stimulant

[TURN OVER]

**Question 7**

Jerry a 40-year-old man went to a concert and smoked Cannabis. A few hours later he was rushed to a hospital due to his impaired motor coordination and judgement, tachycardia and symptoms of conjunctival injection. According to the DSM-5 classification system, Jerry's condition can be diagnosed as -----

- 1 Cannabis Use Disorder, Mild
- 2 Cannabis Intoxication
- 3 Cannabis-induced Psychotic Disorder
- 4 Cannabis Withdrawal

**Question 8**

According to Sue et al (2016) social factors play a significant role in the development of Substance-Related Disorders. Which **one** of the following statements regarding the *social dimension* of Substance-Related Disorders according to the Multipath Model is **incorrect**?

- 1 The influence of social factors on substance abuse is the same across the lifespan, exerting different effects at different ages
- 2 Victimization and stressful life events in childhood, including neglect and emotional, physical, and sexual abuse are strongly associated with substance abuse later in life.
- 3 Various social factors affect the decision to initiate substance use, including pressure from peers, a wish to fit in socially, attempts to rebel and challenge authority or interest in taking risks
- 4 Family attitudes and behaviours towards drinking and drugs (including prescription medication) affect the adolescent's likelihood of experimenting with substances

**Question 9**

Which of the following are associated with long-term use of Mandrax?

- a) Kidney damage
  - b) Delirium Tremens
  - c) Toxic Psychosis
  - d) Epilepsy
- 1 a and b
  - 2 a and d
  - 3 c and d
  - 4 All the above

**Question 10**

According to the ----- perspective, childhood trauma and fixation in the oral stage is considered an explanation for the development of Alcohol Use Disorder. This explanation falls within the ----- *dimension's* explanation of Alcohol Use Disorder according to the Multipath Model as cited in Sue et al (2016)

- 1 psychodynamic , psychological
- 2 traditional explanations , socio-cultural
- 3 hereditary explanations , biological
- 4 learning explanations , social

[TURN OVER]

**Question 11**

A local high school has become popular for having information campaigns in the media as well as school-based efforts to re-establish norms against drug use and to promote drug abstinence amongst learners. These types of efforts can be regarded as examples of - - - - prevention programmes

- 1 primary
- 2 secondary
- 3 cognitive-behavioural
- 4 community based tertiary

**Read the following short case study and then answer question 12, 13, 14, 15 and 16.**

Sophie, 16 years old was referred to the clinical psychologist at the hospital. Ten days ago, Sophie and her family went on holiday where she had acquired a spinal cord injury due to a diving accident. Sophie verbalised to the psychologist that she was having frightening memories where she had a sense of reliving the event daily. She felt that she was on "constant alert" and nervous and felt very unsafe in the hospital. Sophie also felt that she could not sleep as she was experiencing nightmares about drowning in water, nor could she concentrate on the plot of any film or book that she tried to read in her hospital bed and she often felt like she was in a daze.

Furthermore, Sophie reported that she "didn't see the point anymore of life as diving competitions were her life and now there was nothing". The doctors had informed Sophie that she would never be able to dive again. She avoided going near water and the nurses had resorted to giving her a sponge bath so that she did not become anxious when seeing a body of water such as a bath. Sophie's parents and her boyfriend were becoming increasingly worried and overprotective as their usually happy teenager was now prone to irritability and in the last week has refused to see them and her boyfriend when they came to the hospital, as she informed the psychologist that "she didn't want to ruin their lives as well".

**Question 12**

During the assessment, the clinical psychologist considered several mental disorders as possible diagnoses in Sophie's case. Identify the alternative that contains the **correct** information about the specific disorder that the psychologist considered and the conclusion reached in her decision making.

- 1 Major Depressive Disorder should be ruled out at this stage. Sophie manifests several symptoms that are not characteristic of Major Depressive Disorder and these symptoms have been present for less than 14 days.
- 2 Generalised Anxiety Disorder should be ruled out because Sophie's feelings of distress have continued for several days since the accident occurred and her worries and anxiety remain intense.
- 3 Obsessive-compulsive Disorder should be considered as a comorbid diagnosis as Sophie experiences accident related intrusive thoughts which she cannot control.
- 4 Adjustment Disorder should be considered as a comorbid diagnosis as, in addition to her accident, Sophie must make major adjustments to her lifestyle and activities of daily living as a result of her physical condition.

[TURN OVER]

**Question 13**

According to the DSM-5 classification system, the principal diagnosis for Sophie would be - - - - -

- 1 Adjustment Disorder, With mixed emotions
- 2 Post-traumatic Stress Disorder
- 3 Depersonalisation/Derealisation Disorder
- 4 Acute Stress Disorder

**Question 14**

The psychologist with whom Sophie consulted six weeks after the incident, when her symptoms had not dissipated, would most likely diagnose Sophie's abnormal behaviour as a(n) - - - - - according to the DSM-5 classification system?

