Community Medicine – Comprehensive MCQ Master Bank (CM1–CM20)

Each item has four options, a correct answer, a brief explanation, and a competency tag.  
Based primarily on Park’s Textbook of Preventive & Social Medicine and aligned with CBME competencies.

# CM1: Concept of Health & Disease

1. 1. WHO definition emphasizes health as [CM1.1]

a) absence of disease

b) complete wellbeing

c) ability to work

d) biological fitness

✅ Answer: complete wellbeing

💡 Explanation: WHO defines health as a state of complete physical, mental and social wellbeing, not merely absence of disease.

1. 2. A determinant rather than a dimension of health is [CM1.2]

a) Social

b) Mental

c) Genetic

d) Physical

✅ Answer: Genetic

💡 Explanation: Genetic makeup affects health but is not listed as a classic dimension.

1. 3. ‘Iceberg phenomenon’ is best seen in [CM1.3]

a) Rabies

b) Hypertension

c) Tetanus

d) Measles

✅ Answer: Hypertension

💡 Explanation: Large subclinical fraction in chronic conditions like HTN/DM.

1. 4. Primordial prevention aims to [CM1.4]

a) detect disease early

b) restore function

c) prevent risk factors from emerging

d) treat early disease

✅ Answer: prevent risk factors from emerging

💡 Explanation: Targets social/environmental conditions so risk factors do not arise.

1. 5. Health promotion was emphasized by the [CM1.5]

a) Ottawa Charter

b) Alma-Ata Declaration

c) Bhore Committee

d) Beveridge Report

✅ Answer: Ottawa Charter

💡 Explanation: Ottawa Charter (1986) defines strategies for health promotion.

1. 6. A positive health indicator is [CM1.6]

a) IMR

b) MMR

c) Life expectancy

d) Case fatality rate

✅ Answer: Life expectancy

💡 Explanation: Positive indicators reflect wellbeing rather than disease/death.

1. 7. Tertiary prevention includes [CM1.7]

a) Health education

b) Immunization

c) Rehabilitation

d) Screening

✅ Answer: Rehabilitation

💡 Explanation: Tertiary prevention limits disability and restores function.

1. 8. Natural history of disease is most directly altered by [CM1.8]

a) Secondary prevention

b) Primary prevention

c) Tertiary prevention

d) Quaternary prevention

✅ Answer: Primary prevention

💡 Explanation: Intervenes before onset (e.g., vaccination) changing downstream course.

# CM2: Epidemiology & Research Methods

1. 1. Best measure of association from a cohort study [CM2.1]

a) Odds ratio

b) Relative risk

c) Prevalence ratio

d) Population attributable fraction

✅ Answer: Relative risk

💡 Explanation: Cohort provides incidence → RR is calculated.

1. 2. Odds ratio approximates relative risk when [CM2.2]

a) Disease is rare

b) Exposure is common

c) Sample is small

d) Follow-up is long

✅ Answer: Disease is rare

💡 Explanation: For rare diseases, OR ≈ RR.

1. 3. A propagated epidemic curve shows [CM2.3]

a) Single sharp peak

b) Successive waves

c) Flat plateau

d) No peak

✅ Answer: Successive waves

💡 Explanation: Person-to-person spread yields multiple peaks one incubation apart.

1. 4. Confounding is best handled at analysis by [CM2.4]

a) Randomization

b) Restriction

c) Matching

d) Stratification

✅ Answer: Stratification

💡 Explanation: Stratification or multivariable adjustment address confounding at analysis.

1. 5. Incidence is defined as [CM2.5]

a) Existing cases at a time

b) New cases over a period

c) New+old cases over a period

d) Risk at baseline

✅ Answer: New cases over a period

💡 Explanation: Incidence counts new onsets during specified time.

1. 6. A study that starts with disease and looks back for exposure [CM2.6]

a) Cohort

b) Case–control

c) Cross-sectional

d) RCT

✅ Answer: Case–control

💡 Explanation: Case–control starts from outcome and assesses prior exposure.

1. 7. Recall bias is most problematic in [CM2.7]

a) Cohort

b) Case–control

c) Cross-sectional

d) Community trial

✅ Answer: Case–control

💡 Explanation: Differential memory of exposures among cases/controls.

1. 8. A p-value of 0.03 implies [CM2.8]

a) 3% chance null is true

b) 3% chance data occurred if null true

c) 97% power

d) 3% type I error always

✅ Answer: 3% chance data occurred if null true

💡 Explanation: p-value = P(data|H0).

# CM3: Environment & Health

1. 1. Break-point chlorination ensures [CM3.1]

a) chlorine demand unmet

b) residual free chlorine present

c) organic matter removed

d) taste improved

✅ Answer: residual free chlorine present

💡 Explanation: After demand is satisfied, free residual ~0.5 mg/L protects water.

1. 2. Slow sand filters primarily remove [CM3.2]

a) Dissolved solids

b) Pathogens via schmutzdecke

c) Hardness

d) Iron

✅ Answer: Pathogens via schmutzdecke

💡 Explanation: Biological layer (schmutzdecke) traps/oxidizes pathogens.

