|  |  |  |
| --- | --- | --- |
| **view** | **code** | **Topic1 Text of the question title, answer options** |
|  |  |  |
| **Q** | **001** | **The reasons for the selection of health Economics as an independent science:** |
| A | А | the role and place of health care in the system of public production has changed |
| A | B | increased command-and-control mechanisms in health care |
| A | C | health care was formed in the largest sector of the economy of the country |
| A | D | the volume of medical services offered and the demand for them has increased |
| A | E | health care has become seen as a promising investment industry 6)formation of market relations in health care |
|  |  |  |
| **Q** | **002** | **What is the science of health care?** |
| A | А | public science |
| A | B | hygienic science |
| A | C | clinical science |
| A | D | integrative science |
|  |  |  |
| **Q** | **003** | **Health care is:** |
| A | А | system of medical and preventive measures for health protection |
| A | A | the science of social problems of medicine |
| A | B | the science of health sociology |
| A | C | the science of health laws |
| A | D | system of social and economic measures for health protection |
|  |  |  |
| **Q** | **004** | **Health Economics studies forms, methods and results of economic activity:** |
| A | А | In the field of medicine |
| A | B | On the scale of certain territorial boundaries (country, region, city); |
| A | C | At the level of primary economic unit (LPU); |
|  |  |  |
| **Q** | **005** | **The purpose of economic activity in health care is:** |
| A | А | satisfaction of needs of citizens in health protection |
| A | B | obtaining additional material resources |
| A | C | obtaining additional financial resources |
| A | D | meeting the needs for medical care |
|  |  |  |
| **Q** | **006** | **Subject of study of health сare Economic:** |
| A | A | economic relations that arise between the subjects in the process of medical professional activity |
| a | B | promotion of medical services from manufacturer to consumer |
| A | C | quality of care management |
| A | D | a set of principles, methods, tools and forms of management to improve production efficiency and profit |
|  |  |  |
| **Q** | **007** | **The Economics of health care are:** |
| A | А | Branch economic science that studies the problems of efficient use of limited resources management of health services to maximize the satisfaction of people's needs for health, goods and services for medical purposes |
| A | B | One of the branches of the economy engaged in studying of possibility of use (manifestation) of basic economic laws for the protection of the health of the population |
| A | C | all of the above is true |
|  |  |  |
| **Q** | **008** | **Specify the basic concept of health Economics:** |
| A | А | effectiveness; |
| A | B | management; |
| A | C | market capacity; |
| A | D | demand; |
| A | E | resources; |
| A | F | proposal. |
|  |  |  |
| **Q** | **009** | **Health Economics studies the forms, methods, and results of economic activity:** |
| A | A | in the field of medicine; |
| A | B | at the level of the primary economic link (LPU); |
| A | C | on the scale of certain territorial borders (country, region, city); |
|  |  |  |
| **Q** | **010** | **Health care as a branch of the national economy belongs to the sphere of production:** |
| A | А | Provision of Tangible and intangible services; |
| A | B | Material goods; |
| A | C | Intangible goods and intangible services |
|  |  |  |
| **Q** | **011** | **The Economics of health care are:** |
| A | А | science that studies the effect of objective economic laws, as well as various conditions and factors that affect the level of satisfaction of the needs of the population in maintaining and strengthening health; |
| A | B | business activity that manages the promotion of medical services from its manufacturer to the consumer; |
| A | C | a set of principles, methods, tools and forms of management to |
| A | D | the science of the system of measures to protect public health. |
| A | E | improve production efficiency and profit; |
|  |  |  |
| **Q** | **012** | **Goal of the health economy** |
| A | А | scientific justification of the mechanism of action and application of objective economic laws in the practice of medical institutions; |
| A | B | purchase of medical equipment and medicines to ensure a modern level of medical care; |
| A | C | management of the treatment and diagnostic process at different stages of the organization of medical care; |
| A | D | maintaining a high level of professional qualification of medical personnel and ensuring their professional growth. |
|  |  |  |
| **Q** | **013** | **The purpose of economic activity in health care is:** |
| A | А | meeting the health needs of citizens |
| A | B | obtaining additional material resources |
| A | C | obtaining additional financial resources |
| A | D | meeting health care needs |
|  |  |  |
| **Q** | **014** | **Health Economics examines the problem:** |
| A | А | meet the needs of the health |
| A | B | efficient use of resources |
| A | C | managing limited resources |
| A | D | meeting health care needs |
|  |  |  |
| **Q** | **015** | **Subject of study of health Economics:** |
| A | A | **economic relations that arise between subjects in the course of medical professional activity** |
| A | B | promotion of medical services from the manufacturer to the consumer |
| A | C | a set of principles, methods, tools and forms of management to improve production efficiency and profit |
| A | D | quality management of medical care |
|  |  |  |
| **Q** | **016** | **The subject of the study of public health and health сare is** |
| A | А | **public health and factors affecting it** |
| A | B | the health of the individual |
| A | C | epidemiology of diseases |
| A | D | health of the working population |
| A | F | health Economics |
|  |  |  |
| **Q** | **017** | **Health care as a branch of the national economy is the subject of analysis on:** |
| A | A | At the mideurope; |
| A | B | At the macro level; |
| A | C | At the micro level; |
|  |  |  |
| **Q** | **018** | **The object of studying health Economics at the macro level is:** |
| A | A | Relations develop within the national economy as a whole and, above all, in those sectors that are directly related to health care; |
| A | B | Economic relations within the healthcare system as an economic sector consisting of a number of sub-sectors, industries and specializations; |
| A | C | Relationships that develop within a separate business entity that operates on the market of medical services; |
|  |  |  |
| **Q** | **019** | **The object of studying health Economics at the micro level is:** |
| A | A | Relations that develop within the framework of a separate economic entity operating on the market of medical services. |
| A | B | Economic relations within the healthcare system, as an economic sector consisting of a number of sub-sectors, industries and specializations; |
| A | C | Relations develop within the national economy as a whole and, above all, in those sectors that are directly related to health care; |
|  |  |  |
| **Q** | **020** | **The object of studying health Economics at the MIDI level is:** |
| A | A | Economic relations within the healthcare system, as an economic sector consisting of a number of sub-sectors, industries and specializations; |
| A | B | Relations are formed within the national economy as a whole and, above all, in those sectors that are directly related to health care; |
| A | C | Relations that develop within a separate business entity operating on the market of medical services. |
| **Q** | **021** | **Difficulties in meeting the needs of citizens in health protection and medical care are objectively determined:** |
| A | A | limited economic resources |
| A | A | disadvantages of the economy |
| A | A | deficiencies in the management |
| A | B | unlimited growth of needs |
|  |  |  |
| **Q** | **022** | **A market economy can solve the problems of modern health care:** |
| A | A | partially |
| A | B | completely |
|  |  |  |
| **Q** | **023** | **The market economy in health care is a set of economic relations regulated:** |
| A | A | state |
| A | B | market mechanisms |
| A | C | demand |
| A | D | legislation |
|  |  |  |
|  |  |  |

|  |  |  |
| --- | --- | --- |
| **view** | **code** | **Topic 2 Text of the question title, answer options** |
|  |  |  |
| **Q** | **001** | **Due to the interaction of which components the market of medical services interacts:** |
| A | А | all of the following |
| A | B | supply and Demand; |
| A | C | Price and competition; |
|  |  |  |
| **Q** | **002** | **The problems of irregular demand include:** |
| A | А | Find ways to smooth out fluctuations in the distribution of demand over time using flexible prices, incentive measures, and other incentive techniques; |
| A | B | Evaluate the size of the potential market and create effective products and services that can meet the demand and develop the need for these services; |
| A | C | Maintain the existing level of demand and intensity of production of medical services; |
| A | D | Find ways to link the benefits inherent in the product/service to the natural needs and interests of the individual |
|  |  |  |
| **Q** | **003** | **The problem of irrational demand is:** |
| A | А | Convince followers of something to give up habits, spreading frightening information, sharply raising prices, limiting the availability of a product or service; |
| A | B | Find ways to smooth out fluctuations in the distribution of demand over time by using flexible prices, incentives, and other incentives; |
| A | C | Find ways to link the benefits inherent in the product/service to the natural needs and interests of the individual; |
| A | D | Maintain the existing level of demand and intensity of production of medical services; |
|  |  |  |
| **Q** | **004** | **For excessive demand, it is typical:** |
| A | А | Finding ways to temporarily or permanently reduce demand; |
| A | B | Find ways to smooth out fluctuations in the distribution of demand over time using flexible prices, incentive measures, and other incentive techniques; |
| A | C | Evaluate the size of the potential market and create effective products and services that can meet the demand and develop the need for these services; |
| A | D | Analyze why the market dislikes the service, create a program that would encourage the consumer to use it; |
|  |  |  |
| **Q** | **005** | **The problem of hidden demand is:** |
| A | А | Evaluate the size of the potential market and create effective products and services that can meet the demand and develop the need for these services; |
| A | B | Find ways to link the inherent benefits of a product / service to the natural needs and interests of a person; |
| A | C | Maintain the existing level of demand and intensity of production of medical services; |
| A | D | there is no correct answer; |
|  |  |  |
| **Q** | **006** | **Market conditions are:** |
| A | A | All answers are correct; |
| A | B | Set of conditions that determine the market situation; |
| A | C | The result of the interaction of various factors that determine the company's position in the market at any given time; |
| A | D | the state of the economy at a given time, determined by changes in various economic indicators; |
|  |  |  |
| **Q** | **007** | **A demand that cannot be met with the help of medical products and services available on the market is called** |
| A | А | Hidden; |
| A | B | Negative; |
| A | C | Irregular; |
|  |  |  |
| **Q** | **008** | **Elastic demand for medical services is considered to be the demand that:** |
| A | А | When the price is reduced, it increases significantly; |
| A | B | when the price decreases, demand and sales volumes grow at the same rate; |
| A | C | when the price decreases, the rate of demand growth is less than the rate of price decline; |
|  |  |  |
| **Q** | **009** | **Inelastic demand for medical services is considered to be demand that:** |
| A | A | when the price decreases, the rate of demand growth is less than the rate of price decrease |
| A | B | When the price is reduced, it increases significantly |
| A | C | when the price decreases, demand and sales volumes grow at the same rate |
|  |  |  |
| **Q** | **010** | **The disadvantages of competition in the health sector include:** |
| A | А | creating excess capacity and duplicating services; |
| A | A | Introduction of competitive market mechanisms in certain areas of health care will lead to a decrease in the quality of medical services; |
| A | B | patient's Choice between private and public medicine; |
|  |  |  |
| **Q** | **011** | **Non-price factors of demand for medical services include:** |
| A | А | Income of the population; |
| A | A | the volume of the market; |
| A | B | Currency exchange rate; |
|  |  |  |
| **Q** | **012** | **Price elasticity of demand is:** |
| A | А | the Ratio of the percentage change in the volume of demand to the percentage change in price; |
| A | B | the Ratio of the percentage change in the volume of demand to the percentage change in income; |
| A | C | . the Ratio of the percentage change in the volume of supply to the percentage change in price; |
|  |  |  |
| **Q** | **013** | **Unit elasticity demand for medical services is considered a demand that:** |
| A | А | when the price decreases, demand and sales volumes grow at the same rate; |
| A | B | When the price is reduced, it increases significantly; |
| A | C | when the price decreases, the rate of demand growth is less than the rate of price decline; |
|  |  |  |
| **Q** | **014** | **The advantages of competition in the health care system include:** |
| A | А | Creating incentives for healthcare providers to develop innovative solutions; |
| A | A | improving productivity in the area of public health; |
| A | B | creating excess capacity; |
|  |  |  |
| **Q** | **015** | **The demand for medical services is:** |
| A | A | a Need supported by purchasing power; |
| A | B | External manifestation of need; |
| A | C | Recognition of necessity in the provision of medical service |
|  |  |  |
| **Q** | **016** | **The law of demand States:** |
| A | А | all other things being equal, the demand changes inversely with the price; |
| A | B | all other things being equal, the offer changes in direct proportion to changes in prices; |
| A | C | other things being equal, demand changes in direct relation to price; |
| A | D | all other things being equal, the offer changes inversely with changes in prices; |
|  |  |  |
| **Q** | **017** | **A decrease in the supply of medical services on the market, due to higher taxes, leads to:** |
| A | A | Increasing prices in the medical services market; |
| A | B | Reducing demand from consumers of medical services; |
| A | C | Falling prices in the medical services market; |
| A | D | all of the above is True; |
|  |  |  |
| **Q** | **018** | **Which of the following prerequisites for the emergence and functioning of the health care market lays the Foundation for the formation of a competitive environment:** |
| A | A | Availability and diversity of ownership forms and types of management; |
| A | B | Ability to manage market processes; |
| A | C | Free access to market information; |
| A | D | Whether each competitor has the full amount of market information; |
|  |  |  |
| **Q** | **019** | **The law of the proposal states:** |
| A | A | other things being equal, the offer changes in direct relation to changes in prices; |
| A | B | all other things being equal, demand changes inversely with price; |
| A | C | other things being equal, demand changes in direct relation to price; |
| A | D | all other things being equal, the offer changes inversely with changes in prices; |
|  |  |  |
| **Q** | **020** | **The market equilibrium point is characterized by:** |
| A | A | Equality between the volume of demand and supply (in the market of medical services, for example); |
| A | B | Equality of all prices in the market; |
| A | C | Excessive demand for goods and services with a lack of supply; |
| A | D | Excess of goods and services at a certain market price; |
|  |  |  |
| **Q** | **021** | **The increase in demand in the market of medical services, due to the increase in wages of the population, leads to:** |
| A | A | Increase in prices, increase in income of those medical institutions that provide services of this type. |
| A | B | Falling prices in the medical services market; |
| A | C | supply Reduction on the part of manufacturers of medical services; |
| A | D | All of the above is true; |
|  |  |  |
| **Q** | **022** | **Price, supply and demand in the market interact as follows:** |
| A | A | price balances supply and demand; |
| A | B | price determines demand; |
| A | C | supply determines the price regardless of demand; |
| A | D | the price does not depend on the offer. |
|  |  |  |
| **Q** | **023** | **The market of medical services belongs to the following market structure:** |
| A | A | oligopoly; |
| A | A | monopolies; |
| A | B | imperfect competition; |
| A | C | monopsony; |
| A | E | perfect competition. |
|  |  |  |
| **Q** | **024** | **The product on the medical market is:** |
| A | A | medical service; |
| A | B | medical equipment; |
| A | C | examination of the patient; |
| A | D | work of medical workers. |
|  |  |  |

|  |  |  |
| --- | --- | --- |
| **view** | **code** | **Topic 3 Text of the question title, answer options** |
|  |  |  |
| **Q** | **001** | **Financing of hospitals under the new economic mechanism was carried out:** |
| A | А | For the treated patient; |
| A | B | per capita standards; |
| A | C | For medical services rendered; |
| A | D | cost estimates; |
| A | E | For all the listed schemes; |
|  |  |  |
| **Q** | **002** | **The estimate of a medical institution is:** |
| A | А | Financial expression of the operational and production plan; |
| A | B | Summary of income and expenses of the institution; |
| A | C | Accounting for all funds of the institution from various sources; |
| A | D | breakdown of expenditures by line of business; |
| A | E | all of the above is true; |
|  |  |  |
| **Q** | **003** | **Payment for medical care provided under the OMI is made:** |
| A | А | on tariffs; |
| A | B | at budget rates; |
| A | C | at negotiated prices; |
| A | D | at free rates |
|  |  |  |
| **Q** | **004** | **On average, as a percentage of gross national product, health expenditures in economically developed countries are:** |
| A | А | 9.3 % ; |
| A | B | 3.5 %; |
| A | C | 4.5 %; |
| A | D | 8.0 % |
|  |  |  |
| **Q** | **005** | **The world experience of healthcare shows that there are several systems of its organization. What is the system of health care in France:** |
| A | А | Insurance; |
| A | B | Budget; |
| A | C | Private Enterprise; |
| A | D | Budget and insurance |
|  |  |  |
| **Q** | **006** | **List the health systems that exist in developing countries:** |
| A | A | all of the following |
| A | B | state; |
| A | C | Private Enterprise; |
| A | D | Insurance; |
|  |  |  |
| **Q** | **007** | **Specify what the U.S. health care system is based on the degree of centralization:** |
| A | А | Decentralized; |
| A | B | Centralized; |
| A | C | Mixed; |
|  |  |  |
| **Q** | **008** | **What is the name of the health care system, the transition to which has been implemented in the Russian Federation since 1991:** |
| A | А | Budget and insurance; |
| A | B | Budget; |
| A | C | Private Enterprise; |
| A | D | Insurance; |
|  |  |  |
| **Q** | **009** | **On average, as a percentage of gross national product, health expenditures in developing countries are:** |
| A | A | 3.5 %; |
| A | B | 4.5% |
| A | C | 8.0% |
| A | D | 9.3% |
|  |  |  |
| **Q** | **010** | **The main sources of financing in healthcare at the present stage are:** |
| A | А | Budget and insurance financing; |
| A | B | Paid medical services |
| A | C | Funds from insurance funds; |
| A | D | Paid medical services |
|  |  |  |
| **Q** | **011** | **The highest level of spending on medical care is currently observed:** |
| A | А | in the United States; |
| A | B | In England |
| A | C | In Russia; |
| A | D | In Sweden; |
|  |  |  |
| **Q** | **012** | **Sources of funding for the program of state guarantees of free medical care to the population are all of the above funds, except:** |
| A | А | Voluntary health insurance; |
| A | B | the Federal budget; |
| A | C | Budgets of subjects of the Russian Federation; |
| A | D | Municipal budgets; |
|  |  |  |
| **Q** | **013** | **Medical professional liability insurance covers the risks associated with:** |
| A | А | the Possibility of personal injury and harm to health; |
| A | B | Dishonesty, deception, deliberate unfair action of the policyholder; |
| A | C | Moral responsibility to the victim; |
|  |  |  |
| **Q** | **014** | **An insurance medical organization in the MHI system has the right to:** |
| A | А | Participate in the development of tariffs for medical services; |
| A | B | Set tariffs for medical services; |
| A | C | Index fares; |
|  |  |  |
| **Q** | **015** | **Contributions to the compulsory health insurance of the working population:** |
| A | A | are Included in social contributions of enterprises; |
| A | B | Deducted from wages; |
| A | C | Deducted in the income tax structure; |
| A | D | Are a separate independent tax; |
|  |  |  |
| **Q** | **016** | **Property insurance includes insurance of:** |
| A | А | Property of individuals and legal entities; |
| A | B | the lives of citizens; |
| A | C | citizens ' health; |
| A | D | citizens ' ability to work; |
|  |  |  |
| **Q** | **017** | **Personal insurance includes insurance of:** |
| A | A | Life of citizens, health of citizens, working capacity of citizens; |
| A | B | Property of individuals and legal entities, life of citizens, obligations to fulfill contractual conditions in good faith; |
| A | C | Compulsory medical insurance, the possibility of harm to the health of patients or clients; |
|  |  |  |
| **Q** | **018** | **Professional liability insurance includes insurance of:** |
| A | A | the Possibility of harm to health or material damage to patients or clients; |
| A | B | Property of individuals and legal entities; |
| A | C | the lives of citizens; |
| A | D | citizens ' health; |
| A | E | citizens ' ability to work; |
|  |  |  |
| **Q** | **019** | **Subjects of voluntary health insurance include:** |
| A | A | the policyholder (enterprise, institution and citizen who carry out insurance at their own expense); |
| A | A | the citizen in whose favor the insurance contract is concluded; |
| A | A | an Insurer (an insurance organization that has a license to conduct VMI); |
| A | A | a medical institution that has a license to provide medical services included in the VMI program; |
| A | B | the insured (the state represented by local authorities; |
| A | C | policyholder (enterprise, institution and organization of any form of ownership); |
| A | D | All citizens of the Russian Federation; |
| A | E | Territorial and Federal OMI funds; |
|  |  |  |
| **Q** | **020** | **Sources of OMI funds are:** |
| A | A | Social contributions from the wage Fund for the working population and budgets of the corresponding level for the non-working population; |
| A | B | budgets of the appropriate level for the non-working population and funds of enterprises, institutions, organizations as part of profit; |
|  |  |  |
| **Q** | **021** | **Territorial OMI program:** |
| A | A | Is an integral part of the territorial program of state guarantees of providing citizens with free medical care; |
| A | B | Includes a territorial program of state guarantees of providing citizens with free medical care; |
| A | C | Is a separate document; |
|  |  |  |
| **Q** | **022** | **The insurance contract in the MHI system provides for the provision of medical care to the population in the following cases:** |
| A | A | In the event of an insurance event; |
| A | B | Insurance risk; |
| A | C | Individual risk; |
| A | D | application of the insured to the health care facility for medical care; |
|  |  |  |
| **Q** | **023** | **The program of state guarantees of providing free medical care to the population of the Russian Federation is approved by:** |
| A | A | Government of the Russian Federation; |
| A | B | the Federal service for supervision in the sphere of health; |
| A | C | The State Duma; |
| A | D | Jointly with the Federal MHI Fund and the Ministry of health of the Russian Federation; |
|  |  |  |
| **Q** | **024** | **The program of state guarantees of providing free medical care to the population is approved:** |
| A | A | Annually for the coming year; |
| A | B | Once every three years; |
| A | C | with a multiplicity established by the subject of the Russian Federation; |
|  |  |  |
| **Q** | **025** | **Within the framework of state guarantees for providing free medical care to the population, the following standards for the volume of medical care are regulated:** |
| A | A | the Number of outpatient visits per 1 resident (1000 residents) per year; |
| A | A | number of ambulance calls per 1 resident (1000 residents) per year; |
| A | B | the Number of people assigned to the district therapist (pediatrician); |
| A | C | the Amount of funds for additional drug provision per 1 resident (1000 residents per year); |
| A | D | Number of beds of the corresponding profile per 1 resident (1000 residents); |