- 1 Adjustment Disorder, with anxiety
2. Generalized Anxiety Disorder
- 3 Acute Stress Disorder
- 4 Post-traumatic Stress Disorder

**Question 15**

Which **one** of the following aspects represents an aetiological factor in the *social dimension* of the Multipath Model (Sue et al., 2016) for the development of Sophie's principal disorder diagnosed in **Question 13** above?

- 1 The fact that Sophie is unwilling to share what had happened with her loved ones.
- 2 The fact that her gender (being a woman) makes her twice as vulnerable to stress
- 3 The fact that her boyfriend does not understand and support her
- 4 The fact that she is unable to make meaning with regard to the diving accident.

**Question 16**

According to Cognitive Behavioural perspective, within the *psychological dimension* of the Multipath Model (Sue et al., 2016), Sophie's thought that her life is worthless as she will never be a diver again is regarded a(n) - - - - -

- 1 realistic thought about self
2. functional appraisal about the future
- 3 dysfunctional thought about herself
- 4 as an outcome of negative reinforcement

**Question 17**

Individuals who are diagnosed with Intellectual Disability, Moderate, - - - - -

- 1 can achieve partial independence in activities of daily living
- 2 can become self-supporting adults with appropriate training
- 3 are generally in need of 24-hour care and supervision throughout their life
- 4 are usually diagnosed in infancy and are unable to attend school

[TURN OVER]

**Question 18**

Peter, who is eight months old, shows the following physical characteristics, namely, slanted eyes, epicanthal folds and a flat nose which, according to Sue et al (2016), points to the aetiology of - - - -

- 1 Fragile X Syndrome
- 2 Prader-Willi Syndrome
- 3 Down's Syndrome
- 4 Fetal Alcohol syndrome

**Question 19**

In relation to the *biological dimension* of the Multipath Model as cited in Sue et al (2016), children with Attention Deficit Hyperactivity Disorder are known to have deficits in executive functioning, and specifically have difficulty inhibiting responses. Which of the following brain areas normally controls these types of functions?

- 1 The thalamus
- 2 The amygdala
- 3 The parietal lobes
- 4 The frontal lobe

**Question 20**

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

- a) soiling their clothes, bed or other inappropriate places
  - b) where involuntary bowel movement occurs
  - c) where involuntary or voluntary bowel movement occurs
  - d) at least once a week
  - e) at least once a month
  - f) for at least 3 months
  - g) for at least 6 months
  - h) child must be at least 5 years of age
  - i) child must be at least 4 years of age
- 1 a, c, e, f and i
  - 2 a, b, d, f, and h
  - 3 a, c, d, f and i
  - 4 c, e, g, and h

[TURN OVER]

Read the following case study carefully and then answer questions 21, 22, 23, 24, 25 and 26.

**Mavis** and her husband John, were both partners in a well-respected law firm. In spite of being happily married, they never had children as Mavis, who grew up in an orphanage after the death of her parents, refused to have children as she did not want a possible repetition of her unhappy and lonely childhood years.

Five months ago, John was shot by a convicted client and died on his way to hospital. Since John's tragic death, Mavis' functioning, especially her occupational functioning, has been seriously impaired. Not only has she postponed several consultations with clients, she has also refused to appear in court on behalf of clients. After receiving a warning from the senior partners of her firm, she sought the professional help of a clinical psychologist.

During the first consultation with the psychologist Mavis appeared tense but not depressed or preoccupied with the memories of her deceased husband. She described the onset of her problems vividly. While listening to the doctor informing her about John's death at the hospital, she suddenly noticed a dramatic increase in her heart rate. She felt intense stabbing pains in her chest and had difficulty breathing. She started to tremble uncontrollably, felt dizzy, had a numb feeling in both her arms and feared that she was going to die from a heart attack. The doctor noticed her discomfort and she was taken to the emergency unit where several medical tests were performed. No abnormality was detected. Since that first episode, Mavis had several similar distressing episodes which lasted for 10 to 15 minutes at least once a week. Several times, she had rushed to the hospital convinced that she was having a heart attack. All the examinations and results of tests were within normal limits.

Mavis constantly worries about re-occurring episodes. Mavis also has an intense fear of losing control or suffering a heart attack while consulting with clients and being in places such as the court room where medical help would not be easily available should she suffer a heart attack during one of these unexpected, overwhelming episodes.

Mavis could not identify a specific trigger for the episodes that followed the first episode. However, she became aware of the slightest physiological changes such as an increase in heart rate and faster breathing and realised that these physiological changes exacerbate her fear that she may suffer another uncontrollable episode.