1. 3. Permissible residential noise (day/night) dB are approx. [CM3.3]

a) 65/55

b) 55/45

c) 75/65

d) 45/35

✅ Answer: 55/45

💡 Explanation: CPCB guidelines for residential zones.

1. 4. Common vehicle for Hepatitis A outbreaks [CM3.4]

a) Air

b) Vector

c) Water/food

d) Fomite

✅ Answer: Water/food

💡 Explanation: Feco-oral transmission via contaminated supplies.

1. 5. A good house has window area at least [CM3.5]

a) 1/10th floor area

b) 1/6th floor area

c) 1/8th floor area

d) 1/4th floor area

✅ Answer: 1/6th floor area

💡 Explanation: Ventilation standard used in Indian guidelines.

1. 6. Biomedical sharps are disposed by [CM3.6]

a) Deep burial

b) Autoclave & shred

c) Encapsulation/bleach

d) Incineration or autoclave then puncture-proof container

✅ Answer: Incineration or autoclave then puncture-proof container

💡 Explanation: Sharps require destruction and safe containment.

1. 7. Vector control by larvivorous fish is example of [CM3.7]

a) Environmental control

b) Biological control

c) Chemical control

d) Genetic control

✅ Answer: Biological control

💡 Explanation: Using natural predators to reduce larvae.

1. 8. PM2.5 mainly affects [CM3.8]

a) Upper airway only

b) Alveoli and gas exchange

c) Skin

d) GI tract

✅ Answer: Alveoli and gas exchange

💡 Explanation: Fine particles reach alveoli causing CV/resp effects.

# CM4: Screening for Disease

1. 1. A highly sensitive test tends to [CM4.1]

a) miss many cases

b) produce false negatives

c) detect most true positives

d) have high PPV in low prevalence

✅ Answer: detect most true positives

💡 Explanation: Sensitivity = TP rate.

1. 2. Specificity is the probability of [CM4.2]

a) test positive when diseased

b) test negative when healthy

c) disease given positive test

d) health given negative test

✅ Answer: test negative when healthy

💡 Explanation: TN rate.

1. 3. Lead-time bias inflates [CM4.3]

a) incidence

b) prevalence

c) apparent survival time

d) true cure rate

✅ Answer: apparent survival time

💡 Explanation: Earlier detection makes survival appear longer without affecting outcome.

1. 4. Mass screening suits diseases that are [CM4.4]

a) rare & lethal

b) common with detectable preclinical phase

c) self-limited

d) untreatable

✅ Answer: common with detectable preclinical phase

💡 Explanation: Preclinical stage amenable to early detection and treatment.

1. 5. PPV increases when [CM4.5]

a) prevalence falls

b) prevalence rises

c) specificity falls

d) sensitivity falls

✅ Answer: prevalence rises

💡 Explanation: Higher prior probability → higher PPV.

1. 6. Sequential (two-stage) testing generally [CM4.6]

a) increases sensitivity

b) increases specificity

c) lowers specificity

d) raises false positives

✅ Answer: increases specificity

💡 Explanation: Second confirmatory test reduces false positives.

1. 7. Parallel testing generally [CM4.7]

a) increases sensitivity

b) decreases sensitivity

c) increases specificity

d) decreases NPV

✅ Answer: increases sensitivity

💡 Explanation: Any positive counts → fewer missed cases.

1. 8. Number Needed to Screen (NNS) refers to [CM4.8]

a) screened to detect one case

b) screened to prevent one outcome

c) tests per person

d) positives to treat

✅ Answer: screened to prevent one outcome

💡 Explanation: NNS often defined for endpoints like deaths prevented.

# CM5: Nutrition

1. 1. MUAC < 11.5 cm indicates [CM5.1]

a) Normal

b) MAM

c) SAM

d) Overnutrition

✅ Answer: SAM

💡 Explanation: WHO cut-off for Severe Acute Malnutrition.

1. 2. Kwashiorkor is chiefly due to [CM5.2]

a) Energy deficit

b) Protein deficit

c) Micronutrient deficit

d) Infection alone

✅ Answer: Protein deficit

💡 Explanation: Leads to edema, fatty liver, dermatosis.

1. 3. Indian adult overweight (public health) cut-off BMI starts at [CM5.3]

a) 23

b) 25

c) 27.5

d) 30

✅ Answer: 23

💡 Explanation: For Asian Indians, ≥23 considered overweight risk category.

1. 4. First Vitamin A dose schedule (India) at [CM5.4]

a) 6 months

b) 9 months

c) 12 months

d) 18 months

✅ Answer: 9 months

💡 Explanation: 1 lakh IU at 9 months (with measles/MR).

1. 5. Gold standard dietary assessment [CM5.5]

a) 24-hr recall

b) FFQ

c) Weighment method

d) Diet diary

✅ Answer: Weighment method

💡 Explanation: Direct weighment gives accurate intake estimation.