|  |  |  |
| --- | --- | --- |
| **view** | **code** | **Topic 3 Text of the question title, answer options** |
|  |  |  |
| **Q** | **001** | **Financing of hospitals under the new economic mechanism was carried out:** |
| A | А | For the treated patient; |
| A | B | per capita standards; |
| A | C | For medical services rendered; |
| A | D | cost estimates; |
| A | E | For all the listed schemes; |
|  |  |  |
| **Q** | **002** | **The estimate of a medical institution is:** |
| A | А | Financial expression of the operational and production plan; |
| A | B | Summary of income and expenses of the institution; |
| A | C | Accounting for all funds of the institution from various sources; |
| A | D | breakdown of expenditures by line of business; |
| A | E | all of the above is true; |
|  |  |  |
| **Q** | **003** | **Payment for medical care provided under the OMI is made:** |
| A | А | on tariffs; |
| A | B | at budget rates; |
| A | C | at negotiated prices; |
| A | D | at free rates |
|  |  |  |
| **Q** | **004** | **On average, as a percentage of gross national product, health expenditures in economically developed countries are:** |
| A | А | 9.3 % ; |
| A | B | 3.5 %; |
| A | C | 4.5 %; |
| A | D | 8.0 % |
|  |  |  |
| **Q** | **005** | **The world experience of healthcare shows that there are several systems of its organization. What is the system of health care in France:** |
| A | А | Insurance; |
| A | B | Budget; |
| A | C | Private Enterprise; |
| A | D | Budget and insurance |
|  |  |  |
| **Q** | **006** | **List the health systems that exist in developing countries:** |
| A | A | all of the following |
| A | B | state; |
| A | C | Private Enterprise; |
| A | D | Insurance; |
|  |  |  |
| **Q** | **007** | **Specify what the U.S. health care system is based on the degree of centralization:** |
| A | А | Decentralized; |
| A | B | Centralized; |
| A | C | Mixed; |
|  |  |  |
| **Q** | **008** | **What is the name of the health care system, the transition to which has been implemented in the Russian Federation since 1991:** |
| A | А | Budget and insurance; |
| A | B | Budget; |
| A | C | Private Enterprise; |
| A | D | Insurance; |
|  |  |  |
| **Q** | **009** | **On average, as a percentage of gross national product, health expenditures in developing countries are:** |
| A | A | 3.5 %; |
| A | B | 4.5% |
| A | C | 8.0% |
| A | D | 9.3% |
|  |  |  |
| **Q** | **010** | **The main sources of financing in healthcare at the present stage are:** |
| A | А | Budget and insurance financing; |
| A | B | Paid medical services |
| A | C | Funds from insurance funds; |
| A | D | Paid medical services |
|  |  |  |
| **Q** | **011** | **The highest level of spending on medical care is currently observed:** |
| A | А | in the United States; |
| A | B | In England |
| A | C | In Russia; |
| A | D | In Sweden; |
|  |  |  |
| **Q** | **012** | **Sources of funding for the program of state guarantees of free medical care to the population are all of the above funds, except:** |
| A | А | Voluntary health insurance; |
| A | B | the Federal budget; |
| A | C | Budgets of subjects of the Russian Federation; |
| A | D | Municipal budgets; |
|  |  |  |
| **Q** | **013** | **Medical professional liability insurance covers the risks associated with:** |
| A | А | the Possibility of personal injury and harm to health; |
| A | B | Dishonesty, deception, deliberate unfair action of the policyholder; |
| A | C | Moral responsibility to the victim; |
|  |  |  |
| **Q** | **014** | **An insurance medical organization in the MHI system has the right to:** |
| A | А | Participate in the development of tariffs for medical services; |
| A | B | Set tariffs for medical services; |
| A | C | Index fares; |
|  |  |  |
| **Q** | **015** | **Contributions to the compulsory health insurance of the working population:** |
| A | A | are Included in social contributions of enterprises; |
| A | B | Deducted from wages; |
| A | C | Deducted in the income tax structure; |
| A | D | Are a separate independent tax; |
|  |  |  |
| **Q** | **016** | **Property insurance includes insurance of:** |
| A | А | Property of individuals and legal entities; |
| A | B | the lives of citizens; |
| A | C | citizens ' health; |
| A | D | citizens ' ability to work; |
|  |  |  |
| **Q** | **017** | **Personal insurance includes insurance of:** |
| A | A | Life of citizens, health of citizens, working capacity of citizens; |
| A | B | Property of individuals and legal entities, life of citizens, obligations to fulfill contractual conditions in good faith; |
| A | C | Compulsory medical insurance, the possibility of harm to the health of patients or clients; |
|  |  |  |
| **Q** | **018** | **Professional liability insurance includes insurance of:** |
| A | A | the Possibility of harm to health or material damage to patients or clients; |
| A | B | Property of individuals and legal entities; |
| A | C | the lives of citizens; |
| A | D | citizens ' health; |
| A | E | citizens ' ability to work; |
|  |  |  |
| **Q** | **019** | **Subjects of voluntary health insurance include:** |
| A | A | the policyholder (enterprise, institution and citizen who carry out insurance at their own expense); |
| A | A | the citizen in whose favor the insurance contract is concluded; |
| A | A | an Insurer (an insurance organization that has a license to conduct VMI); |
| A | A | a medical institution that has a license to provide medical services included in the VMI program; |
| A | B | the insured (the state represented by local authorities; |
| A | C | policyholder (enterprise, institution and organization of any form of ownership); |
| A | D | All citizens of the Russian Federation; |
| A | E | Territorial and Federal OMI funds; |
|  |  |  |
| **Q** | **020** | **Sources of OMI funds are:** |
| A | A | Social contributions from the wage Fund for the working population and budgets of the corresponding level for the non-working population; |
| A | B | budgets of the appropriate level for the non-working population and funds of enterprises, institutions, organizations as part of profit; |
|  |  |  |
| **Q** | **021** | **Territorial OMI program:** |
| A | A | Is an integral part of the territorial program of state guarantees of providing citizens with free medical care; |
| A | B | Includes a territorial program of state guarantees of providing citizens with free medical care; |
| A | C | Is a separate document; |
|  |  |  |
| **Q** | **022** | **The insurance contract in the MHI system provides for the provision of medical care to the population in the following cases:** |
| A | A | In the event of an insurance event; |
| A | B | Insurance risk; |
| A | C | Individual risk; |
| A | D | application of the insured to the health care facility for medical care; |
|  |  |  |
| **Q** | **023** | **The program of state guarantees of providing free medical care to the population of the Russian Federation is approved by:** |
| A | A | Government of the Russian Federation; |
| A | B | the Federal service for supervision in the sphere of health; |
| A | C | The State Duma; |
| A | D | Jointly with the Federal MHI Fund and the Ministry of health of the Russian Federation; |
|  |  |  |
| **Q** | **024** | **The program of state guarantees of providing free medical care to the population is approved:** |
| A | A | Annually for the coming year; |
| A | B | Once every three years; |
| A | C | with a multiplicity established by the subject of the Russian Federation; |
|  |  |  |
| **Q** | **025** | **Within the framework of state guarantees for providing free medical care to the population, the following standards for the volume of medical care are regulated:** |
| A | A | the Number of outpatient visits per 1 resident (1000 residents) per year; |
| A | A | number of ambulance calls per 1 resident (1000 residents) per year; |
| A | B | the Number of people assigned to the district therapist (pediatrician); |
| A | C | the Amount of funds for additional drug provision per 1 resident (1000 residents per year); |
| A | D | Number of beds of the corresponding profile per 1 resident (1000 residents); |

|  |  |  |
| --- | --- | --- |
| **view** | **code** | **Topic 4 Text of the question title, answer options** |
|  |  |  |
| **Q** | **001** | **Management is** |
| A | А | set of principles, methods, and tools for managing material and human resources in the production of goods and services in order to increase its efficiency and increase profits |
| A | B | the form of organization of trading in securities |
| A | C | determining the company's pricing policy |
| A | D | transfer of rights and responsibilities to subordinates |
|  |  |  |
| **Q** | **002** | **The Manager is** |
| A | А | person who professionally owns the art of managing intellectual, material and financial resources in order to organize the most efficient production activities |
| A | B | a legal entity or individual who undertakes to execute orders of a consignment trade organization; |
| A | C | independent wholesale intermediary engaged in purchasing activities for the purpose of selling them to retail firms |
|  |  |  |
| **Q** | **003** | **The General principles formulated by A. Fayol include:** |
| A | А | Division of labor; |
| A | B | Power; |
| A | C | Discipline; |
| A | D | automated control systems; |
| A | E | unity of leadership ; |
| A | F | Unity of management |
|  |  |  |
| **Q** | **004** | **Among the general principles formulated by A. Fayol, there are:** |
| A | А | Reward; |
| A | B | Justice; |
| A | C | The initiative, |
| A | D | lack of hierarchy; |
| A | E | inconsistency of staff |
|  |  |  |
| **Q** | **005** | **The algorithm of the classical control process includes:** |
| A | А | setting goals and objectives or creating a problem; |
| A | B | collecting necessary information; |
| A | C | the unity of the staff; |
| A | D | analysis of the received information. |
|  |  |  |
| **Q** | **006** | **Which of the following does not apply to the management cycle:** |
| A | A | decision making |
| A | B | monitoring the implementation of the decision |
| A | C | a study of the situation, collection and processing of information |
| A | D | independence of the head in decision-making |
|  |  |  |
| **Q** | **007** | **Of the chief medical officer of the health facility include:** |
| A | А | to the operational level of management |
| A | B | to the strategic management level |
| A | C | to the tactical control level |
| A | D | all answers are incorrect |
|  |  |  |
| **Q** | **008** | **Which of the following applies to the management cycle:** |
| A | А | study of the situation, collection and processing of information |
| A | B | monitoring the implementation of the decision |
| A | C | organization of implementation of the adopted decision |
| A | D | all answers are correct |
|  |  |  |
| **Q** | **009** | **The stages of the classic control cycle include:** |
| A | A | Modeling and preliminary examination of possible solutions; |
| A | A | making a management decision; |
| A | A | organization of execution; |
| A | A | performance evaluation and adjustment of results. |
| A | A | control of execution. |
| A | B | Appointment of responsible persons |
| A | C | In the calculation of profit. |
|  |  |  |
| **Q** | **010** | **The main levels of getting information for the Manager are:** |
| A | А | Instructions and recommendations from higher-level organizations; |
| A | A | External information from the environment; |
| A | A | Internal information of the institution |
| A | B | Books, Newspapers, TV, magazines; |
|  |  |  |
| **Q** | **011** | **The classification of management decisions on management includes:** |
| A | А | Social; |
| A | A | Medical; |
| A | A | Resource; |
| A | A | Administrative and organizational; |
| A | A | Household; |
| A | A | decisions on execution control. |
|  |  |  |
| **Q** | **012** | **Management decisions are divided according to their significance:** |
| A | А | Operational; |
| A | A | Strategic; |
| A | A | Tactical; |
| A | B | Emergency; |
|  |  |  |
| **Q** | **013** | **Which of the following factors directly affect the effectiveness of management decisions:** |
| A | А | Competence; |
| A | A | Information support; |
| A | A | Balanced decision; |
| A | A | Timeliness. |
| A | B | Work experience; |
| A | C | The nature of the position; |
|  |  |  |
| **Q** | **014** | **The structure of behavioral motives according to A. Maslow contains:** |
| A | А | the need for contact and involvement in a social group; |
| A | A | position and recognition in society |
| A | A | the Need for self-realization. |
| A | B | operant conditioning; |
|  |  |  |
| **Q** | **015** | **Which of the following factors (according To F. Hertzberg) contribute to employee satisfaction with work:** |
| A | A | Labor success; |
| A | A | Recognition of merit; |
| A | A | Directly the labor process |
| A | A | Career growth. |
| A | B | Social status |
| A | C | salary |
|  |  |  |
| **Q** | **016** | **What does the "work environment" motivator include?** |
| A | А | Workplace, |
| A | A | The noise level. |
| A | A | Communication. |
| A | A | The Dining Room |
| A | A | Design. |
|  |  |  |
| **Q** | **017** | **Is it Possible to use the principle of "moving conveyor" in the field of medical services?** |
| A | A | Yes |
| A | B | No |
|  |  |  |
| **Q** | **018** | **What phases can be divided into the process of overcoming resistance to change:** |
| A | A | Summing up; |
| A | A | Transition period. |
| A | A | New beginnings. |
| A | B | The Crisis period |
| A | C | The Denigration of past experience; |
|  |  |  |
| **Q** | **019** | **What parameters characterize the external environment of the organization:** |
| A | A | The connectivity; |
| A | A | The complexity |
| A | A | The uncertainty |
| A | B | Immobility |
|  |  |  |
| **Q** | **020** | **What factors determine the external environment of influence:** |
| A | A | International events; |
| A | A | Scientific and technological progress; |
| A | A | The State of the economy; |
| A | A | Socio-cultural factors; |
| A | A | Political factors |
| A | B | Institutions of state regulation; |