#### Question 21

According to the DSM-5 classification system, the principal diagnosis in Mavis' case is - - - - -

1. Social Phobia
2. Panic Disorder
3. Illness Anxiety Disorder
4. Adjustment Disorder with Anxiety

[TURN OVER]



**Question 22**

In diagnosing Mavis' abnormal behaviour according to the DSM-5 classification system, Generalised Anxiety Disorder (GAD) was **ruled out** as a possible diagnosis. Would you - - - - with this decision as - - - - ?

- a) agree, Mavis does not worry about a variety of events and activities
- b) agree, Mavis manifests symptoms of worry for less than six months
- c) agree, Mavis does not show any of the additional characteristic symptoms of GAD
- d) agree, Mavis is suffering from unexpected episodes of high-intensity anxiety which eliminates GAD as a possible diagnosis
- e) agree, GAD is characterised by distress but not by significant impairment in functioning
- f) disagree, GAD should be made in combination with the principal diagnosis

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

**Question 23**

In diagnosing Mavis' abnormal behaviour according to the DSM-5 classification system, Agoraphobia is considered as a comorbid diagnosis. Which of the following decisions regarding the diagnosis of Agoraphobia in Mavis' case is **correct**?

- 1 Agoraphobia should be eliminated as a comorbid diagnosis because Mavis only fears one of the five situations listed in the DSM-5 criteria for Agoraphobia for a period of less than six months
- 2 Agoraphobia should be eliminated as a comorbid diagnosis as Mavis does not meet any of the DSM-5 criteria for Agoraphobia
- 3 The diagnosis of Agoraphobia as a comorbid diagnosis should be made as Mavis clearly meets the full DSM-5 criteria for Agoraphobia
- 4 No additional diagnosis should be made but Agoraphobia should be used as a specifier to add to the information that is relevant regarding the treatment of her abnormal behaviour

**Question 24**

Which **one** of the following would be regarded as important in the development of Mavis' principal diagnosis according to the *biological dimension* of the Multipath Model cited in Sue et al (2016)?

- 1 High heritability
- 2 The functioning of the amygdala
- 3 Increased availability of serotonin
- 4 An increase in GABA receptors in the hippocampus

**Question 25**

According to the Cognitive Behavioural Perspective, it is assumed that the development and maintenance of Mavis' principal diagnosis can be attributed to - - - -

- 1 the lack of proper role models during her childhood
- 2 the loss of an important social reinforcer when her husband died
- 3 Mavis' inability to control the overwhelming, distressing episodes of anxiety
- 4 the misinterpretation of unpleasant bodily sensations which create a feedback loop that results in increasing anxiety

[TURN OVER]

**Question 26**

According to the *social dimension* of the Multipath Model cited in Sue et al (2016), the development of Mavis' principal diagnosis can be explained as follows

- 1 Stressful childhood experiences probably interacted with a biological predisposition towards anxiety which results in the principal diagnosis
- 2 The fact that Mavis is a woman with a stressful career makes her more susceptible to developing this kind of disorder
- 3 Mavis clearly has a negative attributional style and makes erroneous assumptions about her experiences
- 4 The shooting of her husband attracted wide public attention which probably contributed to her experiencing uncontrollable stress levels and feeling out of control.

**Read the following case study carefully and then answer question 27**

**Claire**, a 17-year-old girl, is referred to a psychologist by a dermatologist after she admitted to him that the loss of her hair is the result of her recurrently pulling it out in an attempt to broaden her forehead, which she believes is too small and makes her look ugly and dumb. A photo of Claire before she began pulling her hair out shows an attractive adolescent.

**Question 27**

According to the DSM-5 classification system, Claire's behaviour can be diagnosed as - - - - -

- 1 Body Dysmorphic Disorder
- 2 Obsessive-Compulsive Disorder
- 3 Delusional Disorder, somatic type
- 4 Trichotillomania (Hair Pulling Disorder)

**Read the following case study carefully and then answer questions 28, 29 and 30**

**Charlize**, a 25-year-old nursery school teacher, was brought to the psychiatric unit of the hospital by her husband as he could no longer handle her behaviour. Charlize was extremely agitated, talkative and active on admission. She could not understand why her husband insisted on professional help for her and accused him of being jealous of her happiness and ability to enjoy life. Her husband noticed a marked change in her behaviour three weeks ago when she began to talk loudly and continuously in a very intrusive way without making any sense.

She, out of character, would initiate several social activities one after the other but lose interest in them before any of these activities could be carried out. She became very restless and slept very little. Her strange behaviour became an embarrassment to him. She would sing suggestive songs and dance in a provocative manner in public places without considering the context. Her mood was clearly expansive but she would become aggressive when he tried to calm her down. She refused to go back to her workplace as a teacher as she became convinced that she would be the next Mrs World and that she should rather prepare herself for her reign. This unfounded conviction led to several buying sprees in spite of the fact that they barely had enough money to make ends meet.