1. 6. Zinc is added to ORS for [CM5.6]

a) Reduce mortality

b) Reduce duration/severity of diarrhea

c) Increase appetite

d) Treat cholera

✅ Answer: Reduce duration/severity of diarrhea

💡 Explanation: Zinc shortens episodes and recurrences.

1. 7. Marasmus features include [CM5.7]

a) Edema

b) Moon face

c) Severe wasting

d) Fatty liver

✅ Answer: Severe wasting

💡 Explanation: Energy deficiency → emaciation without edema.

1. 8. Severe anemia in pregnancy threshold (g/dL) [CM5.8]

a) <7

b) <8

c) <9

d) <10

✅ Answer: <7

💡 Explanation: WHO defines severe anemia <7 g/dL.

# CM6–7: Demography & Family Planning

1. 1. India’s demographic stage is [CM6-7.1]

a) High stationary

b) Early expanding

c) Late expanding

d) Low stationary

✅ Answer: Late expanding

💡 Explanation: Fertility declining but not at low stationary yet.

1. 2. TFR approximating replacement level is [CM6-7.2]

a) 1.8

b) 2.1

c) 2.5

d) 3.0

✅ Answer: 2.1

💡 Explanation: Accounts for mortality and sex ratio at birth.

1. 3. Copper T 380A effective duration [CM6-7.3]

a) 3y

b) 5y

c) 10y

d) 12y

✅ Answer: 10y

💡 Explanation: CuT-380A labeled for 10 years.

1. 4. Emergency contraception within [CM6-7.4]

a) 24h

b) 72h

c) 5 days

d) 7 days

✅ Answer: 5 days

💡 Explanation: Ulipristal/Cu-IUD window up to 5 days; levonorgestrel best ≤72h.

1. 5. Unmet need refers to [CM6-7.5]

a) No access to FP methods

b) Want to delay/limit but not using FP

c) Sterilized demand

d) No sex

✅ Answer: Want to delay/limit but not using FP

💡 Explanation: Standard DHS/NFHS definition.

1. 6. MTP services permissible up to (general) weeks\* [CM6-7.6]

a) 12

b) 20

c) 24

d) 28

✅ Answer: 20

💡 Explanation: Expanded to 24 weeks in specified conditions by amendment; general limit commonly 20 weeks.

1. 7. Lactational amenorrhea method effective if baby is [CM6-7.7]

a) <3 months & partial BF

b) <6 months & exclusive BF

c) <9 months & mixed feeds

d) Any age if night feeds

✅ Answer: <6 months & exclusive BF

💡 Explanation: LAM criteria: <6 months, amenorrhea, exclusive BF.

1. 8. Condoms reduce risk of [CM6-7.8]

a) HIV

b) HBV

c) Pregnancy

d) All of the above

✅ Answer: All of the above

💡 Explanation: Barrier protection against STIs and pregnancy.

# CM8: Communicable Diseases

1. 1. Herd immunity is least useful in [CM8.1]

a) Measles

b) Polio

c) Tetanus

d) Rubella

✅ Answer: Tetanus

💡 Explanation: Not person-to-person; spores ubiquitous.

1. 2. Cardinal sign of leprosy [CM8.2]

a) Painful hyperpigmented patch

b) Hypopigmented anesthetic patch

c) Vesicular rash

d) Petechiae

✅ Answer: Hypopigmented anesthetic patch

💡 Explanation: Plus thickened nerve/AFB in smear.

1. 3. IP of Hepatitis A typically [CM8.3]

a) 1–3 days

b) 7–10 days

c) 15–50 days

d) 2–6 months

✅ Answer: 15–50 days

💡 Explanation: Feco-oral with variable IP.

1. 4. JE vaccine under UIP given in [CM8.4]

a) All India

b) Endemic districts

c) Urban only

d) Private only

✅ Answer: Endemic districts

💡 Explanation: Targeted in endemic areas.

1. 5. Post-exposure prophylaxis Cat III requires [CM8.5]

a) Vaccine only

b) RIG only

c) Vaccine + RIG

d) Observation only

✅ Answer: Vaccine + RIG

💡 Explanation: Infiltrate RIG in/around wounds.

1. 6. Vector for malaria [CM8.6]

a) Aedes

b) Anopheles

c) Culex

d) Sandfly

✅ Answer: Anopheles

💡 Explanation: Female Anopheles transmits malaria.

1. 7. Elimination vs eradication correct pair [CM8.7]

a) Polio—eradicated worldwide

b) Smallpox—eradicated

c) Measles—eradicated

d) Guinea worm—pandemic

✅ Answer: Smallpox—eradicated

💡 Explanation: Only smallpox eradicated globally.

1. 8. Best community measure for diarrheal disease control [CM8.8]

a) Mass antibiotics

b) ORS + zinc + WASH

c) Only vaccination

d) Probiotics

✅ Answer: ORS + zinc + WASH

💡 Explanation: Addresses dehydration and transmission routes.