|  |  |  |
| --- | --- | --- |
| **view** | **code** | **Topic 5 Text of the question title, answer options** |
|  |  |  |
| **Q** | **001** | **Eliminate the wrong answer. To make a transaction, the following basic conditions must be met:** |
| A | А | Each party must be able to communicate and deliver its goods. |
| A | B | the Agreed venue; |
| A | C | Agreed time of Commission; |
| A | D | the Presence of at least two valuable objects; |
|  |  |  |
| **Q** | **002** | **Choose the correct answers. The main prerequisites for the emergence of marketing in health care were:** |
| A | А | All the prerequisites listed below |
| A | B | Deterioration of public health; |
| A | C | Reducing the population's access to medical care; |
| A | D | Insufficient quality of medical care; |
| A | E | Growth of costs of production of medical services; |
|  |  |  |
| **Q** | **003** | **Choose the wrong answer. List the main concepts of marketing activities:** |
| A | А | the concept of marketing, the concept of intensification of commercial efforts, the concept of social and ethical marketing; |
| A | B | marketing concept, concept to improve production concept of improving the product; |
| A | C | the concept of social and ethical marketing, the concept of health development. |
|  |  |  |
| **Q** | **004** | **Eliminate the wrong answer**  **Analysis of the marketing microenvironment involves the study of the following constituent factors:** |
| A | А | Suppliers; |
| A | B | Competitors; |
| A | C | Consumers of medical services; |
| A | D | the Tax policy of the state. |
|  |  |  |
| **Q** | **005** | **Eliminate the wrong answer.**  **For successful work with competitors in a particular industry, it is necessary that the service provided meets the following parameters:** |
| A | А | High cost of service; |
| A | B | Unique properties; |
| A | C | Guaranteed quality; |
| A | D | Availability of highly qualified specialists in a particular medical organization; |
| A | E | Low cost of service. |
|  |  |  |
| **Q** | **006** | **Eliminate the wrong answer**  **To study the behavior of consumers of medical services, it means to answer the following basic questions:** |
| A | A | What is the range of services of your company (our competitors). |
| A | B | How many services are bought in our (in the medical organization of our competitors) for a certain period of time; |
| A | C | How Much and how to buy (can buy) the services of our medical organization (services of our competitors); |
| A | D | Who and where buys (can buy) services of our medical organization (services of our competitors); |
|  |  |  |
| **Q** | **007** | **Eliminate the wrong answer.**  **Sources of information about consumers of medical services are:** |
| A | А | information on standard markets. |
| A | B | Official government sources; |
| A | C | Reports of activity of specific medical organization ; |
| A | D | professional journals; |
|  |  |  |
| **Q** | **008** | **Choose the correct answer. Market segmentation is:** |
| A | А | Division of the market into smaller components; |
| A | B | consolidation of the market into large market segments; |
| A | C | Consolidation of small market segments into large segments |
|  |  |  |
| **Q** | **009** | **Choose one or more correct answers.**  **The constituent elements of the marketing complex are:** |
| A | A | Development of goods (services); |
| A | A | Setting the price of medical services; |
| A | A | Choice of distribution methods; |
| A | A | Development of a system of promotion of goods (services) to the market); |
| A | B | The time of sale of the service. |
|  |  |  |
| **Q** | **010** | **Eliminate the wrong answer.**  **When developing a new service, you need to consider:** |
| A | А | Service Characteristics; |
| A | B | What is the demand for this service; |
| A | C | What is the offer of this service; |
| A | D | What is the place of sale of the service. |
|  |  |  |
| **Q** | **011** | **Choose one or more correct answers**  **Advertising is:** |
| A | А | information about the merits of the service; |
| A | B | Commercial information about the service itself; |
| A | C | Information convincing of advantages of the offered service; |
| A | D | Commercial information about the company; |
| A | E | All of the above. |
|  |  |  |
| **Q** | **012** | **Choose the one most correct answer.**  **In medical institutions advertising is most often mainly:** |
| A | А | Informational nature; |
| A | B | Admonitory character; |
| A | C | Resembling a character; |
| A | D | Explanatory and propaganda character; |
| A | E | All of the above. |
|  |  |  |
| **Q** | **013** | **Choose one or more correct answers.**  **Marketing activities are carried out in accordance with the plans:** |
| A | А | strategic development plan; |
| A | A | marketing plan; |
| A | B | social development plan; |
| A | C | All of the above. |
|  |  |  |
| **Q** | **014** | **Eliminate the wrong answer.**  **Strategic planning consists of the following main components:** |
| A | А | preparation of tactical plans; |
| A | B | development of the medical organization programme; |
| A | C | statement of the problem the choice of goals; |
| A | D | Preparation of economic development plans; |
| A | E | development of a growth strategy for medical organization. |
|  |  |  |
| **Q** | **015** | **Choose one or more correct answers.**  **The main objectives of the MO marketing service are:** |
| A | A | Comprehensive study of the public health market, ensuring sustainable sales of goods and services, market orientation of production; |
| A | A | Analysis of the market situation and development of recommendations for new types of services; |
| A | A | Development and implementation of marketing strategy and tactics, development of marketing programs and ensuring their implementation; |
| A | B | Research and design works; |
| A | C | Recommendations of the basic requirements to goods and services, their range; |
| A | D | Definition of programs of works on formation of demand, advertizing and stimulation of sale of services |
| A | E | All above-mentioned |
|  |  |  |
| **Q** | **016** | **Choose one correct answer.**  **In the new economic conditions it is most expedient to study the market of medical services:** |
| A | А | Marketing service. |
| A | B | to the chief medical officer of MO |
| A | C | Planning and Finance Department; |
| A | D | chief accountant; |
|  |  |  |
| **Q** | **017** | **Specify three main sources of motivation of entrepreneurship:** |
| A | A | To get satisfaction from feeling of the leader in the business; |
| A | A | Defeat a competitor in a homogeneous business. |
| A | B | The desire to gain greater control over one's own well-being; |
| A | C | The desire to extend your own style and lifestyle to the sphere of business activity; |
| A | D | To receive remuneration for work and growth of personal well-being; |
|  |  |  |
| **Q** | **018** | **Specify the wrong answer**  **The main criteria to be met by a marketing intermediary in the OMI system are:** |
| A | A | Existence on a competitive basis. |
| A | B | Competence; |
| A | C | Independence from medical institutions |
| A | D | Independence from insurance medical organizations; |
|  |  |  |
| **Q** | **019** | **Choose the most complete definition of marketing in healthcare** |
| A | A | Marketing is a comprehensive planning process, economic justification, and management of health services, the policies in the field of medical-diagnostic process, promotion of services (medical value) to consumers, as well as implementation process. |
| A | B | Marketing - the system of principles, methods and measures based on the comprehensive study of consumer demand and purposeful shaping of health services offered to manufacturers; |
| A | C | Marketing is an entrepreneurial activity that manages the promotion of goods and services from the manufacturer to the consumer or user |
|  |  |  |
| **Q** | **020** | **Exclude the wrong answer. Basic concepts that reflect the essence of marketing:** |
| A | A | Exchange, transaction. |
| A | B | Need, |
| A | C | Market. |
| A | D | Request, product. |

|  |  |  |
| --- | --- | --- |
| **view** | **code** | **Topic 6 Text of the question title, answer options** |
|  |  |  |
| **Q** | **001** | **The economic effectiveness of health care is:** |
| A | А | The Best use of material, labor and financial resources of the company to achieve the project indicators of public health; |
| A | B | Component of economic efficiency for the evaluation of which an analysis of the distribution of costs in terms of one service is required; |
| A | C | The Ratio of any results obtained to the amount of resources spent; |
| A | D | All answers are correct; |
|  |  |  |
| **Q** | **002** | **Medical efficiency is understood as:** |
| A | А | Qualitative and quantitative characteristics of the degree of achievement of the objectives in the field of prevention, diagnosis, treatment of diseases; |
| A | B | Preventing a number of diseases, reducing the number of disabled people and premature deaths in the growth of the quality of honey  , services as a result of medical and social activities; |
| A | C | Direct and indirect contribution of health care to productivity growth, increase in national income, development of production; |
| A | D | There is no right answer; |
|  |  |  |
| **Q** | **003** | **Economic efficiency characterizes:** |
| A | А | Direct and indirect contribution of health care to productivity growth, increase in national income, development of production; |
| A | B | Qualitative and quantitative characteristics of the degree of achievement of the objectives in the field of prevention, diagnosis, treatment of diseases; |
| A | C | Preventing a number of diseases, reducing the number of disabled people and premature deaths in the growth of the quality of medical services as a result of medical and social activities; |
|  |  |  |
| **Q** | **004** | **Economic efficiency is determined by the ratio** |
| A | А | production costs to the resulting effect |
| A | B | the resulting economic impact on health costs |
| A | C | the ratio of costs to medical efficiency |
| A | D | the ratio of social efficiency to costs |
|  |  |  |
| **Q** | **005** | **Economic efficiency is calculated by the formula** |
| A | А | result / cost |
| A | B | cost / result |
| A | C | cost + profit |
| A | D | price-profit |
| A | E | price-cost |
|  |  |  |
| **Q** | **006** | **The main objectives of the analysis of the effectiveness of the medical institution include:** |
| A | A | all answers are correct; |
| A | B | Justification and preparation of important management decisions; |
| A | C | Identification of the main factors affecting the activities of the organization; |
| A | D | analysis of the economic situation; |
|  |  |  |
| **Q** | **007** | **The main approaches to determining the** **effectiveness of health care include:** |
| A | А | Medical, social, economic; |
| A | B | Medical, political, economic; |
| A | C | Social, political, economic; |
|  |  |  |
| **Q** | **008** | **In the health care economy allocate efficiency** |
| A | А | social |
| A | A | economic |
| A | A | medical |
| A | B | insurance |
| A | C | political |
|  |  |  |
| **Q** | **009** | **Social efficiency is:** |
| A | A | Preventing a number of diseases, reducing the number of disabled people and premature deaths in the growth of the quality of medical services as a result of medical and social activities |
| A | B | Qualitative and quantitative characteristics of the degree of achievement of the objectives in the field of prevention, diagnosis, treatment of diseases; |
| A | C | Direct and indirect contribution of health care to productivity growth, increase in national income, development of production; |
| A | D | There is no right answer; |
|  |  |  |
| **Q** | **010** | **The constituent factor in the methods of assessing the economic efficiency of targeted health programs is** |
| A | А | achieving high results with minimal resources |
| A | B | compliance of the purpose to the planned result |
| A | C | saving of material and financial resources |
|  |  |  |
| **Q** | **011** | **The main methods of calculating the effectiveness of medical care are:** |
| A | А | all answers are correct; |
| A | B | Direct economic effect; |
| A | C | Indirect economic effect; |
| A | D | Direct economic damage; |
|  |  |  |
| **Q** | **012** | **The economic assessment of the health system should be based on** |
| A | А | multifactorial system analysis |
| A | B | analysis of the quality of care |
| A | C | analysis of the benefits and costs |
|  |  |  |
| **Q** | **013** | **Economic losses (economic damage) incurred by society due to morbidity and mortality:** |
| A | А | direct |
| A | A | indirect |
| A | B | permanent |
| A | C | variables |
|  |  |  |
| **Q** | **014** | **What is the direct economic effect?** |
| A | А | Improving the methodology or organization of an event, leading to its cheapening; |
| A | B | the Result of improved prevention and treatment, which ultimately leads to reduced costs through savings in disease control and reduced economic damage due to disability and mortality; |
| A | C | Direct costs of treatment, prevention, sanitary and epidemiological services, research and development, training of medical personnel, payment of temporary disability benefits and disability pensions; |
| A | D | Economic losses associated with a decrease in labour productivity, non-produced products and a decrease in national income at the level of the national economy as a result of illness, disability or premature death; |
|  |  |  |
| **Q** | **015** | **Direct economic losses:** |
| A | A | different treatments |
| A | A | sanitary and epidemiological services |
| A | A | research and training |
| A | A | temporary disability benefits and disability pensions |
| A | B | reduced productivity |
| A | C | under-produced products |
| A | D | decrease in national income |
|  |  |  |
| **Q** | **016** | **Indirect economic damage is:** |
| A | А | Economic losses associated with a decrease in labour productivity, non-produced products and a decrease in national income at the level of the national economy as a result of illness, disability or premature death; |
| A | B | Improving the methodology or organization of an event, leading to its cheapening; |
| A | C | the Result of improved prevention and treatment, which ultimately leads to reduced costs through savings in disease control and reduced economic damage due to disability and mortality; |
| A | D | Direct costs of treatment, prevention, sanitary and epidemiological services, research and development, training of medical personnel, payment of temporary disability benefits and disability pensions; |
|  |  |  |
| **Q** | **017** | **Indirect economic losses:** |
| A | A | reduced productivity |
| A | A | under-produced products |
| A | A | decrease in national income |
| A | B | different treatments |
| A | C | sanitary and epidemiological services |
| A | D | research and training |
|  |  |  |
| **Q** | **018** | **The structure of economic damage, related to temporary disability includes** |
| A | A | loss of production |
| A | A | losses related to products, services, treatment |
| A | A | losses related to products or services, treatment, social benefit |
| A | B | all of the above is incorrect |
|  |  |  |
| **Q** | **019** | **The impact of economic development on human health and public health is characterized by:** |
| A | A | standard of living |
| A | A | lifestyle |
| A | A | people's quality of life |
| A | B | efficiency |
| A | C | profitability |
|  |  |  |
| **Q** | **020** | **The ratio of economic benefits obtained during medical interventions, ie, the economic effect and the cost of these activities:** |
| A | A | economic efficiency |
| A | B | medical efficiency |
| A | C | social efficiency |
| A | D | financial efficiency |
| A | E | productive efficiency |
|  |  |  |
| **Q** | **021** | **The degree of achievement of medical results, reflecting the achievement of the objectives of diagnosis and treatment of diseases, taking into account the criteria of quality, adequacy and effectiveness:** |
| A | A | medical efficiency |
| A | B | social efficiency |
| A | C | financial efficiency |
| A | D | productive efficiency |
| A | E | economic efficiency |
|  |  |  |
| **Q** | **022** | **Degree of achievement of social result:** |
| A | A | social efficiency |
| A | B | financial efficiency |
| A | C | productive efficiency |
| A | D | economic efficiency |
| A | E | medical efficiency |
|  |  |  |
| **Q** | **023** | **Medical efficacy for one specific patient:** |
| A | A | recovery or improvement of health |
| A | A | restoration of lost functions of individual organs and systems |
| A | B | return of the patient to an active life in society |
| A | C | satisfaction with medical care |
|  |  |  |
| **Q** | **024** | **Social effectiveness in relation to one particular patient:** |
| A | A | return of the patient to an active life in society |
| A | A | health care satisfaction |
| A | B | recovery or improvement of health |
| A | C | restoration of lost functions of individual organs and systems |
|  |  |  |
| **Q** | **025** | **Medical efficiency at the level of health care institutions and the industry as a whole:** |
| A | A | increased proportion of cured patients |
| A | A | reducing the incidence of chronic disease |
| A | A | reduced morbidity, reduced mortality |
| A | B | increased life expectancy of the population |
| A | C | satisfaction of society as a whole with the system of medical care |

|  |  |  |
| --- | --- | --- |
| **view** | **code** | **Topic 7 Text of the question title, answer options** |
|  |  |  |
| **Q** | **001** | **Due to the interaction of which components the market of medical services interacts:** |
| A | А | All of the above; |
| A | B | Supply and demand; |
| A | C | Price and competition; |
|  |  |  |
| **Q** | **002** | **The problems of irregular demand include:** |
| A | А | Find ways to smooth out fluctuations in the distribution of demand over time using flexible prices, incentive measures, and other incentive techniques; |
| A | B | Evaluate the size of the potential market and create effective products and services that can meet the demand and develop the need for these services; |
| A | C | Maintain the existing level of demand and intensity of production of medical services; |
| A | D | Find ways to link the benefits inherent in the product/service to the natural needs and interests of the individual |
|  |  |  |
| **Q** | **003** | **The problem of irrational demand is:** |
| A | А | Convince followers of something to give up habits, spreading frightening information, sharply raising prices, limiting the availability of a product or service; |
| A | B | Find ways to smooth out fluctuations in the distribution of demand over time by using flexible prices, incentives, and other incentives; |
| A | C | Find ways to link the benefits inherent in the product/service to the natural needs and interests of the individual; |
| A | B | Maintain the existing level of demand and intensity of production of medical services; |
|  |  |  |
| **Q** | **004** | **For excessive demand, it is typical:** |
| A | А | Finding ways to temporarily or permanently reduce demand; |
| A | B | Find ways to smooth out fluctuations in the distribution of demand over time using flexible prices, incentive measures, and other incentive techniques; |
| A | C | Evaluate the size of the potential market and create effective products and services that can meet the demand and develop the need for these services; |
| A | D | Analyze why the market dislikes the service, create a program that would encourage the consumer to use it; |
|  |  |  |
| **Q** | **005** | **The problem of latent demand is:** |
| A | А | Evaluate the size of the potential market and create effective products and services that can meet the demand and develop the need for these services; |
| A | B | Maintain the existing level of demand and intensity of production of medical services; |
| A | C | Find ways to link the inherent benefits of a product / service to the natural needs and interests of a person; |
| A | D | There is no correct answer; |
|  |  |  |
| **Q** | **006** | **Market conditions are:** |
| A | A | All answers are correct; |
| A | B | Set of conditions that determine the market situation; |
| A | C | The result of the interaction of various factors that determine the company's position in the market at any given time; |
| A | D | The state of the economy at a given time, determined by changes in various economic indicators; |
|  |  |  |
| **Q** | **007** | **A demand that cannot be met with the help of medical products and services available on the market is called** |
| A | А | Latent |
| A | B | Negative; |
| A | C | Irregular; |
|  |  |  |
| **Q** | **008** | **Elastic demand for medical services is considered to be the demand that:** |
| A | А | When the price is reduced, it increases significantly; |
| A | B | When the price decreases, demand and sales volumes grow at the same rate; |
| A | C | When the price decreases, the rate of demand growth is less than the rate of price decline; |
|  |  |  |
| **Q** | **009** | **Inelastic demand for medical services is considered to be demand that:** |
| A | A | when the price decreases, the rate of demand growth is less than the rate of price decrease |
| A | B | when the price decreases, demand and sales volumes grow at the same rate |
| A | C | when the price is reduced, it increases significantly |
|  |  |  |
| **Q** | **010** | **The disadvantages of competition in the health sector include:** |
| A | А | Creating excess capacity and duplicating services; |
| A | A | Introduction of competitive market mechanisms in certain areas of health care will lead to a decrease in the quality of medical services; |
| A | B | Patient's Choice between private and public medicine; |
|  |  |  |
| **Q** | **011** | **Non-price factors of demand for medical services include:** |
| A | А | . Income of the population; |
| A | A | The volume of the market; |
| A | B | Currency exchange rate; |
|  |  |  |
| **Q** | **012** | **Price elasticity of demand is:** |
| A | А | The Ratio of the percentage change in the volume of demand to the percentage change in price; |
| A | B | The Ratio of the percentage change in the volume of demand to the percentage change in income; |
| A | C | The Ratio of the percentage change in the volume of supply to the percentage change in price; |
|  |  |  |
| **Q** | **013** | **Unit elasticity demand for medical services is considered a demand that:** |
| A | А | When the price decreases, demand and sales volumes grow at the same rate; |
| A | B | When the price is reduced, it increases significantly; |
| A | C | When the price decreases, the rate of demand growth is less than the rate of price decline; |
|  |  |  |
| **Q** | **014** | **The demand for medical services is:** |
| A | А | a need supported by purchasing power; |
| A | B | recognition of necessity in the provision of medical service |
| A | C | external manifestation of need; |
|  |  |  |
| **Q** | **015** | **The law of demand states:** |
| A | A | all other things being equal, the demand changes inversely with the price; |
| A | B | all other things being equal, the offer changes in direct proportion to changes in prices; |
| A | C | other things being equal, demand changes in direct relation to price; |
| A | D | all other things being equal, the offer changes inversely with changes in prices; |
|  |  |  |
| **Q** | **016** | **A decrease in the supply of medical services on the market, due to higher taxes, leads to:** |
| A | А | Increasing prices in the medical services market; |
| A | B | Reducing demand from consumers of medical services; |
| A | C | Falling prices in the medical services market; |
| A | D | All of the above is True; |
|  |  |  |
| **Q** | **017** | **Which of the following prerequisites for the emergence and functioning of the health care market lays the foundation for the formation of a competitive environment:** |
| A | A | Availability and diversity of ownership forms and types of management; |
| A | A | Free access to market information; |
| A | B | Ability to manage market processes; |
| A | C | Whether each competitor has the full amount of market information; |
|  |  |  |
| **Q** | **018** | **The law of the proposal states:** |
| A | A | other things being equal, the offer changes in direct relation to changes in prices; |
| A | B | all other things being equal, demand changes inversely with price; |
| A | C | other things being equal, demand changes in direct relation to price; |
| A | D | all other things being equal, the offer changes inversely with changes in prices; |
|  |  |  |
| **Q** | **019** | **The market equilibrium point is characterized by:** |
| A | A | Equality between the volume of demand and supply (in the market of medical services, for example); |
| A | B | Equality of all prices in the market; |
| A | C | Excessive demand for goods and services with a lack of supply; |
| A | D | Excess of goods and services at a certain market price; |
|  |  |  |
| **Q** | **020** | **The increase in demand in the market of medical services, due to the increase in wages of the population, leads to:** |
| A | A | Increase in prices, increase in income of those medical institutions that provide services of this type. |
| A | B | Falling prices in the medical services market; |
| A | C | Supply reduction on the part of manufacturers of medical services; |
| A | D | All of the above is true; |
|  |  |  |
| **Q** | **021** | **Price, supply and demand in the market interact as follows:** |
| A | A | price balances supply and demand; |
| A | B | price determines demand; |
| A | C | supply determines the price regardless of demand; |
| A | D | the price does not depend on the offer. |
|  |  |  |
| **Q** | **022** | **The market of medical services belongs to the following market structure:** |
| A | A | oligopoly; |
| A | A | monopolies |
| A | B | imperfect competition; |
| A | C | monopsony; |
| A | D | perfect competition. |
|  |  |  |
| **Q** | **023** | **The product on the medical market is:** |
| A | A | medical service; |
| A | B | examination of the patient; |
| A | C | work of medical workers. |
| A | D | medical equipment; |
|  |  |  |
| **Q** | **024** | **Elasticity of demand for health services:** |
| A | A | low; |
| A | B | average; |
| A | C | high; |
| A | D | for this industry is not calculated. |
|  |  |  |
| **Q** | **025** | **Features of the medical services market** |
| A | A | is determined by the monopoly of the "seller" to provide services |
| A | A | provides services-desirable and undesirable |
| A | B | does not require a licensed activity of the "seller" |
| A | C | takes into account the economic opportunities of the "buyer" in purchasing the desired services |