[TURN OVER]

**Question 28**

In diagnosing Charlize's abnormal behaviour according to the DSM-5 classification system, both Borderline Personality Disorder and Attention-Deficit/Hyperactivity Disorder were considered but both disorders were ruled out because of **one very specific reason** namely

- 1 She did not manifest any distress
- 2 The current symptoms represent a distinct episode
- 3 Her symptoms caused severe impairment in functioning
- 4 She did not show any insight into her abnormal behaviour

**Question 29**

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

- 1 Bipolar I Disorder
- 2 Bipolar II Disorder
- 3 Cyclothymic Disorder
4. Delusional Disorder, grandiose type

**Question 30**

Charlize's symptoms of grandiosity and euphoria illustrate the - - - - - domain of the mental disorder she is suffering from, while the symptom of poor judgement illustrate the - - - - - domain of the mental disorder she is suffering from

- 1 mood; cognitive
- 2 behavioural, mood
- 3 cognitive, behavioural
- 4 psychotic; physiological

**Read the following case study and then answer questions 31 and 32.**

Jenny, a 40-year-old widow, is markedly depressed since the death of her husband two and a half years ago. Her depressed mood interferes with her concentration and ability to work. She experiences an increased need for sleep but still feels tired during the day. Her overeating has led to a 15 kg weight gain, she feels guilty about all the "bad things" she has done and for not being a better wife to her husband.

**Question 31**

According to the DSM-5 classification system, Jenny will most likely receive the diagnosis of - - - - -

- 1 Bereavement, chronic
2. Major Depressive Disorder
- 3 Adjustment Disorder with depressed mood
- 4 Persistent Depressive Disorder (Dysthymia)

[TURN OVER]

**Question 32**

According to the Behavioural explanation, the development of Jenny's mental disorder can be attributed to - - - - -

- 1 learned helplessness
- 2 loss of social reinforcement
- 3 polarised thinking
- 4 increased attention to negative events in life/life events

**Question 33**

Genetics and heredity play an important role in the development of Schizophrenia Which **one** of the following statements regarding the *biological dimension* of Schizophrenia according to the Multipath Model (Sue et al , 2016) is **incorrect**?

- 1 Researchers have found that closer blood relatives of individuals diagnosed with Schizophrenia run a greater risk of developing the disorder
- 2 The dopamine hypothesis suggests that Schizophrenia may result from excess dopamine activity at certain synaptic sites
- 3 The use of cocaine, amphetamines, alcohol and cannabis appears to increase the chances of developing Schizophrenia
- 4 Current contemporary research focuses on attempting to identify the specific gene or genes that cause Schizophrenia

**Question 34**

Which **one** of the following statements, according to Sue et al (2016), about Schizoaffective Disorder is **incorrect**?

- 1 Schizoaffective Disorder has features of both schizophrenia combined with symptoms of a major depressive or manic episode that continue for the majority of the time the Schizophrenic symptoms are present
- 2 Schizoaffective Disorder is a commonly diagnosed disorder, prevalent predominately in men
- 3 Younger individuals with this disorder tend to have the bipolar subtype whereas older people are more likely to have the depressive subtype
- 4 Diagnosis of Schizoaffective Disorder is difficult

**Read the following case study and answer questions 35 and 36**

Franky, a 29-year-old freelance photographer, has progressively developed the conviction that he is malformed. He has made repeated visits to his doctor over the last three months convinced that this malformation occurred from an alien impregnation of his mother's womb. When asked to provide details of this malformation, Franky reported that his body is not in proportion with his head resulting in him looking more like an alien than his biological father. Despite repeated efforts by his doctor to disprove his belief scientifically, Franky continues to believe otherwise.

[TURN OVER]

**Question 35**

The consulting psychologist asked to provide a possible diagnosis of Franky, is most likely to provide which **one** of the following diagnoses according to the DSM-5 classification system?

- 1 Brief Psychotic Disorder
- 2 Delusional Disorder
- 3 Body Dysmorphic Disorder
- 4 Dissociative Identity Disorder

**Question 36**

Franky's constant belief that his body is not in proportion with his head despite contrary scientific evidence is an example of - - - - -

- 1 somatic delusion
- 2 persecutory delusion
- 3 visual hallucination
- 4 compulsive thoughts

**Read the following case study and answer questions 37, 38, 39 and 40.**

Sam, a 30-year-old attorney, has been reported by his girlfriend as exhibiting concerning behaviour. Over the last three months, Sam has become socially withdrawn believing that his body emits a revolting odour. He has spent thousands of rands buying toiletries he believes are needed to help combat his dreadful body odour. This behaviour persists despite intervention from close family and friends reassuring Sam that he doesn't have any such condition. During this time, Sam has also progressively become more difficult to understand as his speech is often incoherent. His family has sought help for Sam's frequent outbursts which involve periods of hyperactivity and loud rantings that shift from one topic to another without any logical flow.