# CM9: Non-Communicable Diseases

1. 1. Primordial prevention example [CM9.1]

a) Smoking cessation clinic

b) School anti-tobacco curriculum

c) BP screening

d) CABG

✅ Answer: School anti-tobacco curriculum

💡 Explanation: Prevents emergence of risk factors in youth.

1. 2. Diagnostic threshold FPG (mg/dL) for diabetes [CM9.2]

a) 100

b) 110

c) 126

d) 140

✅ Answer: 126

💡 Explanation: WHO/ADA diagnostic criterion.

1. 3. WHO BP classification Stage 1 begins at (mmHg) [CM9.3]

a) 130/80

b) 140/90

c) 150/95

d) 160/100

✅ Answer: 140/90

💡 Explanation: Classical JNC/WHO thresholds.

1. 4. Cancer prevention at secondary level [CM9.4]

a) HPV vaccination

b) Tobacco ban

c) Pap smear

d) Chemotherapy

✅ Answer: Pap smear

💡 Explanation: Screening = secondary prevention.

1. 5. MPOWER includes [CM9.5]

a) Raise taxes

b) Build hospitals

c) Subsidize cigarettes

d) Free alcohol

✅ Answer: Raise taxes

💡 Explanation: One of WHO MPOWER strategies.

1. 6. Common cancer in Indian women (recent) [CM9.6]

a) Cervical

b) Breast

c) Lung

d) Ovary

✅ Answer: Breast

💡 Explanation: Breast has overtaken cervical in many regions.

1. 7. BMI category for obesity (Asian cut) [CM9.7]

a) ≥23

b) ≥25

c) ≥27.5

d) ≥30

✅ Answer: ≥27.5

💡 Explanation: Asian BMI obesity threshold.

1. 8. Population screening under NPCDCS starts at age [CM9.8]

a) 20

b) 25

c) 30

d) 40

✅ Answer: 30

💡 Explanation: ≥30 years for HTN/DM common screening.

# CM10: Biostatistics & Research Methods

1. 1. In normal distribution, ~95% observations within [CM10.1]

a) ±1 SD

b) ±2 SD

c) ±3 SD

d) ±4 SD

✅ Answer: ±2 SD

💡 Explanation: Empirical rule: 68-95-99.7.

1. 2. Chi-square test compares [CM10.2]

a) Two means

b) Two proportions

c) Correlation

d) Regression slope

✅ Answer: Two proportions

💡 Explanation: For categorical data independence/goodness-of-fit.

1. 3. Type I error denotes [CM10.3]

a) False negative

b) False positive

c) Power

d) Effect size

✅ Answer: False positive

💡 Explanation: Rejecting a true null hypothesis.

1. 4. 95% CI not crossing null suggests [CM10.4]

a) No effect

b) Statistical significance at 5%

c) Type II error

d) Confounding

✅ Answer: Statistical significance at 5%

💡 Explanation: CI not including 0 (difference) or 1 (ratio).

1. 5. Sample technique best for households spread widely [CM10.5]

a) Simple random

b) Stratified

c) Cluster

d) Snowball

✅ Answer: Cluster

💡 Explanation: Efficient for dispersed populations.

1. 6. RR is computed from [CM10.6]

a) Case–control

b) Cohort

c) Cross-sectional

d) Ecologic

✅ Answer: Cohort

💡 Explanation: Requires incidence in exposed/unexposed.

1. 7. p-value is [CM10.7]

a) P(H0|data)

b) P(data|H0)

c) Effect size

d) Confidence

✅ Answer: P(data|H0)

💡 Explanation: Probability of observing data given null is true.

1. 8. OR is obtained from a [CM10.8]

a) 2×2 cohort table

b) 2×2 case–control table

c) ANOVA

d) Time series

✅ Answer: 2×2 case–control table

💡 Explanation: OR = ad/bc.

# CM11: Occupational Health

1. 1. Byssinosis agent [CM11.1]

a) Silica

b) Asbestos

c) Cotton dust

d) Coal

✅ Answer: Cotton dust

💡 Explanation: Brown lung disease in textile workers.

1. 2. NIHL prevention includes [CM11.2]

a) Ear plugs

b) Antibiotics

c) Vitamin A

d) Antacids

✅ Answer: Ear plugs

💡 Explanation: Hearing protection & engineering controls.

1. 3. Asbestos exposure linked most strongly to [CM11.3]

a) Mesothelioma

b) Leukemia

c) Melanoma

d) Retinoblastoma

✅ Answer: Mesothelioma

💡 Explanation: Classic occupational cancer.

1. 4. Ergonomics aims to [CM11.4]

a) Fit job to worker

b) Fit worker to job

c) Increase hours

d) Reduce wages

✅ Answer: Fit job to worker

💡 Explanation: Design tasks/workplace to human capabilities.

1. 5. ESI Act provides [CM11.5]

a) Only maternity

b) Only sickness

c) Comprehensive worker benefits

d) Only injury benefit

✅ Answer: Comprehensive worker benefits

💡 Explanation: Medical, sickness, maternity, disability, dependents.