|  |  |  |
| --- | --- | --- |
| **view** | **code** | **Topic 8 Text of the question title, answer options** |
|  |  |  |
| **Q** | **001** | **To the "targeted" taxes include deductions:** |
| A | А | in the Pension fund, on the OMI; |
| A | B | road fund, Pension fund, land tax; |
| A | C | on OMI, value added tax, property tax |
|  |  |  |
| **Q** | **002** | **What taxes can be levied on the salary of an individual working in a budgetary institution:** |
| A | А | Deductions for compulsory health insurance, Pension Fund, income tax; |
| A | B | property tax of legal entities, income tax, contribution to the pension Fund; |
| A | C | contribution to the Pension fund, income tax, Union contribution; |
|  |  |  |
| **Q** | **003** | **VAT is:** |
| A | А | Indirect tax; |
| A | B | Direct tax; |
| A | C | Secondary tax; |
|  |  |  |
| A | D | Additional tax |
|  |  |  |
| **Q** | **004** | **The objects of taxation are:** |
| A | А | International taxation; |
| A | B | Turnover on the sale of goods in the territory of the Russian Federation; |
| A | C | Transfer of property rights of the organization to its successor; |
| A | D | Transfer of property of state and municipal enterprises, redeemable in the order of privatization; |
|  |  |  |
| **Q** | **005** | **Taxation is carried out at a tax rate of 0% on sales:** |
| A | А | Goods exported in the customs regime of export; |
| A | B | Production of medicines |
| A | C | Excisable food products; |
| A | D | Precious metals by taxpayers; |
|  |  |  |
| **Q** | **006** | **Excise taxpayers are recognized as:** |
| A | A | Organizations; |
| A | B | Partnerships; |
| A | C | Community; |
| A | D | Individual entrepreneurs; |
|  |  |  |
| **Q** | **007** | **Excisable goods are:** |
| A | А | All statements are true; |
| A | B | Ethyl alcohol; |
| A | C | Beer; |
| A | D | Straight-run gasoline; |
|  |  |  |
| **Q** | **008** | **Difference between revenue from sales of products without value added tax excise:** |
| A | А | Profit from sales of products |
| A | B | Profit from the sale of fixed assets other property of enterprises |
| A | C | Income from non-operating operations, reduced by the amount of their expenses |
|  |  |  |
| A | D | Production and sales costs; |
|  |  |  |
| **Q** | **009** | **The property tax of organizations is:** |
| A | A | Regional ; |
| A | B | Municipal; |
| A | C | State; |
| A | D | Organizational; |
|  |  |  |
| **Q** | **010** | **The fiscal function of the tax system is:** |
| A | А | Formation of sources of state revenues; |
| A | B | Redistribution of income in accordance with the company's criteria of expediency; |
| A | C | Provision of tax incentives and privileges to stimulate the development of certain industries; |
| A | D | The Main activity of which is production |
|  |  |  |
| **Q** | **011** | **The distributive function of the tax system is:** |
| A | А | Redistribution of income in accordance with the company's criteria of expediency; |
| A | B | Formation of sources of state revenues; |
| A | C | Provision of tax incentives and privileges to stimulate the development of certain industries; |
| A | D | Right B and C; |
|  |  |  |
| **Q** | **012** | **The stimulating function of the tax system is:** |
| A | А | Granting of privileges and privileges in taxation for the purpose of stimulation of development of certain productions; |
| A | B | Formation of sources of state revenues; |
| A | C | Redistribution of income in accordance with the company's criteria of expediency; |
| A | D | Manifests itself in the distribution of national income; |
|  |  |  |
| **Q** | **013** | **Taxes related to the taxation of property and income are:** |
| A | А | Direct; |
| A | B | Indirect; |
| A | C | Hereditary; |
| A | D | Parallel; |
|  |  |  |
| **Q** | **014** | **The actual taxes is:** |
| A | А | Taxes levied on various types of property of commercial and industrial buildings and enterprises; |
| A | B | Taxes established depending on the property and social status of payers; |
| A | C | Taxes on goods and services imposed by Central and local authorities in the form of surcharges to the price of goods; |
|  |  |  |
| **Q** | **015** | **Indirect taxes are** |
| A | A | Taxes on goods and services imposed by Central and local authorities in the form of surcharges to the price of goods; |
| A | B | Taxes related to the taxation of property and income; |
| A | C | Taxes established depending on the property and social status of payers; |
| A | D | Taxes, which are levied on economic agents income |
|  |  |  |
| **Q** | **016** | **According to the source of taxation, taxes are allocated as (several possible answers):** |
| A | А | Earned; |
| A | A | Unearned; |
| A | B | Income; |
| A | C | Revenue; |
|  |  |  |
| **Q** | **017** | **The progressive tax rate is:** |
| A | A | The Rate of taxation increases as income increases; |
| A | B | The Rate of tax decreases as income increases; |
| A | C | The same rate is Applied to the basic income subject to taxation; |
| A | D | Right A and B; |
|  |  |  |
| **Q** | **018** | **The property tax of individuals is:** |
| A | A | Municipal |
| A | B | Federal; |
| A | C | Regional |
| A | D | National; |
|  |  |  |
| **Q** | **019** | **Object of taxation on property tax of organizations:** |
| A | A | Truck accounted for on the balance sheet; |
| A | B | The product is in stock; |
| A | C | Goods shipped; |
|  |  |  |
| A | D | Money |
|  |  |  |
| **Q** | **020** | **To calculate the property tax of individuals are obliged to:** |
| A | A | The tax authorities; |
| A | B | Individuals; |
| A | C | Technical inventory Authorities; |
| A | D | stock market |
|  |  |  |
| **Q** | **021** | **Income tax can be paid: USA, South Africa, Egypt** |
| A | A | Quarterly; |
| A | A | Once a year; |
| A | B | once a month; |
|  |  |  |
| **Q** | **022** | **Forms of taxation, types of taxes and methods of their collection depend on:** |
| A | A | Social structure of the state; |
| A | B | Uniformity of taxes |
| A | C | Size of the state; |
| A | D | Right A and B; |
|  |  |  |
| **Q** | **023** | **In the development of the state the following types of tax rates can be applied:** |
| A | A | All answers are correct; |
| A | B | Firm tax rate; |
| A | C | Progressive tax rate; |
| A | D | Proportional tax rate; |
|  |  |  |
| **Q** | **024** | **Direct taxes are:** |
| A | A | Real; |
| A | B | General |
| A | C | Collective; |
| A | D | Private |
|  |  |  |

|  |  |  |
| --- | --- | --- |
| **view** | **code** | **Topic 9 Text of the question title, answer options** |
|  |  |  |
| **Q** | **001** | **The salary of medical personnel consists of:** |
| A | А | Basic salary, fixed and variable allowances; |
| A | B | Tariff, premium, lump sum benefits; |
| A | C | Basic salary, bonuses, financial assistance; |
|  |  |  |
| A | D | Tariff, premium, permanent allowances; |
|  |  |  |
| **Q** | **002** | **The cost of labor of a doctor is usually measured:** |
| A | А | Scope of work; |
| A | A | Time; |
| A | B | Number of patients treated; |
|  |  |  |
| **Q** | **003** | **In the labor market is a commodity that an employee sells to the employer for a fee:** |
| A | А | labour force |
| A | B | labor |
| A | C | labor potential |
|  |  |  |
| A | D | professional qualification |
|  |  |  |
| **Q** | **004** | **Labor relations in the course of employment regulate:** |
| A | А | employment contract |
| A | B | labour code |
| A | C | collective agreement |
| A | D | trade union agreement |
|  |  |  |
| **Q** | **005** | **It is a binding document and is an agreement between the employer and the employee, the subject of which is the employment relationship:** |
| A | А | employment contract |
| A | B | labour code |
| A | C | collective agreement |
| A | D | trade union agreement |
|  |  |  |
| **Q** | **006** | **It is a form of regulation of labor relations by the state and contains a General set of legally established rules, norms of labor relations:** |
| A | A | labour code |
| A | B | collective agreement |
| A | C | trade union agreement |
| A | D | employment contract |
|  |  |  |
| **Q** | **007** | **Agreement between the employer and the employees ' labor collective, the purpose of which is to increase the minimum level of social guarantees defined by the state:** |
| A | А | trade union agreement |
| A | B | labour code |
| A | C | collective agreement |
| A | D | employment contract |
|  |  |  |
| **Q** | **008** | **The Basic principles of the concept of employment:** |
| A | А | the exclusive right of citizens to dispose of their abilities to work |
| A | A | responsibility of the state for realization of citizens ' right to work |
| A | B | providing economically and socially viable, effective employment |
| A | C | possibility to choose the sphere of labor activity in any sector of the economy |
| A | D | irreversibility of non-governmental, private organizations in employment |
|  |  |  |
| **Q** | **009** | **Forms of remuneration:** |
| A | A | time |
| A | A | piecework |
| A | A | chord |
| A | B | financial |
|  |  |  |
| **Q** | **010** | **It is based on the establishment of wages depending on the volume (quantity) of work performed, services rendered for a certain period of time:** |
| A | А | piecework |
| A | B | chord |
| A | C | financial |
| A | D | time |
|  |  |  |
| **Q** | **011** | **Modifications of piece-rate form of remuneration:** |
| A | А | indirectly piecework |
| A | A | piece-rate premium |
| A | A | piecework progressive |
| A | B | straight piece rate |
|  |  |  |
|  |  |  |
| A | C | lump sum piecework |
| A | D | collective piecework |
| A | E | simple time-based |
|  |  |  |
| **Q** | **012** | **Represents the totality of wage categories and their corresponding tariff coefficients:** |
| A | А | new labor management system NLMS |
| A | B | official salary |
| A | C | tariff rate |
| A | D | minimum tariff rate in the tariff schedule |
| A | E | minimum wage |
|  |  |  |
| **Q** | **013** | **The absolute amount of remuneration of various categories of workers per unit of time expressed in monetary form:** |
| A | А | tariff rate |
| A | B | official salary |
| A | C | tariff scale |
| A | D | minimum wage |
|  |  |  |
| **Q** | **014** | **The product of the worked time on the tariff rate if the value of the worked time strictly corresponds to the normative established for this** category of workers: |
| A | А | official salary |
| A | B | tariff scale |
| A | C | minimum wage |
|  |  |  |
|  |  |  |
| A | D | tariff rate |
| A | E | minimum tariff rate in the tariff schedule |
|  |  |  |
| **Q** | **015** | **Approximately corresponds to the existing, legislatively fixed minimum wage:** |
| A | A | minimum wage |
| A | B | official salary |
| A | C | tariff scale |
| A | D | tariff rate |
| A | E | minimum tariff rate in the tariff schedule |
|  |  |  |
| **Q** | **016** | **The size of monthly payment guaranteed by the Federal law for work of the unskilled worker who has completely fulfilled norm of working hours at performance of simple works in normal working conditions:** |
| A | А | minimum tariff rate in the tariff |
| A | B | official salary |
| A | C | tariff rate |
| A | D | minimum wage |
|  |  |  |
| **Q** | **017** | **Types of time-based forms of remuneration:** |
| A | A | simple time-based |
| A | A | time bonus |
| A | B | piecework by the hour |
| A | C | simple piecework |
|  |  |  |
| **Q** | **018** | **Includes only the tariff part of wages, depending on the amount of time worked and tariff rates:** |
| A | A | simple time-based |
| A | B | time bonus |
| A | C | piecework by the hour |
| A | D | simple piecework |
|  |  |  |
| **Q** | **019** | **Includes tariff salary and additional monetary remuneration in the form of bonuses for achievement of quantitative and qualitative results, indicators:** |
| A | A | time bonus |
| A | B | piecework by the hour |
| A | C | simple piecework |
|  |  |  |
| A | D | simple time-based |
|  |  |  |
| **Q** | **020** | **The non-tariff part of wages includes:** |
| A | A | Prizes |
| A | B | additional payment |
| A | C | tariff rate |
| A | D | tariff level |
|  |  |  |
| **Q** | **021** | **Represents material encouragement for special merits in the current production activity going beyond execution of official, office duties:** |
| A | A | additional payment |
| A | B | tariff rate |
| A | C | tariff level |
| A | D | Prizes |
|  |  |  |
| **Q** | **022** | **Additional payment:** |
| A | A | prizes |
| A | B | allowances |
| A | C | compensation |
| A | D | promotions |
|  |  |  |
| **Q** | **023** | **They are paid for high intensity of work, for advanced training and other achievements:** |
| A | A | compensation |
| A | B | allowances |
| A | C | prizes |
| A | D | promotions |
|  |  |  |
| **Q** | **024** | **What are the qualification category determined by the qualifications of the physician?** |
| A | A | Higher; |
| A | A | The First; |
| A | A | Second; |
| A | B | Third; |
|  |  |  |
| **Q** | **025** | **What form of salary depends on the amount of time worked?** |
| A | A | Time-Based; |
| A | B | Piece-Rate; |
| A | C | Chord; |
| A | D | all answers are wrong; |
|  |  |  |
| **Q** | **026** | **An individual entrepreneur in the person of a private practitioner receives income:** |
| A | A | on the residual principle, that is, the turnover is deducted from the material costs of the doctor, the income received is taxed, the balance of the doctor; |
| A | B | in the form of a stable salary; |
| A | C | In the form of a dividend; |
| A | D | Right A and B; |
|  |  |  |
| **Q** | **027** | **Specify the system of remuneration in the time-based form of remuneration:** |
| A | A | Simple time-lapse; |
| A | A | Time-premium |
| A | B | Complex timing; |
|  |  |  |
| **Q** | **027** | **What form of remuneration is used in developed countries:** |
| A | A | Capita |
| A | A | Contract; |
| A | A | fee form of payment |
| A | B | piecework; |
| A | C | Time-Based |