**Question 37**

Which **one** of the following disorders is Sam most likely to be diagnosed with according to the DSM-5 classification system?

- 1 Schizophrenia
- 2 Schizophreniform Disorder
- 3 Schizoaffective Disorder
- 4 Schizotypal Personality Disorder

**Question 38**

Sam's symptoms of a lack of meaningful speech patterns and his frequent shifts from one topic to another without any logical flow, are examples of - - - - - and - - - - -

- 1 alogia, loosening of associations
- 2 avolition, loosening of associations
- 3 alogia, anhedonia
- 4 avolition, anhedonia

[TURN OVER]

**Question 39**

Sam's symptoms continue to persist five months after his initial diagnosis was made three months after his symptoms initially appeared. Given the extended duration of his symptoms, which **one** of the following disorders according to the DSM-5 classification system would be Sam's current diagnosis?

- 1 Schizophrenia
- 2 Schizophreniform Disorder
- 3 Schizoaffective Disorder
- 4 Schizotypal Personality Disorder

**Question 40**

Sam's frequent outbursts which involve periods of hyperactivity and loud rantings, is an example of  
-----

- 1 excited catatonia
- 2 avolition
- 3 alogia
- 4 anhedonia

**Question 41**

South Africa's suicide rates are among the highest in the world, and our teens are particularly at risk. Last week, a 14-year-old grade 9 learner shot herself with her father's gun. Just months ago, a 16-year-old boy's body was found hanging from a tree at school.

An identifiable risk factor according to Sue et al (2016) in both cases discussed above would be  
-----

- 1 easy access to lethal methods
- 2 previous suicide attempt or intent
- 3 self-injurious behaviour
- 4 loneliness

**Question 42**

According to the Multipath Model of Suicide in Sue et al (2016) -----

- 1 low dopamine levels are associated with increased aggression and impulsivity which are characteristics that may increase suicidality
- 2 the psychological states most strongly associated with suicide are depression and impulsivity
- 3 one of the most consistently reported correlates of suicidal behaviour is alcohol consumption
- 4 suicidal ideation and completed suicide is highest among men

**Question 43**

Which one of the following is **not** a DSM-5 criterion for a diagnosis of Illness Anxiety Disorder?

- 1 Excessive anxiety about health
- 2 Repeatedly checks for signs of illness
- 3 Serious somatic symptoms and signs of illness are evident
- 4 Preoccupation with having or contracting a serious illness

[TURN OVER]

**Read the following case study and answer questions 44, 45, 46, 47 and 48.**

Two years ago, Bradley, a 26-year-old soldier, was deployed from his hometown in Kraaifontein to a military base in Johannesburg, leaving his wife and sickly new born son behind. This sudden deployment caused significant stress for Bradley. Three months after his transfer, he started experiencing severe and persistent burping and difficulties swallowing which was beyond his voluntary control. He complained to a psychologist at his sickbay that his symptoms caused him feelings of shame and embarrassment, as his burping becomes worse when he is in stressful situations at work such as during parades and roll call.

His senior officer has made numerous complaints over Bradley's "strange and socially deplorable behaviour" at work, whereas his unusual condition has earned him the reputation of "army clown" amongst his colleagues. Despite the sometimes comical nature of Bradley's burping, he does not see it as a laughing matter, as he is now avoiding all social contact out of shame and is also on a final warning at work. He is desperate for help as he stands to lose his job, which he loves.

Bradley has been to numerous medical doctors, including a neurologist, a gastrologist and an ear, nose and throat specialist. Despite extensive medical examinations, he was found to be in top physical shape.

The psychologist noticed that Bradley experiences feelings of extreme guilt and stress for choosing his career over his new family, just like his own absent father had done.

