1. 1. Role: Subdivisional Health Officer. Chemists in low-income wards push costlier brands due to higher margins, despite stocked generics. What will you do?  
   (A) Run awareness camps only  
   (B) Issue circulars to chemists only  
   (C) Launch a multipronged drive: awareness sessions, pamphlets with price comparisons, and targeted social-media messaging in local language  
   (D) Do nothing until state guidance arrives
2. 2. Role: District Medical Superintendent. Hospital OPD prescriptions often list brand names; patients cannot afford them. What will you do?  
   (A) Request doctors verbally to be considerate  
   (B) Paste posters about generic drugs in corridors  
   (C) Conduct CME to mandate writing INN (generic names), enforce e-prescription defaults to generics, and run patient counselling with IEC materials  
   (D) Leave prescription habits to individual doctors
3. 3. Role: Municipal Health Educator. Rumors circulate that generics are “weak.” What will you do?  
   (A) Ignore rumors to avoid conflict  
   (B) Share a single press note  
   (C) Deploy myth-busting IEC: community meetings, flyers with bioequivalence facts, and vernacular social-media reels featuring local clinicians  
   (D) Only conduct a webinar for medical students
4. 4. Role: Civil Supplies Officer. Public pharmacies often face stockouts of essential generics. What will you do?  
   (A) Blame suppliers in a press release  
   (B) Ask pharmacists to procure on their own  
   (C) Fix supply: weekly inventory audits, buffer stock norms, vendor SLAs; in parallel, community outreach via meetings, leaflets, and digital alerts on availability  
   (D) Focus only on price monitoring
5. 5. Role: Block Programme Manager (NHM). Self-help group (SHG) members pay more for chronic meds. What will you do?  
   (A) Advise members to “ask for the cheapest”  
   (B) Circulate price lists over WhatsApp only  
   (C) Conduct SHG cluster sessions, distribute pictorial price/INN pamphlets, use IVRS/SMS reminders, and social-media explainers; tie-up with Jan Aushadhi outlets  
   (D) Wait for NGO partners to act
6. 6. Role: District Chief Pharmacist. Collusion between a few prescribers and brand reps undermines generics. What will you do?  
   (A) Counsel prescribers privately and stop there  
   (B) Put a poster about ethics in the doctor’s lounge  
   (C) Implement audit of prescription patterns, publish dashboards, reinforce INN policy via CME, and run public IEC (meetings, flyers, social media) about generics  
   (D) Escalate to media without internal action
7. 7. Role: Urban Health Centre MO. Migrant workers lack awareness and documents. What will you do?  
   (A) Tell them to return with documents  
   (B) Put generic names on a noticeboard only  
   (C) Conduct worksite evening meetings, hand out pictorial leaflets in native languages, create short social clips with QR maps to low-cost pharmacies  
   (D) Rely on hospital counsellors far away
8. 8. Role: District Education Officer partnering with Health Dept. Schools can influence families’ medicine choices. What will you do?  
   (A) Send one circular to principals  
   (B) Put a generic-drug banner at the gate  
   (C) Run parent–teacher meetings on rational use, distribute take-home pamphlets, and share short verified videos via school apps/social media  
   (D) Avoid talking about medicines in schools
9. 9. Role: CSR Lead for a local PSU working with the administration. You want measurable uptake of generics in two slums. What will you do?  
   (A) Donate funds to a hospital and stop  
   (B) Sponsor one newspaper ad  
   (C) Co-run community sessions with pharmacists and ASHAs, door-drop leaflets with price tables, and push geo-targeted social ads; track pharmacy sales mix  
   (D) Wait for a state-wide campaign

10. Role: Subdivisional Magistrate coordinating departments. A month-long “Generics First” campaign is planned. What will you do?  
(A) Only inaugurate the campaign publicly  
(B) Focus only on social media posts  
(C) Integrate actions: ward sabhas/meetings, multilingual pamphlets with INN–brand mappings, and a social media calendar; set targets, monitor weekly uptake  
(D) Ask hospitals to act on their own without coordination