|  |  |  |
| --- | --- | --- |
| **view** | **code** | **Topic 10 Text of the question title, answer options** |
|  |  |  |
| **Q** | **001** | **An indicator of the quality of medical care for hospitals that characterizes the efficiency of using the institution's resources is not:** |
| A | A | indicator of precincts |
| A | B | average bed-day for nosology; |
| A | C | bed turnover; |
| A | D | bed occupancy per year; |
|  |  |  |
| **Q** | **002** | **Contents structural analysis of medical care quality is:** |
| A | A | certification of personnel, accreditation of medical institutions. |
| A | B | technology diagnostic and treatment process |
| A | C | evaluation of results; |
|  |  |  |
| **Q** | **003** | **Assessment of the quality of medical care does not include:** |
| A | A | structure. |
| A | B | effectiveness: |
| A | C | economy; |
|  |  |  |
| **Q** | **004** | **Within a month, the head of the inpatient Department conducts an examination of completed cases of at least:** |
| A | A | 50% |
| A | B | 60% |
| A | C | 80% |
|  |  |  |
| **Q** | **005** | **The competence of the consumer protection society (subject of non-departmental quality control of medical care) includes:** |
| A | A | study of public opinion on the quality of medical care provided; |
| A | B | participation in the work of the Commission on certification of medical workers; |
| A | C | issue of a license and certificate to legal entities and citizens. |
|  |  |  |
| **Q** | **006** | **Planned quality control of medical care in medical institutions is carried out:** |
| A | A | once every 2 years. |
| A | B | monthly; |
| A | C | 1 every six months; |
|  |  |  |
| **Q** | **007** | **The first level of examination of quality of medical care in health facilities is carried out:** |
| A | A | the head of the Department. |
| A | B | by the clinical and expert Commission of the institution; |
| A | C | deputy head of medical institutions for clinical and expert, medical, outpatient work; |
| A | D | chief physicians of hospitals: |
|  |  |  |
| **Q** | **008** | **The content of the effective analysis of the quality of medical care is:** |
| A | A | evaluation of treatment results. |
| A | B | certification of personnel, licensing of health facilities; |
| A | C | compliance with the technologies of the treatment and diagnostic process; |
|  |  |  |
| **Q** | **009** | **The Second level of medical care quality assessment in health care facilities is carried out by:** |
| A | A | Deputy head of medical institutions for clinical and expert, medical, outpatient work; |
| A | B | chief medical officers of health care facilities; |
| A | C | by the clinical and expert Commission of the institution. |
|  |  |  |
| **Q** | **010** | **For each case of expert assessment of the quality of medical care, a card is filled in:** |
| A | A | assessment of the quality of medical care. |
| A | B | card of a patient who has left the hospital; |
| A | C | inpatient patient |
|  |  |  |
| **Q** | **011** | **External control result implements:** |
| A | A | assessment of the quality of the medical service performed for a specific patient (its medical and economic efficiency, compliance with the selected medical technology); |
| A | B | assessment of the quality and safety of healthcare institutions to patients prior to licensing and accreditation of health institutions: |
| A | C | control over compliance with the sequence of medical measures. |
|  |  |  |
| **Q** | **012** | **The third level of examination of quality of medical care in health facilities is carried out:** |
| A | A | deputy head of medical institutions for clinical and expert, medical, outpatient work; |
| A | B | chief physicians of hospitals; |
| A | C | by the clinical and expert Commission of the institution. |
|  |  |  |
| **Q** | **013** | **Examination of the process of providing medical care is not carried out according to medical documentation:** |
| A | A | referral for hospitalization. |
| A | B | outpatient card; |
| A | C | inpatient card; |
|  |  |  |
| **Q** | **014** | **The quality of the clinic's work is not evaluated by indicators:** |
| A | A | average bed-day for nosology in divisions; |
| A | A | analysis of defects in medical care when transferring a patient to a disability. |
| A | B | frequency of detection of advanced cases with mandatory analysis of their causes; |
|  |  |  |
| **Q** | **015** | **Departmental quality control of medical care is not carried out by officials:** |
| A | A | medical insurance organizations. |
| A | B | clinical expert commissions; |
| A | C | health management bodies; |
| A | D | medical and preventive institutions; |
|  |  |  |
| **Q** | **016** | **Cases are not subject to mandatory expert control:** |
| A | A | diseases that meet the standard terms of treatment. |
| A | B | nosocomial infection; |
| A | C | fatalities; |
|  |  |  |
| **Q** | **017** | **The content of the procedural analysis of the quality of medical care is:** |
| A | A | compliance with the technologies of the medical and diagnostic process; |
| A | B | certification of personnel, accreditation of medical institutions; |
| A | C | evaluation of treatment results. |
|  |  |  |
| **Q** | **018** | **The Deputy heads of the institution for clinical and expert, medical and outpatient care conduct examinations in a quarter at least:** |
| A | A | 30-50; |
| A | B | 25 |
| A | C | 50-70 |
|  |  |  |
| **Q** | **019** | **Subjects of the system of non-departmental quality control of medical care are not:** |
| A | A | clinical and expert commissions of medical institutions. |
| A | B | medical insurance organizations; |
| A | C | licensing and accreditation commissions; |
|  |  |  |
| **Q** | **020** | **Preventive non-departmental quality control of medical care performs:** |
| A | A | assessment of the quality and level of safety of the medical institution for the patient before licensing and accreditation of the medical institution; |
| A | B | analysis of meeting the demand for medical services; |
| A | C | selection of pricing methods for medical services. |
|  |  |  |
| **Q** | **021** | **The system of departmental quality control of medical assistance in healthcare institutions of the Russian Federation is not based on:** |
| A | A | law "On sanitary and epidemiological welfare of the population of the Russian Federation". |
| A | B | law "On medical insurance of citizens of the Russian Federation»; |
| A | C | " Fundamentals of the legislation of the Russian Federation on public health protection»; |
|  |  |  |
| **Q** | **022** | **The competence of the consumer protection society does not include:** |
| A | A | participation in the development of tariffs for medical services; |
| A | B | informing subjects of non departmental quality control about defects in the provision of medical care; |
| A | C | the study of public opinion on the quality of medical care provided; |
|  |  |  |
| **Q** | **023** | **The quality of medical care for hospitals is not an Indicator of** |
| A | A | early detection of the most common, socially significant diseases. |
| A | B | % of coincidences (discrepancies) of clinical and pathoanatomic diagnoses; |
| A | C | % of recoveries; |
| A | D | % of complications; |
| A | E | hospital mortality; |
|  |  |  |
| **Q** | **024** | **Non-departmental control may not be carried out in the form of control:** |
| A | A | of the current one. |
| A | B | warning message; |
| A | C | results; |
| A | D | target; |
| A | E | planned; |
|  |  |  |
| **Q** | **025** | **Who carries out departmental quality control of medical care?** |
| A | A | The Ministry of Health of Russia |
| A | A | Department of roszdravnadzor |
| A | B | Insurance companies |
| A | C | FOMI |
|  |  |  |
| **Q** | **026** | **Who controls the procedure for conducting medical and social expertise:** |
| A | A | The Federal Service for Supervision of Healthcare of the Russian Federation |
| A | B | The Federal Social Insurance Fund of the Russian Federation |
| A | C | The Ministry of Health of the Russian Federation |

|  |  |  |
| --- | --- | --- |
| **view** | **code** | **Topic 11 Text of the question title, answer options** |
|  |  |  |
| **Q** | **001** | **Financing of hospitals under the new economic mechanism was carried out:** |
| A | А | For the treated patient; |
| A | B | Per capita standards; |
| A | C | For medical services rendered; |
|  |  |  |
| A | D | Cost estimates |
| A | E | For all the listed schemes; |
|  |  |  |
| **Q** | **002** | **The estimate of a medical institution is:** |
| A | А | Financial expression of the operational and production plan; |
| A | B | Summary of income and expenses of the institution; |
| A | C | Accounting for all funds of the institution from various sources; |
| A | D | Breakdown of expenditures by line of business; |
| A | E | All of the above is true; |
|  |  |  |
| **Q** | **003** | **Payment for medical care provided under the OMI is made:** |
| A | А | on tariffs; |
| A | B | at budget rates; |
| A | C | at negotiated prices; |
|  |  |  |
| A | D | at free rates |
|  |  |  |
| **Q** | **004** | **On average, as a percentage of gross national product, health expenditures in economically developed countries are:** |
| A | А | 9.3 % ; |
| A | B | 3.5 %; |
| A | C | 4.5% |
| A | D | 8,0% |
|  |  |  |
| **Q** | **005** | **The world experience of healthcare shows that there are several systems of its organization. What is the system of health care in France:** |
| A | А | Insurance; |
| A | B | Budget; |
| A | C | Private Enterprise; |
| A | D | Budget and insurance |
|  |  |  |
| **Q** | **006** | **List the health systems that exist in developing countries:** |
| A | A | all of the following |
| A | B | state; |
| A | C | private enterprise |
| A | D | insurance; |
|  |  |  |
| **Q** | **007** | **Specify what the U.S. health care system is based on the degree of centralization:** |
| A | А | Decentralized; |
| A | B | Centralized; |
| A | C | Mixed; |
|  |  |  |
| **Q** | **008** | **What is the name of the health care system, the transition to which has been implemented in the Russian Federation since 1991:** |
| A | А | Budget and insurance; |
| A | B | Budget; |
| A | C | Private Enterprise; |
| A | D | Insurance; |
|  |  |  |
| **Q** | **009** | **On average, as a percentage of gross national product, health expenditures in developing countries are:** |
| A | A | 3.5% |
| A | B | 4.5% |
| A | C | 8.0% |
| A | D | 9.3% |
|  |  |  |
| **Q** | **010** | **The main sources of financing in healthcare at the present stage are:** |
| A | А | Budget and insurance financing; |
| A | B | Budget financing |
| A | C | Funds from insurance funds; |
| A | D | Paid medical services |
|  |  |  |
| **Q** | **011** | **The highest level of spending on medical care is currently observed:** |
| A | А | in the United States; |
| A | B | In England; |
| A | C | In Russia; |
| A | D | In Sweden; |
|  |  |  |
| **Q** | **012** | **Sources of funding for the program of state guarantees of free medical care to the population are all of the above funds, except:** |
| A | А | Voluntary health insurance; |
| A | B | Municipal budgets; |
| A | C | Budgets of subjects of the Russian Federation; |
| A | D | the Federal budget; |
|  |  |  |
| **Q** | **013** | **Medical professional liability insurance covers the risks associated with:** |
| A | А | The Possibility of personal injury and harm to health; |
| A | B | Dishonesty, deception, deliberate unfair action of the policyholder; |
| A | C | Moral responsibility to the victim; |
|  |  |  |
| **Q** | **014** | **An insurance medical organization in the MHI system has the right to:** |
| A | А | Participate in the development of tariffs for medical services; |
| A | B | Set tariffs for medical services; |
| A | C | Index fares |
|  |  |  |
|  |  |  |
|  |  |  |
| **Q** | **015** | **Contributions to the compulsory health insurance of the working population:** |
| A | A | Are Included in social contributions of enterprises; |
| A | B | Are a separate independent tax; |
| A | C | Deducted in the income tax structure; |
| A | D | Deducted from wages; |
|  |  |  |
| **Q** | **016** | **Property insurance includes insurance of:** |
| A | А | Property of individuals and legal entities; |
| A | B | the lives of citizens; |
| A | C | citizens health; |
| A | D | citizens ability to work; |
|  |  |  |
| **Q** | **017** | **Personal insurance includes insurance of:** |
| A | A | Life of citizens, health of citizens, working capacity of citizens; |
| A | B | Property of individuals and legal entities, life of citizens, obligations to fulfill contractual conditions in good faith; |
| A | C | Compulsory medical insurance, the possibility of harm to the health of patients or clients; |
|  |  |  |
| **Q** | **018** | **Professional liability insurance includes insurance of:** |
| A | A | the Possibility of harm to health or material damage to patients or clients; |
| A | B | citizens ability to work; |
| A | C | citizens health; |
| A | D | the lives of citizens; |
|  |  |  |
| **Q** | **019** | **Subjects of voluntary health insurance include:** |
| A | A | the policyholder (enterprise, institution and citizen who carry out insurance at their own expense); |
| A | A | the citizen in whose favor the insurance contract is concluded; |
| A | A | an Insurer (an insurance organization that has a license to conduct VMI); |
| A | A | a medical institution that has a license to provide medical services included in the VMI program; |
| A | B | the insured (the state represented by local authorities; |
| A | C | all citizens of the Russian Federation; |
|  |  |  |
|  |  |  |
| **Q** | **020** | **Sources of OMI funds are:** |
| A | A | Social contributions from the wage Fund for the working population and budgets of the corresponding level for the non-working population; |
| A | B | budgets of the appropriate level for the non-working population and funds of enterprises, institutions, organizations as part of profit; |
|  |  |  |
| **Q** | **021** | **Territorial OMI program:** |
| A | A | Is an integral part of the territorial program of state guarantees of providing citizens with free medical care; |
| A | B | Includes a territorial program of state guarantees of providing citizens with free medical care; |
| A | C | Is a separate document; |
|  |  |  |
| **Q** | **022** | **The insurance contract in the MHI system provides for the provision of medical care to the population in the following cases:** |
| A | A | In the event of an insurance event; |
| A | B | application of the insured to the health care facility for medical care; |
| A | C | Insurance risk; |
| A | D | Individual risk; |
|  |  |  |
| **Q** | **023** | **The program of state guarantees of providing free medical care to the population of the Russian Federation is approved by:** |
| A | A | Government of the Russian Federation; |
| A | B | The Federal service for supervision in the sphere of health; |
| A | C | The State Duma; |
| A | D | Jointly with the Federal MHI Fund and the Ministry of health of the Russian Federation; |
|  |  |  |
| **Q** | **024** | **The program of state guarantees of providing free medical care to the population is approved:** |
| A | A | Annually for the coming year; |
| A | B | Once every three years; |
| A | C | with a multiplicity established by the subject of the Russian Federation; |
|  |  |  |
| **Q** | **025** | **The program of state guarantees of providing free medical care to the population regulates:** |
| A | A | Types of medical care; |
| A | A | Sources of funding for medical care; |
| A | A | Standards for the volume of medical care; |
| A | A | Financial standards for costs per unit of medical care; |
| A | B | Conditions and procedure for compulsory medical insurance; |
|  |  |  |
| **Q** | **026** | **Within the framework of state guarantees for providing free medical care to the population, the following standards for the volume of medical care are regulated:** |
| A | A | the Number of outpatient visits per 1 resident (1000 residents) per year; |
| A | A | number of ambulance calls per 1 resident (1000 residents) per year; |
| A | B | the Amount of funds for additional drug provision per 1 resident (1000 residents per year); |
| A | C | Number of beds of the corresponding profile per 1 resident (1000 residents); |
|  |  |  |
| **Q** | **027** | **Within the framework of the program of state guarantees of providing free medical care to the population, the following financial standards are regulated:** |
| A | A | Financial costs for 1 emergency call; |
| A | A | Financial expenses for one visit to outpatient clinics; |
| A | B | Financial costs of maintaining one budget bed per year; |
| A | C | Financial costs of maintaining one bed in all types of day hospitals; |
| A | D | Financial expenses for the maintenance of one bed under the MHI; |

|  |  |  |
| --- | --- | --- |
| **view** | **code** | **Topic 12 Text of the question title, answer options** |
|  |  | **Topic 12 Text of the question title, answer options** |
|  |  |  |
| **Q** | **001** | **The main features of the service that distinguish it from the goods:** |
| A | А | the service does not exist until its production |
| A | A | the moment of production of the service and its implementation coincide |
| A | A | services can not be stored, they do not settle in the warehouse |
|  |  |  |
| A | A | services cannot be provided for future use |
| A | B | constant quality services |
|  |  |  |
| **Q** | **002** | **The labor realized to the consumer directly in the course of the investment, but not** **embodied in any subject:** |
| A | А | service |
| A | B | medical service |
| A | C | goods |
| A | D | price |
|  |  |  |
| **Q** | **003** | **An event or a set of activities aimed at the prevention of diseases, their diagnosis and** **treatment, having an independent complete value and a certain cost:** |
| A | А | medical service |
| A | B | service |
| A | C | goods |
|  |  |  |
| A | D | costs |
|  |  |  |
| **Q** | **004** | **Designed to provide reimbursement to medical institutions costs incurred in the process** of **providing medical care, \_ \_ \_ \_ \_ \_ \_ function of prices for medical services.** |
| A | А | reproductive |
| A | B | record |
| A | C | distributive |
| A | D | stimulating |
|  |  |  |
| **Q** | **005** | **Serves the purposes of statistical accounting and planning in tracking the dynamics of** **the volume of medical care, the calculation of indices characterizing inflation, the level of costs and other indicators \_ \_ \_ \_ \_ \_ \_ function of prices for medical services.** |
| A | А | record |
| A | B | distributive |
| A | C | stimulating |
| A | D | reproductive |
|  |  |  |
| **Q** | **006** | **Provides a certain orientation of the activities of medical institutions \_ \_ \_ \_ \_ \_ \_** **function of prices for medical services.** |
| A | A | regulatory |
| A | B | record |
| A | C | reproductive |
| A | D | stimulating |
|  |  |  |
| **Q** | **007** | **Is to monitor certain parties of the entities involved in the provision of health care,** \_\_\_\_\_\_\_\_\_**function of prices for medical services.** |
| A | А | supervisory |
| A | B | reproductive |
| A | C | stimulating |
| A | D | regulatory |
|  |  |  |
| **Q** | **008** | **Serves the purpose of evaluating the performance of health facilities by comparing** **costs with the level of approved or market prices**. |
| A | А | evaluative |
| A | B | reproductive |
| A | C | stimulating |
| A | D | regulatory |
|  |  |  |
| **Q** | **009** | **Prices for paid services appear in the main forms:** |
| A | A | prices for paid services provided to the population |
| A | A | prices set for settlements with insurance companies in the system of voluntary health insurance |
| A | A | prices of medical car |
| A | B | prices for services |
|  |  |  |
| **Q** | **010** | **The price of a service in contrast to the actual price, which is usually associated with** **the goods, are:** |
| A | А | tariff |
| A | B | service |
| A | C | price |
| A | D | goods |
|  |  |  |
| **Q** | **011** | **The estimated cost of medical services, based on the volume of budget funding and** **targets, is:** |
| A | А | budget estimates |
| A | B | prices |
| A | C | amenities |
| A | D | tariffs |
|  |  |  |
| **Q** | **012** | **The prices established by the owner, the higher authority or the authority having on it** **the corresponding powers are called:** |
| A | А | directory |
| A | B | free |
| A | C | calculated |
| A | D | market |
|  |  |  |
| **Q** | **013** | **The prices independently established by medical institutions are called:** |
| A | А | free |
| A | B | calculated |
| A | C | market |
| A | D | directory |
|  |  |  |
| **Q** | **014** | **The prices based on economic calculations allowing medical institutions on the basis** **of calculation independently to establish the prices, flexibly regulating level of profitability, are:** |
| A | А | calculated |
| A | B | treaty |
| A | C | free |
|  |  |  |
|  |  |  |
|  |  |  |
| A | D | market |
|  |  |  |
| **Q** | **015** | **Prices, which are based on the orientation to the prevailing market price level of** **medical services, are:** |
| A | A | market |
| A | B | calculated |
| A | C | treaty |
| A | D | free |
|  |  |  |
| **Q** | **016** | **The most free in terms of what is most determined by supply and demand,** \_\_\_\_\_\_\_\_\_\_ **prices.** |
| A | А | treaty. |
| A | B | market |
| A | C | calculated |
| A | D | free |
|  |  |  |
| **Q** | **017** | **Prices for paid medical services for the population - \_\_\_\_\_\_\_\_\_ prices.** |
| A | A | Retail |
| A | B | Nominal |
| A | C | Moving |
| A | D | Solid |
|  |  |  |
| **Q** | **018** | **Are fixed in the official document-the price list approved by the authorized person, \_\_\_\_\_\_\_\_\_ prices.** |
| A | A | list |
| A | B | nominal |
| A | C | moving |
|  |  |  |
| **Q** | **019** | **The payer in the financing of medical services from the budget (budget estimates) is.** |
| A | A | budget |
| A | B | enterprise |
| A | C | population |
| A | D | insurance organization |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
| **Q** | **020** | **The payer in the health insurance system (compulsory and voluntary) are:** |
| A | A | insurance organization |
| A | B | population |
|  |  |  |
| A | C | budget |
| A | D | enterprise |
|  |  |  |
| **Q** | **021** | **Payers at the conclusion of direct contracts with medical institutions are:** |
| A | A | enterprises |
| A | B | territorial funds of compulsory health insurance |
| A | C | insurance organization |
| A | D | population |
|  |  |  |
| **Q** | **022** | **The payer in the provision of paid services by medical institutions are:** |
| A | A | population |
| A | B | enterprises |
| A | C | territorial funds of compulsory health insurance |
| A | D | insurance organization |
|  |  |  |
| **Q** | **023** | **The price level at a particular time or period is a \_\_\_\_\_\_\_\_\_\_\_\_ prices.** |
| A | A | current |
| A | B | comparable |
| A | C | budgetary |
|  |  |  |
| **Q** | **024** | **Prices given to a single database is \_ \_ \_ \_ \_ \_ \_ \_ \_ prices.** |
| A | A | comparable |
| A | B | current |
| A | C | budgetary |
| A | D | list |
|  |  |  |
| **Q** | **025** | **According to the degree of differentiation in health care institutions are** **distinguished \_\_\_\_\_\_\_\_\_\_\_\_prices:** |
| A | A | individual |
| A | A | team |
| A | A | uniform (averaged) |
| A | B | budgetary |
|  |  |  |
| **Q** | **026** | **According to the degree of dependence on the volume of services provided costs are** **divided into:** |
| A | A | conditional fixed costs |
| A | A | conditional variables costs |
| A | B | direct |
| A | C | indirect |
|  |  |  |
| **Q** | **027** | **Practically do not depend on the volume of services rendered** |
| A | A | conditional fixed costs |
| A | B | conditional variables costs |
| A | C | direct |
| A | D | indirect |
|  |  |  |

**I. SOCIAL HEALTH AND PUBLIC HEALTH AS A SCIENCE AND A DISCIPLINE**

1. Hippocrates underlined all the groups according to the social type given below, except:
2. diseases, that poor people have, and rich people almost never have;
3. ***diseases that workers of budgetary and industrial sphere have;***
4. diseases that only rich people have, while the poor-very seldom;
5. diseases that the rich and the poor have equally.
6. State, what the John Graunt’s works were dedicated to:

***а) to demographic statistics; he found out the dependence between mortality and sex, age, living conditions;***

b) he was the first to deal with questions of health service; he pointed out that it should be of governmental importance;

c) he described the influence of profession on people’s health, became a founder of professional pathology.