The psychologist compiled the following DSM-5 differential diagnosis based on the information presented by Bradley:

- a) Somatic Symptom Disorder
- b) Conversion Disorder (Functional Neurological Symptom Disorder)
- c) Generalised Anxiety Disorder
- d) Illness Anxiety Disorder
- e) Factitious Disorder Imposed on Self
- f) Malingering

#### **Question 44**

The psychologist **correctly** decides to eliminate - - - - -, due to the fact that - - - - -

- 1 Malingering, Bradley's employees find his symptoms to be funny
- 2 Conversion Disorder, he does not manifest any weakness or paralysis
- 3 Illness Anxiety Disorder, Bradley is experiencing severe somatic symptoms
- 4 Somatic Symptom Disorder, Bradley's symptoms are not accompanied by fear of having an undiagnosed medical condition

#### **Question 45**

According to the DSM-5 classification system - - - - - Disorder is consistent with Bradley's symptoms of persistent burping and swallowing difficulties, because - - - - -

- 1 Somatic Symptom, Bradley is now avoiding all social contact
- 2 Illness Anxiety, Bradley feels distressed and ashamed about his burping
- 3 Conversion; Bradley developed his symptoms in response to significant life stressors
- 4 Factitious, Bradley's symptoms is causing him clinically significant impairment in social and occupational functioning

[TURN OVER]

**Question 46**

According to the Psychodynamic Model, Bradley's physical symptoms are likely caused by - - - - - such as - - - - -

- 1 stress; Bradley losing his job
2. genetic factors, inheriting certain traits from his father
3. unconscious conflicts, Bradley's feelings of guilt for leaving his family
4. reinforcement of symptomatic behaviours, Bradley's burping being rewarded by laughter from his colleagues

**Question 47**

According to the Multipath Model's explanation for the development of Somatic Symptom and Related Disorders, Bradley's involuntary physical symptoms may be caused by - - - - - which is an example of the *psychological dimension* of this model.

- 1 anxiety or stressful events
- 2 impaired neural connectivity
- 3 cultural acceptance of physical symptoms
- 4 attention and escape from responsibilities

**Question 48**

The psychologist recommends hypnotherapy to reduce the severity of Bradley's behavioural symptoms. This recommended intervention is an example of - - - - - prevention.

- 1 tertiary
- 2 primary
- 3 secondary
- 4 community

**Question 49**

- - - - - Personality Disorder is characterised by peculiar thoughts and behaviours as well as poor interpersonal relationships, whereas - - - - - Personality Disorder is characterised by a socially isolated, emotionally cold personality style with indifference towards others.

- 1 Antisocial; Avoidant
- 2 Schizotypal, Schizoid
3. Schizoid, Schizotypal
4. Schizophreniform; Antisocial

[TURN OVER]



**Question 50**

Martelize, 21 years old, was referred to a psychologist by her mother, who is concerned that Martelize is sometimes extremely happy and at other times becomes angry and despondent for no reason. She also has difficulties maintaining her friendships as she often goes from idealising her best friends to hating them in a short period of time. Martelize also tends to look down on herself, complains of feelings of emptiness and often engages in self-injurious behaviours such as cutting herself. Martelize is likely to meet the DSM-5 criteria for - - - - -

- 1 Borderline Personality Disorder
- 2 Bipolar Disorder
- 3 Disruptive Mood Dysregulation Disorder
- 4 Histrionic Personality Disorder

**Question 51**

Obsessive-Compulsive Personality Disorder is characterised by - - - - -

- 1 peculiar thoughts and behaviours and poor interpersonal relationships
- 2 intense fluctuations in mood, self-image, and interpersonal relationships
- 3 perfectionism, controlling interpersonal behaviour, devotion to details and rigidity
- 4 excessive dependence on others, submissiveness and an inability to assume responsibilities

**Question 52**

According to the Cognitive Behavioural Perspective, Paranoid Personality Disorder is caused by - - - - -

- 1 a cold and emotionally impoverished childhood lacking in empathy
- 2 classical conditioning, wherein the mistrust of others are reinforced through repeated punishment
- 3 the use of projection, a defence mechanism in which unacceptable impulses are denied and attributed to others
- 4 the use of an untrusting mental schema through which the individual filters and interprets the responses of others

**Read the following case study carefully and answer questions 53 and 54.**

Jack, a 20-year-old, has been with his girlfriend for two years now. Initially Jack and his girlfriend used to have brief sexual intercourse which was always initiated by the girlfriend. He sought psychological help because his girlfriend is threatening to leave him because he avoids being intimate with her. His girlfriend accuses him of having an affair. Jack indicated that he is not having an affair, but rather he does not fantasise nor daydream about sex at all.

**Question 53**

According to Sue et al, (2016) Jack can be seen as having a disruption on which phase of the sexual response cycle?