1. 6. Pneumoconiosis refers to [CM11.6]

a) Organic dust lung disease

b) Inorganic dust lung disease

c) Viral pneumonia

d) Asthma

✅ Answer: Inorganic dust lung disease

💡 Explanation: Silica, asbestos, coal.

1. 7. Machine guarding is a [CM11.7]

a) Medical measure

b) Engineering control

c) PPE

d) Administrative control

✅ Answer: Engineering control

💡 Explanation: Primary hazard control.

1. 8. Periodic examination detects [CM11.8]

a) Pre-placement fitness

b) Early occupational disease

c) Community outbreaks

d) Only productivity

✅ Answer: Early occupational disease

💡 Explanation: Part of medical measures.

# CM12: Health System in India

1. 1. Sub-centre population norm (plains) [CM12.1]

a) 1000

b) 3000

c) 5000

d) 10,000

✅ Answer: 5000

💡 Explanation: SC covers ~3000 (hilly)/5000 (plains).

1. 2. PHC bed strength (IPHS baseline) [CM12.2]

a) 2

b) 6

c) 10

d) 30

✅ Answer: 6

💡 Explanation: Typical PHC has 6 beds.

1. 3. CHC specialists include [CM12.3]

a) Physician, Surgeon, OBG, Pediatrician

b) Dermatologist, ENT, Ophthal, Ortho

c) Psychiatrist, Radiologist, Pathologist, Dentist

d) Any four

✅ Answer: Physician, Surgeon, OBG, Pediatrician

💡 Explanation: Core CHC specialists.

1. 4. ASHA is [CM12.4]

a) Salaried staff

b) Community volunteer

c) Doctor

d) Nurse

✅ Answer: Community volunteer

💡 Explanation: Incentive-based link worker under NHM.

1. 5. ICDS provides [CM12.5]

a) Curative care only

b) Six services incl. SNP & preschool

c) Only immunization

d) Only referral

✅ Answer: Six services incl. SNP & preschool

💡 Explanation: Integrated child development services.

1. 6. Health & Wellness Centres focus on [CM12.6]

a) Only RMNCH

b) Only IPD

c) Comprehensive primary care incl. NCDs

d) Only TB

✅ Answer: Comprehensive primary care incl. NCDs

💡 Explanation: AB-HWC expands service package.

1. 7. IPHS are [CM12.7]

a) Insurance plans

b) Quality and resource standards for facilities

c) Budget norms

d) Drug price caps

✅ Answer: Quality and resource standards for facilities

💡 Explanation: Benchmarks for infrastructure/manpower/services.

1. 8. VHSNC stands for [CM12.8]

a) Village Health Sanitation & Nutrition Committee

b) Viral Hepatitis Surveillance & Notification Cell

c) Vital Health Services & Nursing Council

d) None

✅ Answer: Village Health Sanitation & Nutrition Committee

💡 Explanation: Community participation body.

# CM13: National Health Programmes

1. 1. NVBDCP includes [CM13.1]

a) Malaria, dengue, JE, filariasis, kala-azar, chikungunya

b) TB only

c) HIV only

d) Leprosy only

✅ Answer: Malaria, dengue, JE, filariasis, kala-azar, chikungunya

💡 Explanation: Umbrella for vector-borne diseases.

1. 2. NACP pillar [CM13.2]

a) Mass BCG

b) PPTCT & ART

c) MDA with DEC

d) Only IEC

✅ Answer: PPTCT & ART

💡 Explanation: Prevention of parent-to-child transmission and treatment.

1. 3. NTEP aims to [CM13.3]

a) Eliminate TB burden

b) Eradicate malaria

c) Eliminate leprosy

d) Eradicate polio

✅ Answer: Eliminate TB burden

💡 Explanation: Revised strategy for TB control.

1. 4. NPCB focuses on [CM13.4]

a) Hearing loss

b) Visual impairment & cataract surgery

c) Osteoporosis

d) Skin diseases

✅ Answer: Visual impairment & cataract surgery

💡 Explanation: National Programme for Control of Blindness.

1. 5. RMNCH+A integrates [CM13.5]

a) Child only

b) Maternal only

c) Reproductive, maternal, newborn, child, adolescent

d) NCD only

✅ Answer: Reproductive, maternal, newborn, child, adolescent

💡 Explanation: Continuum of care.

1. 6. Anemia Mukt Bharat strategies include [CM13.6]

a) Only IFA

b) IFA + deworming + BCC + fortification

c) Only transfusion

d) Only diet

✅ Answer: IFA + deworming + BCC + fortification

💡 Explanation: Comprehensive approach across life-course.

1. 7. NTCP enforces [CM13.7]

a) COTPA provisions

b) Food Safety Act

c) MTP Act

d) IDSP rules

✅ Answer: COTPA provisions

💡 Explanation: Tobacco control legislation.

1. 8. Ayushman Bharat PM-JAY offers up to (₹) per family/year [CM13.8]

a) 1 lakh

b) 3 lakh

c) 5 lakh

d) 10 lakh

✅ Answer: 5 lakh

💡 Explanation: Financial protection for secondary/tertiary care.