1. What the William Petty’s works were dedicated to:

а) to demographical statistics; he found out the dependence between mortality and sex, age, living conditions;

***b) he was the first to deal with questions of health service; he pointed out that it should be of governmental importance;***

c) he described the influence of profession on people’s health, became a founder of professional pathology.

1. What the Paracelsus’ works were dedicated to:

а) to demographical statistics; he found out the dependence between mortality and sex, age, living conditions;

b) he was the first to deal with questions of health service; he pointed out that it should be of governmental importance;

***c) he described the influence of profession on people’s health, became a founder of professional pathology.***

1. In what country did the science «Social medicine» arise?

а) England;

***b) Germany;***

c) Russia;

d) France.

1. Who was the founder of the first department of social hygiene:

***а) A. Grotyan;***

b) A.F. Nikitin;

c) N.A. Semashko;

d) A.P. Sergeev;

e) Z.P. Solovyov.

1. Who was the head of the first department of social hygiene in the first Moscow medical university?

а) A. Grotyan;

b) A.F. Nikitin;

***c) N.A. Semashko;***

d) A.P. Sergeev;

e) Z.P. Solovyov.

1. Who was the head of the first department of social hygiene in the second Moscow medical university?

а) A. Grotyan;

b) A.F. Nikitin;

c) N.A. Semashko;

d) A.P. Sergeev;

***e) Z.P. Solovyov.***

1. Who was the head of the first department of social hygiene in Leningrad medical Institute?

а) A. Grotyan;

***b) A.F. Nikitin;***

c) N.A. Semashko;

d) A.P. Sergeev;

e) Z.P. Solovyov.

1. Who was the head of the first department of social hygiene in Astrakhan medical Institute?

а) A. Grotyan;

b) A.F. Nikitin;

c) N.A. Semashko;

***d) A.P. Sergeev;***

e) Z.P. Solovyov.

1. What method of studying public health is based on research of the past, its comparison with the present and define the forecast and perspectives for the future?

***а) historical;***

b) method of «expert judgement»;

c) economic.

1. What method of studying the public health is widely used in the research of medical aid quality as a result of adoption of new medico organizational and economic technologies?

а) historical;

***b) method of «expert judgement»;***

c) economic.

1. What method of studying public health allows to define the influence of economics on health service and vice versa; to define optimal ways of using public funds for the efficiency of public health protection?

а) historical;

b) method of «expert judgement»;

***c) economic.***

1. What method of studying public health includes carrying out different experiments in order to find new, more rational forms and methods of work of medical institutes and separate health services?

***а) experiment;***

b) statistical;

c) sociological.

1. What method of studying public health allows to determine the state of people’s health, efficiency and quality of work of medical and preventive establishments?

а) experiment;

***b) statistical;***

c) sociological.

1. What method of studying public health gives the possibility to collect information about living conditions and way of life of the population under research, which is based on questioning, interview and inquiry?

а) experiment;

b) statistical;

***c) sociological.***

1. The Science that studies the health of healthy people is called:

***а) sanology;***

b) valeology;

c) gerontology.

1. The Science that studies the individual health of a person is called:

а) sanology;

***b) valeology;***

c) gerontology.

1. To indicators of individual health belong all the answers below except:

а) health balance;

b) health potential;

c) health resource;

***d) health level.***

1. To what indicators of individual health stated below refer the following – an expressed equilibrium state between the health potential and the factors influencing it?

***а) health balance;***

b) health potential;

c) health resource.

1. To what indicators of individual health stated below refer the following – complex of individual’s abilities to react adequately to the influence of external factors?

а) health balance;

***b) health potential;***

c) health resource.

1. To what indicators of individual health stated below refer the following – moral and functional, psychological capabilities of an organism to change the health balance in a positive way?

а) health balance;

b) health potential;

***c) health resource.***

1. To what health group can be referred people with functional and some morphological changes or those who were ill quite rare during a year (isolated cases of acute illnesses)?

а) 1 group;

***b) 2 group;***

c) 3 group;

d) 4 group;

e) 5 group.

1. To what health group can be referred patients with frequent acute illnesses (compensative states)?

а) 1 group;

b) 2 group;

***c) 3 group;***

d) 4 group;

e) 5 group.

1. To what health group can be referred patients with long- standing chronic diseases (subcompensative states)?

а) 1 group;

b) 2 group;

c) 3 group;

***d) 4 group;***

e) 5 group.

1. To what health group can be referred patients with exacerbations of long-standing diseases (decompensated states)?

а) 1 group;

b) 2 group;

c) 3 group;

d) 4 group;

***e) 5 group.***

1. What factors are called exogenous?

***а) associated with outdoor environment, socially removable;***

b) associated with internal environment of an organism, socially removable;

c) associated with outdoor environment, socially irremovable;

d) associated with internal environment of an organism, socially irremovable.

1. What factors are called endogenous?

а) associated with outdoor environment, socially removable;

b) associated with internal environment of an organism, socially removable;

c) associated with outdoor environment, socially irremovable;

***d) associated with internal environment of an organism, socially irremovable.***

1. Name the risk factors related to large primary ones:

а) diabetis;

***b) alcohol abuse;***

c) arterial hypertension;

***d) smoking.***

1. Name the risk factors related to large primary ones:

a) lipidemia;

b) cholesteremia;

***c) irrational nutrition;***

d) rheumatism.

1. Name the risk factors related to large primary ones:

***a) hypodinamia;***

b) allergy;

***c) psychoemotional stress;***

d) immunodeficiencies.

1. Name the risk factors related to large secondary ones:

***а) diabetis;***

b) alcohol abuse;

***c) arterial hypertension;***

d) smoking.

1. To large secondary risk factors belong all given below except:

a) lipidemia;

b) cholesteremia;

***c) irrational nutrition;***

d) rheumatism.

1. Name the risk factors related to large secondary ones:

a) hypodinamia;

***b) allergy;***

c) psychoemotional stress;

***d) immunodeficiencies.***

1. What factors influence the state of health population in 50% of cases?

***а) socioeconomic;***

b) sociobiological;

c) ecological, natural and climatic;

d) organizational or medical.

1. What factors influence the state of health population in 20% of cases?

а) socioeconomic;

***b) sociobiological;***

***c) ecological, natural and climatic;***

d) organizational or medical.

1. What factors influence the state of health population in 10% of cases?

а) socioeconomic;

b) sociobiological;

c) ecological, natural and climatic;

***d) organizational or medical.***

1. A particular historically conditioned type, form of vital activity or a particular work method in material and immaterial (spiritual) life spheres is:

***а) way of life;***

b) quality of life;

c) life style.

1. An individual's perception of their position in life in the context of the culture and value systems in which they live and in relation to their goals, expectations, standards and concerns is:

а) way of life;

***b) quality of life;***

c) life style.

1. To what factors of life way belong the following (according to the activity character):

а) labour activity;

***b) intellectual activity;***

c) extralabour activity;

***d) physical activity.***

1. To what lifestyle factors belong the following (according to the activity spheres):

***а) labour activity;***

b) intellectual activity;

***c) extralabour activity;***

d) physical activity.

1. To lifestyle factors according to the type (form) of activity belong all the answers below except:

а) everyday activity;

b) cultural activity;

***c) labour activity;***

d) medical activity.

1. To lifestyle factors according to the type (form) of activity belong:

а) physical activity;

***b) industrial activity;***

c) extralabour activity;

***d) social activity.***

**II. MEDICAL STATISTICS. STAGES OF MEDICO STATISTICAL RESEARCH.**

1. The definition of medical statistics is the following:

а) a multibranch science, studying a quantitative aspect of social mass phenomena in indissoluble connection with their qualitative peculiarities;

b) collecting of digital data, that characterize this or that social phenomena /process;

c) digits themselves that characterize phenomena/processes;

***d) branch of statistics, studying a quantitative aspect of mass phenomena /processes in medicine.***

1. Health statistics:

***а) studies public health in general and the health of its separate homogenous groups;***

b) analyses data about a system of medical institutes, their activity and staff;

***c) establishes the dependence from different factors, as well as social, biological, medical and organizational, natural and climatic and some others;***

d) estimate the efficiency of different medical and organizational, socioeconomic measures in diagnostics, treatment, rehabilitation and prophylaxis.

1. Statistics of health service:

а) studies the public health in general and in its separate homogenous group;

***b) analyses data about a system of medical institutes, their activity and staff;***

c) establishes the dependence from different factors, as well as social, biological, medical and organizational, natural and climatic and some others;

***d) estimate the efficiency of different medical and organizational, socioeconomic measures in diagnostics, treatment, rehabilitation and prophylaxis.***

1. What stage of medico-statistical research includes: aim and objectives, a unit and an object of research, plan and program of research?

***а) preparatory (organizational);***

b) stage of collecting material;

c) stage of statistical material processing;

d) stage of data analysis, formulating conclusions, working out recommendations and management decisions.

1. The aim of medico-statistical research is:

а) studying only different parameters of public health;

b) studying only the activity of health system;

***c) studying different parameters of public health and the activity of health system.***

1. Objectives of medico-statistical research are divided into:

***а) principal;***

***b) non principal;***

c) supplementary.

1. The quantity of principal objectives on medico-statistical research should be:

а) not more than 3;

***b) from 3 to 6;***

c) from 6 to 9.

1. An observation unit is:

***а) a primary element of statistical combination that has all the indicators subjected to registration and study;***

b) a primary element of statistical totality that has no indicators subjected to registration and study;

c) a primary element of statistical totality that has all the indicators but they are not taken into account when registered.

1. What is statistical totality?

***а) a group consisting of a large number of homogenous elements (observation units), taken together in particular time and space boundaries.***

b) a group consisting of a large number of heterogeneous elements (observation units) taken together in particular time and space boundaries;

c) a group consisting of a small number of relatively homogenous elements (observation units) taken together in different time and space boundaries.

1. Requirements to selective totality:

***а) it should have main characteristic features of general totality, that means that it should resemble it as much as possible;***

b) it should have all the features of general totality, that is to be its copy;

***c) it should be sufficient in volume to express more precisely the peculiarities of a general totality;***

d) volume doesn’t matter.

1. What record characteristics allow to form the totality?

***а) similarity characteristics;***

b) difference characteristics.

1. What record characteristics allow to analyse the totality?

а) similarity characteristics;

***b) difference characteristics.***

1. According to the character record characteristics are divided into:

***а) attributive;***

b) factorial;

c) resultant;

***d) quantitative.***

1. According to the role record characteristics are divided into:

а) attributive;

***b) factorial;***

***c) resultant;***

d) quantitative.

1. Research program includes:

а) aim and objectives, a unit and an object of research;

b) place of carrying out research and ways of formation of an object of research;

***c) program of collection, working out and analysis of the data;***

d) methods of material working out and time-frame in;

e) executors and financial arrangements.

1. Program of material collecting of medico-statistical research includes:

***а) working out record documents;***

b) making models of statistical tables;

c) list of statistical quantities.

1. Program of material working out of medico-statistical research includes:

а) working out record documents;

***b) making models of statistical tables;***

***c) list of statistical quantities.***

1. To forms of statistical tables, belong the following, except:

а) ordinary;

b) group;

***c) combined;***

d) combinative.

1. The table where there is a quantitative characteristics of one feature is called:

***а) ordinary;***

b) group;

c) combinative.

1. The table where several predicates, not interconnected with each other, correspond to one subject is called:

а) ordinary;

***b) group;***

c) combinative.

1. The table where several predicates, interconnected correspond to one subject with each other:

а) ordinary;

b) group;

***c) combinative.***

1. Plan of research includes all given below except:

a) place of carrying out and ways of an object formation;

***b) program of collection, working out and analysis of the data;***

c) methods of developing material and time-frames in stages;

d) executors and financial arrangements.

1. An object of statistical research should be defined in all except:

а) space;

b) time;

c) volume;

***d) motion.***

1. Depending on coverage a medico-statistical research can be:

***а) complete and non-complete;***

b) current and non-current;

c) direct and anamnestic;

d) fragmenting.

1. How is research called when all the separate cases which form a general totality, are registered?

***а) complete;***

b) non-complete;

c) current;

d) non-current.

1. How is research called where a particular part of general totality is selected with special methods?

а) complete;

***b) non-complete;***

c) current;

d) non-current.

1. To the forms of non-complete research belong all except:

а) selective;

***b) general;***

c) method of primary massive;

d) monographic.

1. What form of non-complete research is carried out on a particular part of observation units and allows to spread the results on the whole totality?

***а) selective research;***

b) method of principal massive;

c) monographic research.

1. What form of non-complete research covers a larger part of units of an oblect of research under observation?

а) selective research;

***b) method of principal massive;***

c) monographic research.

1. In case of what form of non-complete research a thorough and profound study of one observation unit is carried out?

а) selective research;

b) method of principal massive;

***c) monographic research.***

1. Depending on time a medico-statistical research can be:

а) сomplete and non-complete;

***b) current and non-current;***

c) direct and anamnestic;

d) fragmenting.

1. In case of what research a constant registration of each separate case (when they appear) during a particular period of time is carried out?

а) complete;

b) non-complete;

***c) current;***

d) non-current.

1. In case of what research the information is registered at a particular moment?

а) complete;

b) non-complete;

c) current;

***d) non-current.***

1. The following aspects belongs to current research except:

а) registration of birth and death cases;

***b) census enumeration;***

c) registration of matrimonies;

d) registration of diseases.

1. Aspects belong to non-current research:

а) registration of birth and death cases;

***b) census enumeration;***

c) registration of matrimonies;

d) registration of diseases.

1. To types of medico-statistic belong all given below except:

***а) current***

b) direct

c) anamnestic;

d) fragmenting.

1. What research is used in case of registration of data when examining a patient or a healthy person?

***а) direct;***

b) anamnestic;

c) fragmenting.

1. What research is used when registering the data, received from a patient or his relatives?

а) direct;

***b) anamnestic;***

c) fragmenting.

1. What research is used when registering the data from medico statistical documentation?

а) direct;

b) anamnestic;

***c) fragmenting.***

1. Name the ways of selective totality formation:

***а) random;***

***b) mechanical;***

c) repeated;

d) non-repeated.

1. Name the ways of selective totality formation:

a) repeated;

b) non-repeated;

***c) typological;***

***d) serial.***

1. To the methods of selective totality formation belong all bellow, except:

***a) combined;***

b) conjugating;

c) directional;

d) cohort.

1. Name the methods of selective totality formation:

а) random;

b) mechanical;

***c) repeated;***

***d) non-repeated.***

1. To the methods of selective totality formation belong all the aspects bellow, except:

а) individual;

b) group;

c) combined;

***d) cohort.***

1. In case of what way of selection of units observation all the units of general totality have equal possibility to get into the sampling?

***а) random;***

b) mechanical;

c) typological;

d) serial.

1. In case of what way of selection of units observation a sampling is formed according to some feature?

а) random;

***b) mechanical;***

c) typological;

d) serial.

1. In case of what way of selection of units observation a sampling is formed according to some typical feature?

а) random;

b) mechanical;

***c) typological;***

d) serial.

1. What way of selection of units observation includes a combination of random and typological or mechanical and typological methods?

а) random;

b) mechanical;

c) typological;

***d) serial.***

1. In case of what way of selection of units observation they find a copy in a group under research for each observation unit?

а) serial;

***b) conjugating;***

c) directional;

d) cohort.

1. What way of selection of units observation is used for profound study of interconnection of less studied features excluding those, the influence of which is already known?

а) serial;

b) conjugating;

***c) directional;***

d) cohort.

1. What way of selection of units observation allows to make a section in the place of a studied phenomenon where these or those regularities are much more expressed?

а) serial;

b) conjugating;

c) directional;

***d) cohort.***

1. What stage of medico-statistical research includes: direct observation, inquiry, data fragmenting?

а) preparatory (organizational);

***b) stage of material collecting;***

c) stage of statistical processing of collected material;

d) stage of analysing the received data, formulating conclusions, working out recommendations and managerial decisions.

1. What stage of medico-statistical research includes: encryption and grouping, calculation and data entry in tables, making variational and dynamic series, calculation of statistical indicators?

а) preparatory (organizational);

b) stage of material collecting;

***c) stage of statistical processing of collected material;***

d) stage of analysing the received data, formulating conclusions, working out recommendations and managerial decisions.

1. What stage of medico-statistical research includes: analysis of results and their comparison, graphical image?

а) preparatory (organizational);

b) stage of material collecting;

c) stage of statistical processing of collected material;

***d) stage of analysing the received data, formulating conclusions, working out recommendations and managerial decisions.***

1. How is a graphical image of statistical data in form of dots, lines, planes, figures called?

***а) diagram;***

b) cartogram;

c) cartodiagram.