- 1 The arousal phase
- 2 The appetitive phase
- 3 The orgasm phase
- 4 The resolution phase

[TURN OVER]

**Question 54**

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

- 1 Gender Dysphoria
- 2 Erectile Disorder
- 3 Male Hypoactive Sexual Desire Disorder
- 4 Premature (Early) Ejaculation

**Question 55**

According to the Multipath Model's (Sue et al., 2016) explanation for the aetiology of Sexual Dysfunctions, the *psychological dimension* suggests that - - - - plays a role in sexual dysfunctions, while the *social dimension* explains sexual dysfunctions could be as a result of - - - -

- 1 negative attitudes toward sex, age-related changes
- 2 hormonal deficiencies, relational problems with partner
- 3 performance anxiety, gender roles
- 4 situational anxiety; strict religious upbringing

**Question 56**

According to the - - - - theory, the aetiology of Paraphilic Disorders can result from a person's modelling their behaviour on the behaviour of others who have carried out paraphilic acts

- 1 Psychodynamic
- 2 Humanistic
- 3 Learning
- 4 Cognitive

**Question 57**

The Men's Health clinic organised a nation-wide campaign to create awareness of the factors that contribute to sexual dysfunction in men. This is an example of - - - -

- 1 primary prevention
- 2 secondary prevention
- 3 tertiary prevention
- 4 community prevention

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

Lerato, a teenage girl from the age of six, was continually sexually abused by her alcoholic father and another family friend. Her father threatened to sexually abuse her younger siblings if she told anyone about the abuse. Lerato became suicidal but felt that she had to stay alive to protect her siblings. She ran away from home after being raped by her father and several of his friends as a "birthday present" for one of them. She left and aimlessly started walking the street, apparently without attracting attention. After about three days, she was stopped by the police. When questioned, she could not recall recent events or give her current address, furthermore, she could not provide the policeman with her name and stated that she is 10 years old. The policeman took Lerato to a place of safety where she saw a psychologist.

[TURN OVER]

**Question 58**

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

- 1 Dissociative Identity Disorder
- 2 Acute Stress Disorder
- 3 Dissociative Amnesia with dissociative fugue
- 4 Depersonalisation/Derealisation Disorder

**Question 59**

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

- 1 Housing Problem
- 2 Upbringing Away from Parents
- 3 Child Physical Abuse
- 4 Child Sexual Abuse

**Question 60**

Regarding the *psychological dimension* of the Multipath Model (Sue et al , 2016), the Psychodynamic explanation for the development of Lerato's principal diagnosis is due to - - - - -

- 1 repression of childhood trauma
- 2 disruptions in encoding of memories
- 3 negative cognitive schemas
- 4 loss of social support

**Question 61**

**Peter**, 14-years-old, has accurately been described as a delinquent, whereas **Craig**, 16-years-old, has been diagnosed with Conduct Disorder according to the DSM-5 classification system. Which alternative contains the **most accurate assumptions** we are able to make regarding these two boys based on the information provided above?

- 1 We should expect no difference between the behavioural patterns displayed by Peter and Craig, especially those related to the violation of the rights of others, the violation of major age-appropriate societal norms or rules which includes showing aggression to people and animals, the destruction of property and deceitfulness and/or theft
- 2 We expect that Peter will show a persistent pattern of getting arrested due the legal offences he commits throughout his life, whereas Craig's key symptoms as he grows older will entail mainly a lack in prosocial emotions in a variety of relationships and settings
- 3 We know that Peter has committed at least one legal offence in his lifetime. Craig most likely manifests a persistent and repetitive behavioural pattern of at least 12-month duration in which the rights of others or major age-appropriate societal norms or rules are violated including showing aggression to people and animals, destruction of property, deceitfulness and/or theft
- 4 The behaviour Peter manifests excludes him from receiving a diagnosis of a Conduct Disorder whereas the diagnosis Craig received predisposes him to developing Antisocial Personality Disorder as an adult

[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 is "With limited prosocial emotions". Which one of the following is **not** one of the aspects considered under this specifier for the diagnosis?

- 1 Lack of remorse or guilt
- 2 Unconcerned with performance
- 3 Shallow or deceitful affect
- 4 Emotional dysregulation symptoms

**Question 63**

Ever since Steve was a toddler, he was irritable and difficult to please. He often threw intense temper tantrums in front of his parents and other children. Steve, now 16-years-old, continues to have angry episodes and outbursts, which are not premeditated yet sometimes involve physical injury. His actions during these short episodes cause Steve a lot of personal distress, especially as his behaviour during these episodes far outweighs the incident that triggers these episodes in the first place.

The most likely diagnosis of Steve's abnormal behaviour according to the DSM-5 classification system will be - - - - -

- 1 Intermittent Explosive Disorder
- 2 Oppositional Defiant Disorder
- 3 Conduct Disorder
- 4 Paediatric Bipolar Disorder

**Question 64**

Which of the following statements is **accurate** regarding the *biological dimension* of the Multipath Model's (Sue et al., 2016) explanation for the aetiology of Conduct Disorder?