# CM14: International Health

1. 1. Alma-Ata year [CM14.1]

a) 1978

b) 1986

c) 1990

d) 2000

✅ Answer: 1978

💡 Explanation: Primary Health Care declaration.

1. 2. SDGs target year [CM14.2]

a) 2020

b) 2025

c) 2030

d) 2040

✅ Answer: 2030

💡 Explanation: UN SDGs run 2015–2030.

1. 3. IHR (2005) deals with [CM14.3]

a) Trade tariffs

b) Cross-border health threats

c) Climate only

d) Patent laws

✅ Answer: Cross-border health threats

💡 Explanation: Framework for PHEIC notification/response.

1. 4. UNICEF core areas include [CM14.4]

a) Child survival, WASH, education

b) Defense

c) Taxation

d) Space research

✅ Answer: Child survival, WASH, education

💡 Explanation: Mandate for children and women.

1. 5. GPEI aims to eradicate [CM14.5]

a) Smallpox

b) Polio

c) Measles

d) Rabies

✅ Answer: Polio

💡 Explanation: Global Polio Eradication Initiative.

1. 6. WHO’s role includes [CM14.6]

a) Setting norms/standards

b) Military defense

c) Tax collection

d) Judicial review

✅ Answer: Setting norms/standards

💡 Explanation: Plus leadership, monitoring, technical support.

1. 7. Global Fund (GFATM) supports [CM14.7]

a) AIDS, TB, Malaria

b) Only TB

c) Only HIV

d) Only Malaria

✅ Answer: AIDS, TB, Malaria

💡 Explanation: Financing mechanism to fight three diseases.

1. 8. MSF is known for [CM14.8]

a) Commercial drugs

b) Humanitarian medical aid

c) Epidemiological surveillance only

d) Vaccine manufacturing

✅ Answer: Humanitarian medical aid

💡 Explanation: Médecins Sans Frontières works in crises.

# CM15: Health Planning & Management

1. 1. PDSA cycle stands for [CM15.1]

a) Plan-Do-Study-Act

b) Prepare-Deliver-Score-Adapt

c) Plan-Develop-Standardize-Apply

d) Predict-Do-See-Act

✅ Answer: Plan-Do-Study-Act

💡 Explanation: QI cycle for continuous improvement.

1. 2. PERT/CPM are tools for [CM15.2]

a) Quality control

b) Network planning & scheduling

c) Financial auditing

d) Randomization

✅ Answer: Network planning & scheduling

💡 Explanation: Project management techniques.

1. 3. Gantt chart displays [CM15.3]

a) Budgets

b) Timelines

c) Decision trees

d) Hypotheses

✅ Answer: Timelines

💡 Explanation: Bar chart of activities vs time.

1. 4. Input indicators measure [CM15.4]

a) Resources used

b) Outputs

c) Outcomes

d) Impact

✅ Answer: Resources used

💡 Explanation: E.g., funds, staff, equipment.

1. 5. Cost-effectiveness analysis outcome [CM15.5]

a) ₹ saved

b) QALY/DALY per ₹

c) Profit %

d) ROI only

✅ Answer: QALY/DALY per ₹

💡 Explanation: Relates cost to health effect.

1. 6. Logic model links [CM15.6]

a) Inputs→Activities→Outputs→Outcomes

b) Data→Hypothesis

c) RR→AR

d) Mean→SD

✅ Answer: Inputs→Activities→Outputs→Outcomes

💡 Explanation: Framework for planning/evaluation.

1. 7. SWOT includes [CM15.7]

a) Symptoms, Wounds, Outcomes, Therapy

b) Strengths, Weaknesses, Opportunities, Threats

c) Standards, Work, Output, Time

d) None

✅ Answer: Strengths, Weaknesses, Opportunities, Threats

💡 Explanation: Situation analysis tool.

1. 8. Bed occupancy rate is [CM15.8]

a) Beds/Population

b) Patient days/available bed days

c) Admissions/month

d) Discharges/bed

✅ Answer: Patient days/available bed days

💡 Explanation: Utilization indicator.

# CM16: Health Economics & Financing

1. 1. Catastrophic health expenditure is often due to [CM16.1]

a) OPD care

b) OOP payments for hospitalization

c) Preventive services

d) Public schemes

✅ Answer: OOP payments for hospitalization

💡 Explanation: High OOP pushes families into poverty.

1. 2. Community-based health insurance is [CM16.2]

a) Tax-funded

b) Premiums pooled at community level

c) Only for govt staff

d) Illegal

✅ Answer: Premiums pooled at community level

💡 Explanation: Risk pooling mechanism.

1. 3. Cost–benefit analysis expresses results in [CM16.3]

a) DALYs

b) Monetary units

c) QALYs

d) Life expectancy

✅ Answer: Monetary units

💡 Explanation: Both costs and benefits monetized.