1. How is a geographic map/diagram, where phenomena extent in different regions expressed with different colors/shading called?

а) diagram;

***b) cartogram;***

c) cartodiagram.

1. How is a geographical map/diagram, where the statistical data are marked in form of diagram called?

а) diagram;

b) cartogram;

***c) cartodiagram.***

**III. Absolute and relative values. Dynamic RANKs.**

1. Absolute values are used:

***a) for the characterization of the absolute size of the phenomenon as a whole;***

b) for the comparison of two events in time and space;

***c) for the characterization of rare phenomenon.***

1. Relative values are used:

a) for the characterization of the absolute size of the phenomenon as a whole;

***b) for the comparison of two events in time and space;***

c) for the characterization of rare phenomenon.

1. Extensive and intensive indicators, ratios and visibility are the following:

a) absolute;

***b) relative;***

c) average.

1. Extensive indicator characterizes:

***a) the ratio of the part of the phenomenon to the whole phenomenon;***

b) the ratio of the phenomenon to the population that produces this phe-nomenon;

c) the ratio of the phenomenon to the population that this phenomenon does not produce.

1. Intensive indicator characterizes:
2. the ratio of the part of the phenomenon to the whole phenomenon;

***b) the ratio of the phenomenon to the population that produces this phenomenon;***

c) the ratio of the phenomenon to the population that this phenomenon does not produce.

1. The ratio characterizes:

a) the ratio of the part of the phenomenon to the whole phenomenon;

b) the ratio of the phenomenon to the population that produces this phenomenon;

***c) the ratio of the phenomenon to the population that this phenomenon does not produce.***

1. Which indicator is indicative for the internal structure of the phenomenon, its distribution into constituent parts, and each part of the specific gravity of the whole?

***a) extensive indicator;***

b) intensive indicator;

c) ratio;

d) visibility indicator.

1. The frequency, intensity or the level of prevalence of the phenomenon in the population to which it is directly related to characterize:

a) extensive indicator;

***b) intensive indicator;***

c) ratio;

d) visibility indicator.

1. Which figure shows the numerical ratio of two unrelated population, matched only logically by their content?

a) extensive indicator;

b) intensive indicator;

***c) ratio;***

d) visibility indicator.

1. Which indicator shows the percentage or the number of times of an increase or decrease in comparable indicators for this period of time?

a) extensive indicator;

b) intensive indicator;

c) ratio;

***d) visibility indicator.***

1. By the extensive indicators may be included:

a) level of birth rate, mortality;

***b) structure of*** ***birth rate and*** ***mortality;***

c) supply the population by doctors.

1. By the intensive indicators may be included:

***a) level of birth rate, mortality;***

b) structure of birth rate and mortality;

c) supply the population by doctors.

1. Ratios include:

a) level of birth rate, mortality;

b) structure of birth rate and mortality;

***c) supply the population by doctors.***

1. What is a statistical indicator which is calculated in the study of the structure of patients by age and sex?

***a) extensive indicator;***

b) intensive indicator;

c) ratio;

d) visibility indicator.

1. In the study of disease, birth rate, mortality the statistics calculation, except:

a) extensive indicator;

b) intensive indicator;

***c) ratio;***

d) visibility indicator.

1. Which indicator can’t graphically depicted as a linear tape and bar charts?

***a) extensive indicator;***

b) intensive indicator;

c) ratio;

d) visibility indicator.

1. Which indicator can’t graphically depicted in a circular or inside bar graphs?

***a) extensive indicator;***

b) intensive indicator;

c) ratio;

d) visibility indicator.

1. For a graphical depicted of extensive indicators may be used diagrams:

a) linear;

***b) a circular;***

c) tape;

***d) graphs inside;***

e) bar charts.

1. For a graphical depicted of intensive indicators may be used diagrams:

***a) linear;***

b) a circular;

***c) tape;***

d) graphs inside;

***e) bar charts.***

1. For graphical depicted of ratio may be used diagrams:

***a) linear;***

b) a circular;

***c) tape;***

d) graphs inside;

***e) bar charts.***

1. The rank, consisting of homogeneous comparable quantities characterizing the change of a phenomenon for certain periods - are:

a) variation;

***b) dynamic;***

c) discrete.

1. The types of dynamic ranks includes everything except:

a) simple;

b) complex;

***c) discrete.***

1. What dynamic ranks consist of absolute values?

***a) momentary;***

b) complex;

***c) interval.***

1. What dynamic ranks consist of relative values?

a) momentary;

***b) complex;***

c) interval.

1. What dynamic ranks consist of the average values?

a) momentary;

***b) complex;***

c) interval.

1. What are the dynamic rank consisting of the absolute values that characterize the dynamics of the phenomenon?

***a) simple;***

b) complex.

1. What are the dynamic rank consisting of statistical values relating to a specific point to the exact date?

***a)*** ***momentary;***

b) interval.

1. What are the dynamic rank consisting of values characterize resizing events for a certain period - period of time?

a) momentary;

***b) interval****.*

1. What are the dynamic rank consisting of relative and average values?

a) simple;

***b) complex.***

1. Numbers consisting dynamic rank are called:

a) columns;

b) series;

***c) levels.***

1. The levels of dynamic rank can be presented:

a) absolute values;

b) relative values;

c) average values;

***d) all of the above is true.***

1. To the ways of alignment of the dynamic rank refers everything except:

a) consolidation of the interval;

b) calculating of the group average;

***c) splitting the interval;***

d) calculating of the moving average.

1. What is the way of alignment of the dynamic rank, when the summation of data for a number of adjacent periods?

***a) consolidation of the interval;***

b) calculation of the group average;

c) calculation of the moving average.

1. What is the way of alignment of the dynamic rank, when the summation of adjacent levels of neighboring periods, then the resulting sum is divided by the number of terms?

a) consolidation of the interval;

***b) calculation of the group average;***

c) calculation of the moving average.

1. What is the way of alignment of the dynamic rank, where each level is replaced with the average value of a predetermined level and the two neighboring?

a) consolidation of the interval;

b) calculation of the group average;

***c) calculation of the moving average.***

1. What ranks can be analysed by the following indicators: absolute growth, growth rate, growth rate and the absolute value of 1% growth?

a) variation;

***b) dynamic;***

c) discrete.

1. What indicator dynamic rank is determined by the difference between the previous and next level?

***a) absolute of increase (decrease);***

b) rate of increase (decrease);

c) rate of growth (depletion);

d) absolute value of a 1% increase (decrease).

1. What indicator dynamic rank is shows the percentage of the absolute increase (decrease) of each subsequent level to the previous?

a) absolute of increase (decrease);

***b) rate of increase (decrease);***

c) rate of growth (depletion);

d) absolute value of a 1% increase (decrease).

1. What indicator dynamic rank is shows the percentage of the each subsequent level to the previous?

a) absolute of increase (decrease);

b) rate of increase (decrease);

***c) rate of growth (depletion);***

d) absolute value of a 1% increase (decrease).

1. What indicator dynamic rank is shows the percentage of the absolute increase (decrease) to the rate of increase (decrease) in the same period?

a) absolute of increase (decrease);

b) rate of increase (decrease);

c) rate of growth (depletion);

***d) absolute value of a 1% increase (decrease).***

**IV. The morbidity. Disability. International Classification of Diseases**

1. According to the WHO, any objective or subjective deviation from the normal physiological state of the human body - is:

a) symptom;

b) syndrome;

***c) disease.***

1. The groups of diseases on the social significance include everything except:

a) disease leads to death;

b) diseases that lead to various limitations of life;

***c) diseases causing prolonged disability;***

d) diseases that cause short-term disability.

1. The structure of the disease leads to death, are:

***a) diseases of the circulatory system;***

b) respiratory diseases;

***c) tumors;***

d) diseases of the musculoskeletal system and connective tissue;

***e) injuries and poisonings.***

1. The structure of diseases that lead to various limitations of life include:

***a) diseases of the circulatory system;***

b) respiratory diseases;

***c) tumors;***

***d) diseases of the musculoskeletal system and connective tissue;***

e) injuries and poisonings.

1. The structure of the diseases causing prolonged disability include:

a) diseases of the circulatory system;

***b) respiratory diseases;***

c) tumors;

***d) diseases of the musculoskeletal system and connective tissue;***

***e) injuries and poisonings.***

1. Characteristics of the morbidity include everything except:
2. level and structure of the morbidity;
3. ***standard and normative;***

c) multiplicity and duration of the disease.

1. The quantitative characteristic of the morbidity is:

***a) level of the morbidity;***

b) structure of the morbidity;

c) multiplicity of the disease;

d) duration of the disease.

1. The qualitative characteristic of the morbidity is:

a) level of the morbidity;

***b) structure of the morbidity;***

c) multiplicity of the disease;

d) duration of the disease.

1. The individual characteristics of the morbidity are:

a) level of the morbidity;

b) structure of the morbidity;

***c) multiplicity of the disease;***

***d) duration of the disease.***

1. Sources of study of the morbidity include everything except:

a) data of utilisation of services;

***b) data of attenolomce;***

c) data of medical examinations;

d) data on causes of death;

e) data of medico-statistical research.

1. The main sources of the morbidity study include:

***a) data of utilisation of services;***

***b)*** ***data of medical examinations;***

c) data on causes of death;

d) data of medico-statistical research.

1. Additional sources of the morbidity study include:

a) data of utilisation of services;

b) data of medical examinations;

***c) data on causes of death;***

***d)*** ***data of medico-statistical research.***

1. The first visit of doctor of health services, registered in the medical records – is:

***a) reference;***

b) visit.

1. Date of every visit to the doctor by the patient or the doctor to the patient – is:

a) reference;

***b) visit.***

1. Every illness refers to the types of morbidity up to the utilisation of services, except:

a) primary morbidity;

b) total morbidity;

***c) pathological affection;***

d) cumulative morbidity.

1. Every illness refers to the types of morbidity up to the utilisation of services, except:

***a) morbidity data on causes of death;***

b) morbidity with temporary disability;

***c) exhausted morbidity;***

d) hospital morbidity.

1. The morbidity on data of medical examinations include:

a) primary morbidity;

b) total morbidity;

***c) pathological affection;***

d) cumulative morbidity.

1. Which source of study is the primary morbidity?

***a) data of utilisation of services;***

b) data of medical examinations;

c) data on causes of death;

d) data of medico-statistical research.

1. Which source of study is the total morbidity?

***a) data of utilisation of services;***

b) data of medical examinations;

c) data on causes of death;

d) data of medico-statistical research.

1. Which source of study is the cumulative morbidity?

***a) data of utilisation of services;***

b) data of medical examinations;

c) data on causes of death;

d) data of medico-statistical research.

1. Which source of study is the infectious morbidity?

***a) data of utilisation of services;***

b) data of medical examinations;

c) data on causes of death;

d) data of medico-statistical research.

1. Which source of study is morbidity of the basic non-epidemic disease?

***a) data of utilisation of services;***

b) data of medical examinations;

c) data on causes of death;

d) data of medico-statistical research.

1. Which source of study is the morbidity with temporary disability?

***a) data of utilisation of services;***

b) data of medical examinations;

c) data on causes of death;

d) data of medico-statistical research.

1. Which source of the study is the hospital morbidity?

***a) data of utilisation of services;***

b) data of medical examinations;

c) data on causes of death;

d) data of medico-statistical research.

1. Which source of the study is the pathological affection?

a) data of utilisation of services;

**b) data of medical examinations;**

c) data on causes of death;

d) data of medico-statistical research.

1. The source of study of the primary morbidity is:

***a) "Talon of ambulatory patient";***

b) "Notice of the most important non-epidemic diseases";

c) "Leave disability";

d) "Statistical card left a hospital".

1. The source of the study of the total morbidity is:

***a) "Talon of ambulatory patient";***

b) "Notice of the most important non-epidemic diseases";

c) "Leave disability";

d) "Statistical card left a hospital".

1. The source of the study of the cumulative morbidity is:

***a) "Talon of ambulatory patient";***

b) "Notice of the most important non-epidemic diseases";

c) " Leave disability";

d) "Statistical card left a hospital".

1. The source of the study of the infectious diseases is:

a) "Talon of ambulatory patient";

***b) "Emergency notification of infectious diseases ......";***

c) "Notice of the most important non-epidemic diseases";

d) "Statistical card left a hospital".

1. The source of the study of morbidity of the basic non-epidemic diseases is:

a) "Talon of ambulatory patient";

b) "Emergency notification of infectious diseases ......";

***c) "Notice of the most important non-epidemic diseases";***

d) "Statistical card left a hospital".

1. The source of the study of morbidity with temporary disability is:

a) "Talon of ambulatory patient";

***b) "Leave disability";***

c) "Statistical card left a hospital".

1. The source of the study of a hospital morbidity is:

a) "Talon of ambulatory patient";

b) "Leave disability";

***c) "Statistical card left a hospital".***

1. The sources of the study of morbidity from data on causes of death are:

a) "Physician certificate of death";

***b) "Medical certificate of death";***

c) "Medical assistant certificate of death";

***d) "Medical certificate of perinatal death".***

1. The collection of new and have not been previously recorded, and newly diagnosed diseases in the population in a given calendar year - is:

***a) primary (actual) morbidity;***

b) total (prevalence) morbidity;

c) cumulative morbidity.

1. The collection of all existing diseases among the population, as first identified in a given year, as in previous years, but were about treatment in a given year - is:

a) primary (actual) morbidity;

***b) total (prevalence) morbidity;***

c) cumulative morbidity.

1. All cases of primary diseases, registered for several years at the reference for the medical care - are:

a) primary (actual) morbidity;

b) total (prevalence) morbidity;

***c) cumulative morbidity.***

1. The collection of all hospitalization of the population in a given year on the diseases identified in this and previous years, but is not registered at the reference in outpatient clinics - is:

***a) hospital morbidity;***

b) pathological affection;

c) exhausted (true) morbidity.

1. The frequency of disease among the population that is installed during medical examination, as a result of taking into account all diseases, as well as premorbid forms - is:

a) hospital morbidity;

***b) pathological affection;***

c) exhausted (true) morbidity.

1. The total morbidity on utilisation of services and supplemented cases detected during medical examination and data on causes of death - are:

a) hospital morbidity;

b) pathological affection;

***c) exhausted (true) morbidity.***

1. The level of primary morbidity of children population compared to adults is:

a) lower;

b) the same;

***c) above.***

1. The level of total morbidity of children population compared to adults is:

a) lower;

b) the same;

***c) above.***

1. The level of primary morbidity of the adult population is:

***a) 500-600о/оо;***

b) 1300-1400о/оо;

c) 1800-1900о/оо;

d) 2300-2400о/оо.

1. The level of primary morbidity of children population is:

a) 500-600о/оо;

b) 1300-1400о/оо;

***c) 1800-1900о/оо;***

d) 2300-2400о/оо.

1. The level of total morbidity of adult population is:

a) 500-600о/оо;

***b) 1300-1400о/оо;***

c) 1800-1900о/оо;

d) 2300-2400о/оо.

1. The level of total morbidity of children population is:

a) 500-600о/оо;

b) 1300-1400о/оо;

c) 1800-1900о/оо;

***d) 2300-2400о/оо.***

1. The highest rate of children morbidity is noted in the age is:

a) up to 1 year;

***b) 1-3 years;***

c) 4-6 years;

d) 7-15 years;

e) 16-18 years.

1. In the structure of the primary morbidity of the adult population the first three places are occupied by:

a) diseases of the circulatory system;

***b) respiratory diseases;***

c) diseases of the skin and subcutaneous tissue;

***d) diseases of the genitourinary system;***

***e) injury, poisoning and certain other consequences of external causes.***

1. In the structure of the primary morbidity of the children population the first three places are occupied by:

a) diseases of the circulatory system;

***b) respiratory diseases;***

***c) diseases of the skin and subcutaneous tissue;***

d) diseases of the genitourinary system;

***e) injury, poisoning and certain other consequences of external causes.***

1. In the structure of the total morbidity of the adult population the first three places are occupied by:

***a) diseases of the circulatory system;***

***b) respiratory diseases;***

c) digestive diseases;

d) diseases of the skin and subcutaneous tissue;

***e) diseases of the musculoskeletal system and connective tissue.***

1. In the structure of the total morbidity of the children’s population the first three places are occupied by:

a) diseases of the circulatory system;

***b) respiratory diseases;***

***c) digestive diseases;***

***d) diseases of the skin and subcutaneous tissue;***

e) diseases of the musculoskeletal system and connective tissue.

1. Who should be notified without fail at every case of an infectious disease?

***a) organ of Rospotrebnadzor;***

b) health insurance company;

c) territorial health authorities.

1. To which group do quarantine diseases that are highly contagious and lethal (plague, cholera, smallpox, yellow fever) refer?

***a) first;***

b) second;

c) third;

d) fourth.

1. To which group do socially significant diseases for which information enters the organ of Rospotrebnadzor in the corresponding clinics (tuberculosis, skin and venereal diseases, leprosy) refer?

a) first;

***b) second;***

c) third;

d) fourth.

1. To which group do diseases, which should inform the organ of Rospotrebnadzor with an indication of detailed information (typhoid, tetanus, rabies, ...)?

a) first;

b) second;

***c) third;***

d) fourth.

1. To which group do diseases which medical institutions provide summary information in the organ of Rospotrebnadzor (influenza, ARVI) refer?

a) first;

b) second;

c) third;

***d) fourth.***

1. The most important non-epidemic diseases include everything except:

a) venereal diseases;

b) tuberculosis;

c) malignancies;

***d) endocrine diseases.***

1. The documents certifying temporary disability are:

a) «Reference in any form»;

***b) «Leave disability»;***

***c) «Reference of temporary disability of the student, the pupil»;***

d) «Epidemiological reference».

1. To the functions of leave disability refer all, except:

a) law;

b) financial;

***c) regulatory;***

d) medico-statistical.

1. To the functions reference of temporary disability refer:

***a) law;***

b) financial;

***c) medico-statistical.***

1. To the types of medical preventive examinations refer all, except:

a) preliminary;

b) periodic;

***c) intermediate;***

d) target.

1. Medical examinations conducted before entering the educational institutions or work in order to determine compliance with state health requirements to persons in certain occupations, are called:

***a) preliminary;***

b) periodic;

c) target.

1. Medical examinations conducted among workers with occupational hazards for early detection of occupational diseases and the development of appropriate preventive therapeutic measures are called:

a) preliminary;

***b) periodic;***

c) target.