- a) Regarding the externalising disorders, social factors, such as parental role modelling and early maternal rejection, appear to exert the greatest influence on the development of Conduct Disorder
  - b) Antisocial behaviour has been linked to brain abnormalities associated with deficits in social information processing
  - c) Antisocial behaviour has been linked to brain abnormalities associated with reduced activity in the amygdala in situations associated with fear
  - d) Cortisol levels seem to play a role in the symptom production of individuals with Conduct Disorder. Elevated cortisol levels have been associated with symptoms of impulsive aggression, whereas low cortisol levels occur in youth with callous and unemotional traits and predatory aggression
- 1 a, b and c
  - 2 b, c and d
  - 3 a, c and d
  - 4 All of the above

[TURN OVER]

Read the short case studies and then answer questions 65 and 66.

Due to birth complications **Mary**, now 10 years of age, was diagnosed according to the DSM-5 classification system. Her disorder includes both intellectual and adaptive functioning deficits. Mary has been placed in a foster home as her parents weren't able to provide her with the adequate care she needed.

**David**, 18-years-old, on the other hand, sustained a traumatic brain injury in a motorbike accident when he was 16 years of age and now shows severe cognitive impairment. This impairment represents a significant decline from his previous level of performance in at least two of the six cognitive dimensions. As a result, he too received a diagnosis. Due to his severe cognitive difficulties and therefore greatly impaired behaviour, David has been the target of incessant bullying in his school.

#### Question 65

Given the information above, it is most likely that **Mary** received a principal diagnosis of - - - - - whereas **David** received a principal diagnosis of - - - - -, according to the DSM-5 classification system.

- 1 Intellectual Disability , Major Neurocognitive Disorder
- 2 Attention Deficit/Hyperactivity Disorder , Post-traumatic Stress Disorder
- 3 Autistic Spectrum Disorder , Mild Neurocognitive Disorder
- 4 Reactive Attachment Disorder , Conversion Disorder

#### Question 66

When using the DSM-5 classification system, a clinician diagnosing both Mary and David would not only diagnose the principal disorder, but would consider additional diagnoses regarding *Other Conditions that May Require Clinical Attention*. Considering this category the clinician most likely added an additional diagnosis for **Mary** namely - - - - -, as well as for **David** namely - - - - -.

- 1 Inadequate Housing , Acculturation Difficulty
- 2 Housing Problem , Academic or Educational Problem
- 3 Upbringing Away from Parents , Social Exclusion or Rejection
- 4 Child Neglect, Confirmed , Child Psychological Abuse, Confirmed

#### Question 67

Strokes damaging the left hemisphere of the brain typically affect - - - - -, as well as physical movement on the right half of the body, whereas strokes occurring within the right hemisphere can - - - - - in addition to impairing motor movement on the left side of the body.

- 1 speech and language proficiency , impair judgment and short-term memory
- 2 judgment and short-term memory , impair speech and language proficiency
- 3 ability to feel empathy , increase impulsivity
- 4 impulse control , decrease empathy

[TURN OVER]

**Question 68**

According to the DSM-5 classification system the primary symptom in Delirium is a disturbance in

- 
- 1 attention
  - 2 memory
  - 3 cognition
  - 4 reality testing

Read the following list carefully and then answer questions 69 and 70.

It is often difficult to distinguish symptoms of normal aging from those involved in a Neurocognitive Disorder. Below you will find a list of some of the symptoms involved in either normal aging or a Neurocognitive Disorder.

- a) Has difficulty or requires assistance with normal day-to-day activities
- b) Frequently forgets words or recently learned information and uses incorrect words and repeats the same questions or comments
- c) Experiences occasional distractibility
- d) Experiences poor judgement and fails to remember important dates or details
- e) Is slower to complete mental or physical activities.
- f) Has difficulty completing familiar tasks
- g) Occasionally forgets a name, word or appointment
- h) Shows concern about occasional forgetfulness
- i) Occasionally gets lost.

**Question 69**

Choose the alternative that correctly groups the symptoms (provided in the list above) involved in normal aging.

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

**Question 70**

Choose the alternative that correctly groups the symptoms (provided in the list above) involved in a Neurocognitive Disorder.

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

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

**PART 1 (GENERAL/ALGEMEEN) DEEL 1**

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**2**

INITIALS AND SURNAME  
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**3**

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**9**

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**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)
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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)
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21	(1) (2) (3) (4) (5)	56	(1) (2) (3) (4) (5)	91	(1) (2) (3) (4) (5)	126	(1) (2) (3) (4) (5)
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30	(1) (2) (3) (4) (5)	65	(1) (2) (3) (4) (5)	100	(1) (2) (3) (4) (5)	135	(1) (2) (3) (4) (5)
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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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- ② The paper number pertains only to first-level courses consisting of two papers

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

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- ⑦ In each vertical column mark the digit that corresponds to the digit in your student number as follows [-]
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Subject

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