1. 4. Moral hazard occurs when [CM16.4]

a) Insured use more care

b) Insurers hide info

c) Providers under-treat

d) Public hospitals are free

✅ Answer: Insured use more care

💡 Explanation: Insurance reduces marginal cost to patient.

1. 5. Adverse selection occurs when [CM16.5]

a) Only healthy enroll

b) Sicker people enroll more

c) Random enrollment

d) Employer mandates

✅ Answer: Sicker people enroll more

💡 Explanation: Information asymmetry problem.

1. 6. Progressive financing means [CM16.6]

a) Poor pay larger share

b) Rich pay larger share

c) Flat share

d) No payment

✅ Answer: Rich pay larger share

💡 Explanation: Share of income rises with income.

1. 7. HTA primarily assesses [CM16.7]

a) Clinical skill

b) Technology safety, efficacy, cost-effectiveness

c) Patient satisfaction

d) Marketing

✅ Answer: Technology safety, efficacy, cost-effectiveness

💡 Explanation: Health Technology Assessment informs coverage.

1. 8. User fees at point of care typically [CM16.8]

a) Improve equity

b) Reduce barriers for poor

c) Increase financial hardship

d) Have no effect

✅ Answer: Increase financial hardship

💡 Explanation: Particularly for the poor and chronically ill.

# CM17: Health Information Systems & IDSP

1. 1. IDSP stands for [CM17.1]

a) Integrated Disease Surveillance Programme

b) International Disease Safety Protocol

c) Indian Disease Safety Program

d) Integrated Data Services Platform

✅ Answer: Integrated Disease Surveillance Programme

💡 Explanation: National surveillance for epidemic-prone diseases.

1. 2. Line listing is used for [CM17.2]

a) Budgeting

b) Individual case tracking

c) Randomization

d) Qualitative research

✅ Answer: Individual case tracking

💡 Explanation: Organized list of cases with core variables.

1. 3. A weekly reporting unit under IDSP is a/an [CM17.3]

a) Medical college only

b) PHC/CHC/private clinics/labs

c) Only districts

d) Only state HQ

✅ Answer: PHC/CHC/private clinics/labs

💡 Explanation: Wide reporting network.

1. 4. Completeness and timeliness are [CM17.4]

a) Impact indicators

b) Data quality attributes

c) Economic metrics

d) Ethical principles

✅ Answer: Data quality attributes

💡 Explanation: Crucial for surveillance utility.

1. 5. Epidemic threshold is [CM17.5]

a) Any single case

b) Expected baseline

c) Level above which action is triggered

d) Case fatality rate

✅ Answer: Level above which action is triggered

💡 Explanation: Statistically defined per disease/context.

1. 6. Syndromic surveillance uses [CM17.6]

a) Lab-confirmed data only

b) Clinical signs/symptoms

c) Only mortality

d) Pharmacy sales only

✅ Answer: Clinical signs/symptoms

💡 Explanation: For early detection before lab confirmation.

1. 7. Denominator for incidence rate is [CM17.7]

a) Persons at risk

b) All population ever

c) Cases only

d) Admissions

✅ Answer: Persons at risk

💡 Explanation: Mid-year population at risk over time.

1. 8. Dashboards in HIS are useful to [CM17.8]

a) Hide trends

b) Visualize and monitor key indicators

c) Replace records

d) Randomize patients

✅ Answer: Visualize and monitor key indicators

💡 Explanation: Aid decision-making.

# CM18: Disaster Management & Public Health Emergencies

1. 1. Disaster management cycle includes [CM18.1]

a) Prevention→Response→Recovery→Mitigation

b) Mitigation→Preparedness→Response→Recovery

c) Response→Recovery only

d) Preparedness only

✅ Answer: Mitigation→Preparedness→Response→Recovery

💡 Explanation: Standard cycle stages.

1. 2. Incident Command System (ICS) provides [CM18.2]

a) Clinical protocols

b) Command/control structure

c) Finance only

d) HR policies

✅ Answer: Command/control structure

💡 Explanation: Organizes roles during emergencies.

1. 3. Triage category for immediate life-saving intervention [CM18.3]

a) Green

b) Yellow

c) Red

d) Black

✅ Answer: Red

💡 Explanation: Immediate category gets priority treatment.

1. 4. Minimum water requirement in emergencies per person/day [CM18.4]

a) 2 L

b) 5 L

c) 7.5–15 L

d) 25 L

✅ Answer: 7.5–15 L

💡 Explanation: Sphere standards suggest 7.5–15 L for basic needs.

1. 5. Cholera control in camps prioritizes [CM18.5]

a) Mass antibiotics

b) Safe water, ORS, sanitation, hygiene

c) Vector control only

d) Isolation only

✅ Answer: Safe water, ORS, sanitation, hygiene

💡 Explanation: WASH measures are critical.

1. 6. PPE level for aerosol-generating procedures [CM18.6]

a) Cloth mask

b) Surgical mask

c) N95 respirator + eye protection

d) No PPE needed

✅ Answer: N95 respirator + eye protection

💡 Explanation: Respiratory protection for AGPs.

1. 7. Heatwave early warning is a component of [CM18.7]

a) IDSP only

b) Climate-resilient health systems

c) Immunization

d) IEC alone

✅ Answer: Climate-resilient health systems

💡 Explanation: Adaptation to extreme weather events.

1. 8. Post-disaster disease most likely [CM18.8]

a) Tetanus outbreaks

b) Water-borne diseases

c) Measles eliminated

d) Cancer cluster

✅ Answer: Water-borne diseases

💡 Explanation: Due to disrupted WASH, crowding.

# CM19: Communication, IEC & BCC

1. 1. Two-way, participatory method is [CM19.1]

a) Lecture

b) Panel

c) Group discussion

d) Poster

✅ Answer: Group discussion

💡 Explanation: Encourages interaction and feedback.

1. 2. For low-literacy audiences, best aid is [CM19.2]

a) Dense text

b) Complex graphs

c) Pictorial flip charts

d) Lengthy pamphlets

✅ Answer: Pictorial flip charts

💡 Explanation: Visuals enhance comprehension.

1. 3. Key to behavior change is [CM19.3]

a) Information alone

b) Motivation + skills + enabling environment

c) Punishment

d) Fear appeals only

✅ Answer: Motivation + skills + enabling environment

💡 Explanation: COM-B model elements.

1. 4. Active listening includes [CM19.4]

a) Interrupting

b) Closed posture

c) Paraphrasing & empathy

d) Looking away

✅ Answer: Paraphrasing & empathy

💡 Explanation: Core counseling micro-skills.

1. 5. A SMART objective is [CM19.5]

a) Simple, Measurable, Appropriate, Realistic, Time-bound

b) Specific, Measurable, Achievable, Relevant, Time-bound

c) Strategic, Manageable, Accurate, Reliable, Tracked

d) None

✅ Answer: Specific, Measurable, Achievable, Relevant, Time-bound

💡 Explanation: Widely used in programme planning.

1. 6. Cue to action is a concept in [CM19.6]

a) Health Belief Model

b) Theory of Relativity

c) Psychoanalysis

d) Prospect theory

✅ Answer: Health Belief Model

💡 Explanation: Trigger that activates health behavior change.

1. 7. Counseling adolescents on tobacco should [CM19.7]

a) Lecture only

b) Be judgmental

c) Ensure privacy & confidentiality

d) Use fear only

✅ Answer: Ensure privacy & confidentiality

💡 Explanation: Build trust and autonomy.

1. 8. IEC stands for [CM19.8]

a) Information, Education, Communication

b) Inspection, Evaluation, Control

c) Intensive Education Campaign

d) International Education Council

✅ Answer: Information, Education, Communication

💡 Explanation: IEC and BCC are complementary.

# CM20: School, Adolescent & Geriatric Health

1. 1. RBSK screens children for [CM20.1]

a) Only anemia

b) 4Ds: Defects, Diseases, Deficiencies, Developmental delays

c) Only dental caries

d) Only malnutrition

✅ Answer: 4Ds: Defects, Diseases, Deficiencies, Developmental delays

💡 Explanation: Rashtriya Bal Swasthya Karyakram covers 0–18 years.

1. 2. IYCF recommends exclusive breastfeeding for [CM20.2]

a) 3 months

b) 4 months

c) 6 months

d) 12 months

✅ Answer: 6 months

💡 Explanation: Exclusive BF for first 6 months.

1. 3. Adolescent health programme under NHM is [CM20.3]

a) RKSK

b) RNTCP

c) RMNCH+A

d) NPCDCS

✅ Answer: RKSK

💡 Explanation: Rashtriya Kishor Swasthya Karyakram.

1. 4. School health interventions include [CM20.4]

a) Weekly Iron-Folic Acid

b) DPT booster only

c) Only deworming

d) None

✅ Answer: Weekly Iron-Folic Acid

💡 Explanation: Plus deworming, vision screening, health education.

1. 5. Mid-Day Meal aims primarily to [CM20.5]

a) Increase vaccination

b) Improve nutritional status and attendance

c) Provide tertiary care

d) Train teachers

✅ Answer: Improve nutritional status and attendance

💡 Explanation: School feeding programme objective.

1. 6. Geriatric care at primary level includes [CM20.6]

a) Only hospital admission

b) Screening for NCDs, falls risk, depression

c) Only surgery

d) No priority

✅ Answer: Screening for NCDs, falls risk, depression

💡 Explanation: Comprehensive primary care for elderly.

1. 7. Menstrual hygiene scheme provides [CM20.7]

a) Antibiotics

b) Sanitary pads & education

c) Contraceptives only

d) No services

✅ Answer: Sanitary pads & education

💡 Explanation: For adolescent girls via ASHA/Schools.

1. 8. Peer education is effective for [CM20.8]

a) Infants

b) Adolescents

c) Elderly

d) Only teachers

✅ Answer: Adolescents

💡 Explanation: Peers influence risk behavior change.