1. Medical examinations conducted to detect early forms of socially significant diseases, and covering various groups of organized and unorganized population, are called:

a) preliminary;

b) periodic;

***c) target.***

1. Medical examinations can detect:

a) primary morbidity;

b) total morbidity;

c) cumulative morbidity;

***d) pathological affection;***

e) exhausted morbidity.

1. Mass screening to identify individuals with suspected disease or early signs of the disease - is:

a) medical examination;

***b) screening;***

c) monitoring.

1. Everything belong to types of screening, except:

a) target;

***b)******non-target;***

c) multitargeted.

1. Everything refers to the principles of division of decreed groups, except:

a) age and sex;

b) professional;

***c) socio-economic.***

1. The primary morbidity is calculated as:

|  |  |  |  |
| --- | --- | --- | --- |
| ***а)*** | ***The number of first time reported cases of diseases*** | ***х*** | ***1000*** |
| ***Average annual population*** |
| b) | The number of first time reported cases of diseases | х | 1000 |
| The number of all registered diseases |

1. The total morbidity (prevalence) is calculated as:

|  |  |  |  |
| --- | --- | --- | --- |
| а) | The number of all diseases identified in this year | х | 1000 |
| The number of all registered diseases |

|  |  |  |  |
| --- | --- | --- | --- |
| ***b)*** | ***The number of all diseases identified in this year*** | ***х*** | ***1000*** |
| ***Average annual population*** |

1. The cumulative morbidity is calculated as:

|  |  |  |  |
| --- | --- | --- | --- |
| ***а)*** | ***Number of all diseases registered for a number of years*** | ***х*** | ***1000*** |
| ***Average annual population*** |

|  |  |  |  |
| --- | --- | --- | --- |
| b) | Number of all diseases registered for a number of years | х | 1000 |
| The number of all registered diseases |

1. The infectious morbidity is calculated as:

|  |  |  |  |
| --- | --- | --- | --- |
| а) | The number of the identified infectious diseases | х | 100000 |
| The number of all registered diseases |

|  |  |  |  |
| --- | --- | --- | --- |
| ***b)*** | ***The number of the identified infectious diseases*** | ***х*** | ***100000*** |
| ***Average annual population*** |

1. The number of cases of temporary disability per 100 employees is calculated as:

|  |  |  |  |
| --- | --- | --- | --- |
| ***а)*** | ***The number of cases of temporary disability*** | ***х*** | ***100*** |
| ***Average number of employees*** |

|  |  |  |  |
| --- | --- | --- | --- |
| b) | The number of cases of temporary disability | х | 100 |
| Average annual population |

1. The number of temporary disability days per 100 employees is calculated as:

|  |  |  |  |
| --- | --- | --- | --- |
| а) | The number of days of temporary disability | х | 100 |
| Average annual population |

|  |  |  |  |
| --- | --- | --- | --- |
| ***b)*** | ***The number of days of temporary disability*** | ***х*** | ***100*** |
| ***Average number of employees*** |

1. The average duration of one case of temporary incapacity for work is calculated as:

|  |  |  |  |
| --- | --- | --- | --- |
| ***а)*** | ***The number of days of temporary disability*** |  |  |
| ***The number of cases of temporary disability*** |

|  |  |  |  |
| --- | --- | --- | --- |
| b) | The number of cases of temporary disability |  |  |
| The number of days of temporary disability |

1. The hospital morbidity is calculated as:

|  |  |  |  |
| --- | --- | --- | --- |
| ***а)*** | ***The number of retired persons***  ***(written out + deceased) from the hospital*** | ***х*** | ***1000*** |
| ***Average annual population*** |

|  |  |  |  |
| --- | --- | --- | --- |
| b) | The number of retired persons  (written out + deceased) from the hospital | х | 1000 |
| The number of all registered diseases |

1. The indicator of pathological affection is calculated as:

|  |  |  |  |
| --- | --- | --- | --- |
| а) | Number of all diseases  identified on the medical examinations | х | 1000 |
| Average annual population |

|  |  |  |  |
| --- | --- | --- | --- |
| ***b)*** | ***Number of all diseases***  ***identified on the medical examinations*** | ***х*** | ***1000*** |
| ***The number of examined persons*** |

1. The exhausted morbidity is calculated as:

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| ***а)*** | ***The number of all diseases identified in this year (on of utilisation of services on medical examinations and caused the death of the patient)*** | ***х*** | ***1000*** | |
| ***Average annual population*** |
| b) | The number of all diseases identified in this year (on of utilisation of services on medical examinations and caused the death of the patient) | х | | 1000 |
| The number of all registered diseases |

1. The International Classification of Diseases is:

a) a list of names of diseases in a certain order;

b) a list of diagnoses in a certain order;

c) a list of symptoms, syndromes and specific conditions placed on certain principles;

***d) the system of disease groups and pathological conditions, reflecting the current stage of development of medical science.***

1. The framework of the International Classification of Diseases (ICD-10) have the principles of:

a) etiology;

b) pathogenesis;

c) localization;

***d) of the same name;***

e) community of special conditions.

1. What coding system was introduced into ICD-10?

a) numerical;

***b) alpha-numeric;***

c) literal.

1. The term "disability" has all aspects, except:

a) social;

b) law;

c) health;

***d) economic.***

1. To the types of disorders of body functions may be included everything except:

a) disorders of psychical functions;

b) disorders of sensory functions;

***c) somatic disorders;***

d) disorders of statodynamic functions;

e) visceral and metabolic, eating disorders.

1. Classification of Disabilities includes all of the above except:

a) limit the self-service;

***b) limit the self-sufficiency;***

c) limit the ability of independent travel;

d) limit the ability to learn;

e) limit the ability to work.

1. Classification of Disabilities includes all of the above except:

a) limit the ability to orientation;

b) limit the ability to communicate;

c) limit the ability to control their behavior;

***d) limit the ability to control the behavior of others.***

1. To persons who have persistent and significantly pronounced dysfunction of the body that contribute to the need for a permanent post sided assistance, care or supervision there may be given:

***a) I group disability;***

b) II group disability;

c) III group disability.

1. To persons who have expressed persistent functional disorders, which do not cause the need for constant assistance may be given:

a) I group disability;

***b) II group disability;***

с) III group disability.

1. To persons who have persistent slightly or moderately expressed disorder of body functions, resulting reduction of capacity for work-may be given:

a) I group disability;

b) II group disability;

***с) III group disability.***

1. Disability of Group I is re-established:

a) once a year;

***b) every 2 years;***

c) two times a year.

1. Disability of Group II is re-established:

***a) once a year;***

b) every 2 years;

c) two times a year.

1. Disability of Group III is re-established:

***a) once a year;***

b) every 2 years;

c) two times a year.

1. The causes of disability are:

a) general disease;

b) employment injury;

c) an occupational disease;

d) disability since childhood;

***e) all of the above is true.***

1. Direct economic losses, due to disability are:

***a) loss of labor places, due to disability;***

b) curative care costs;

c) the payment of disability pensions.

1. Indirect economic losses due to disability are:

a) loss of labor places, due to disability;

***b) curative care costs;***

***c) the payment of disability pensions.***

1. The level of primary disability of the population is:

a) 45-55о/ооo;

b) 60-70о/ооo;

***c) 75-85о/ооo;***

d) 90-100о/ооo.

1. In the primary disability structure of the population the first three places are occupied by:

***a) tumors;***

***b) diseases of the circulatory system;***

c) respiratory diseases;

d) digestive diseases;

***e) diseases of the musculoskeletal system and connective tissue.***

**V. Fundamentals of medical demography.**

1. Science that studies the spatial distribution of population trends and processes occurring in the population due to political, social and economic conditions of life, way of life, traditions, environmental, medical, legal and other factors.

***a) demography;***

b) medical demography.

1. Science that studies the relationship of reproduction of the population with medical and social factors and developing on this basis measures of medical, social, organizational, character at ensuring the most favorable development of the demographic processes and the improvement of public health.

a) demography;

***b) medical demography.***

1. The main directions of the statistical study of population are all listed, except:

a) statics population;

***b) population fluctuations;***

c) dynamics population.

1. What direction of the statistical study of population characterizes the size of the population for a certain (critical) moment of time?

***a) static population;***

b) dynamic population.

1. What direction of the statistical study of population studies the movement and change in population?

a) static population;

***b) dynamic population.***

1. The first national census was carried out in Russia in:

***a) 1897;***

b) 1917;

c) 1925.

1. The civil registration of birth rate in Russia was carried out:

a) 1897;

***b) 1917;***

c) 1925.

1. The civil registration of mortality in Russia was carried out:

a) 1897;

b) 1917;

***c) 1925.***

1. The basic principles of the census include all, except:

a) universal and unified program;

***b) current census;***

c) roll-call;

d) directly receiving the information and personal interview counters;

e) strict adherence to the mystery of the census.

1. In what type of the population of children aged 0-14 years exceeds the share of the population aged 50 years and older?

***a) progressive;***

b) stationary;

c) regressive.

1. What is the type of population in which the proportion of children aged 0-14 years is equal to the proportion of persons aged 50 years or older?

a) progressive;

***b) stationary;***

c) regressive.

1. In what type of population the share of persons aged 50 years and older increases the proportion of children aged 0-14 years?

a) progressive;

b) stationary;

***c) regressive.***

1. What type of population age structure is typical for Russia?

a) progressive;

b) stationary;

***c) regressive.***

1. Indicators characterizing population statics are essential for practical health care in all cases, except:

a) calculating vital the indicators;

b) calculation of the need for different types of medical care;

***c) determine the extent of differences between health workers from health co-indigenous population;***

d) development of targeted health and social programs;

e) organization of preventive work.

1. Dynamic, as one of the directions of the statistical study of population studies all listed, except:

a) mechanical movement;

***b) artificial movement;***

c) natural movement.

1. What movement of the population is influenced by migration proesses?

***a) mechanical;***

b) natural.

1. What movement of the population is the result of birth rate and mortality?

a) mechanical;

***b) natural.***

1. Mechanical movement – is:

a) changing in the population as a result of birth rate and mortality;

***b) changing in the population under the influence of migration processes.***

1. Natural movement – is:

***a) changing in the population as a result of birth rate and mortality;***

b) changing in the population under the influence of migration processes.

1. The types of migration are all, except:

a) internal;

b) external;

***c) natural.***

1. Which migration includes the movement of persons within the same country between administrative and economic-geographic areas?

***a) internal;***

b) external.

1. What is the migration, when the movements of population are occurring in which cross national boundaries are met?

a) internal;

***b) external.***

1. The types of external migration are all except:

a) constant;

b) time;

c) seasonal;

***d) emigration.***

1. The types of external migration are all except:

a) pendulum;

b) forced;

***c) immigration.***

1. Which migration including the movement of the relocation of permanent residence can be attributed?

***a) constant;***

b) time;

c) seasonal;

d) pendulum;

e) forced.

1. When does the migration make resettlement on long enough but limited period of time?

a) constant;

***b) time;***

c) seasonal;

d) pendulum;

e) forced.

1. Which migration should include the movement of people at certain periods of the year?

a) constant;

b) time;

***c) seasonal;***

d) pendulum;

e) forced.

1. Which migration should include regular visits to the place of study or work outside their locality?

a) constant;

b) time;

c) seasonal;

***d) pendulum;***

e) forced.

1. When does the migration make territorial resettlement of refugees and displaced persons?

a) constant;

b) time;

c) seasonal;

d) pendulum;

***e) forced.***

1. What kind of migration increases the number of contacts conducive to the spread of infectious diseases, leads to an increase in stress, injuries?

a) constant;

b) time;

c) seasonal;

***d) pendulum;***

e) forced.

1. What kind of migration leads to uneven loading of health care facilities at different times of the year?

a) constant;

b) time;

***c) seasonal;***

d) pendulum;

e) forced.

1. The types of external migration are:

a) constant;

b) time;

***c) emigration;***

***d) immigration.***

1. What is the travel of citizens of the country to another country for permanent residence or long-term?

***a) emigration;***

b) immigration;

c) urbanization.

1. What is the name of the entry of citizens of another country to this country?

a) emigration;

***b) immigration;***

c) urbanization.

1. What is the process of increasing the role of cities in the development of society?

a) emigration;

b) immigration;

***c) urbanization.***

1. In what type of population in the process of urbanization, the urban population is more than 75%?

***a) highly urbanized;***

b) average urbanized;

c) low urbanized.

1. What is the type of population in the process of urbanization, in which the urban population is between 50 and 75%?

a) highly urbanized;

***b) average urbanized;***

c) low urbanized.

1. What is the type of population in the process of urbanization, in which the urban population is 50%?

a) highly urbanized;

b) average urbanized;

***c) low urbanized.***

1. The process of urbanization is essential for practical public health authorities in all cases except for:

a) changes in environmental conditions;

***b) changes in the economic situation;***

c) revision of the requirements of medical aid volumes;

d) revision in the requirements of the network of medical facilities.

1. The process of urbanization is essential for practical public health authorities in all cases, except for:

***a) changes in the structure of birth rate;***

b) promote the growth of illegitimate birth rate;

c) changes in the level and structure of morbidity;

d) changes in the level and structure of mortality;

e) the impact on the epidemic situation.

1. The main indicators of natural population movements are all but:

a) birth rate;

b) mortality;

***c) morbidity;***

d) natural growth;

e) life expectancy.

1. According to Russian law, children birth must be registered in the registry office:

a) within 2 weeks from the date of birth;

***b) within 1 month from the date of birth;***

c) within 3 months from the date of birth;

d) within 6 months from the date of birth.

1. The basic document for the registration of acts of civil status of the child's birth in Russia is:

***a) medical certificate of birth;***

b) marriage certificate;

c) passport.

1. When is multiple pregnancy "Medical certificate of birth" filled in:

***a) for each child born alive individually;***

b) all children born with.

1. Total birth rate:

a) gives a comprehensive idea of the intensity of the process;

***b) is suitable only for the approximate characteristics of the phenomenon.***

1. How to evaluate the birth rate to less than 10‰?

***a) very low;***

b) low;

c) below the average;

d) average.

1. How to evaluate the birth rate equal to 10-15‰?

a) very low;

***b) low;***

c) below the average;

d) average.

1. How to evaluate the birth rate equal to 16-20‰?

a) very low;

b) low;

***c) below the average;***

d) average.

1. How to evaluate the birth rate equal to 21-25‰?

a) very low;

b) low;

c) below the average;

***d) average.***

1. How to evaluate the birth rate equal to 26-30‰?

a) average;

***b) higher than the average;***

c) high;

d) very high.

1. How to evaluate birth rate equal to 31-40‰?

a) average;

b) higher than the average;

***c) high;***

d) very high.

1. How to evaluate the birth rate of more than 40‰?

a) average;

b) higher than the average;

c) high;

***d) very high.***

1. Which indicator shows the birth rate for the year per 1000 of the total population living in a particular area?

***a) birth rate;***

b) total fertility;

c) age-specific fertility.

1. Which indicator shows the birth rate for the year per 1000 women aged 15-49 years living in a particular area?

a) birth rate;

***b) total fertility;***

c) age-specific fertility.

1. What is the birth rate, showing the average number of children a woman would bear throughout her life, while maintaining in every age of the existing birth coefficient?

***a)*** ***aggregate birth coefficient;***

b) gross - reproduction coefficient;

c) net - reproduction coefficient.

1. What is the birth rate, showing the average number of girls born by woman during the reproductive period of her life?

a) aggregate birth coefficient;

***b) gross - reproduction coefficient;***

c) net - reproduction coefficient.

1. What is the indicator, showing the average number of girls born by a woman during her lifetime, survived to the age of their mother at the time of their birth, while maintaining in every age of fertility and mortality in this period?

a) aggregate birth coefficient;

b) gross - reproduction coefficient;

***c) net - reproduction coefficient.***

1. When may the constricted population of the net-reproduction coefficient (***net - coefficient***) be:

***a) less than 1;***

b) is 1;

c) greater than 1.

1. When may stationary population reproduction of the net –reproduction coefficient (***net - cofficient***) be:

a) less than 1;

***b) is 1;***

c) greater than 1.

1. When may the expanded reproduction of the population net -reproductive coefficient (***net - cofficient***) be:

a) less than 1;

b) is 1;

***c) greater than 1.***

1. When may the narrowed reproduction of the gross- population - coefficient be:

***a) less than 1.22;***

b) is 1.22;

c) greater than 1.22.

1. In the reproduction steady gross population - coefficient be:

a) less than 1.22;

***b) is 1.22;***

c) greater than 1.22.

1. When may expanded reproduction gross population - coefficient be:

a) less than 1.22;

b) is 1.22;

***c) greater*** ***than 1.22.***

1. Policy aimed to changing trends in birth rate is called:

a) economic;

***b) demographic;***

c) social.

1. The concept of "Life birth" includes all of the above except:

***a) complete expulsion or extraction of the product of conception from the mother to 22 weeks of pregnancy;***

b) complete expulsion or extraction of the product of conception from the mother regardless of the duration of pregnancy;

c) presence of signs of life, regardless of whether the umbilical cord has been cut or the placenta detached.

1. The concept of «Dead born» includes all the above except:

a) death of the product of conception until its complete expulsion or extraction from its mother, regardless of the duration of pregnancy;

***b) death of the product of conception until its complete expulsion or extraction from its mother until 22 weeks of pregnancy;***

c) the absence of signs of fetal life.

1. What children must be registered in the bodies of civil registration as life birth?

***a) born alive weighing 500 g. or more (or, if the birth weight is unknown, the body length of 25 sm. or more and 22 gestational weeks or more), including newborns weighing up to 500 g. at multiple births;***

b) born alive weighing less than 500 g. at birth and the singletons lived less than 168 hours;

***c) all infants born weighing up to 500 g., lived for more than 168 hours after birth.***

1. What are the children born with gestational age less than 37 weeks (less than 259 days)?

***а) premature;***

1. full-term;
2. post-term.
3. What are the children born with gestational age from 37 to 40 weeks (259 - 293 days)?
4. premature;

***b) full-term;***

c) post-term.

1. What are the children born with gestational age from 41 to 43 weeks (294 days or more)?

a) premature;

b) full-term;

***c) post-term.***

1. In the event of the death of a child in the first 168 hours after birth there may be:

a) "Medical certificate of death" (f. number 103/u-08);

***b) "Medical certificate of birth" (f. number 103/u-08);***

***c) "Medical certificate of perinatal death" (f. number 106-2/y-08);***

d) in case of death is not recorded.

1. How to evaluate the mortality rate of less than 7‰?

***a) very low;***

b) low;

c) average;

d) high;

e) very high.

1. How to evaluate the mortality rate equal to 7-10‰?

a) very low;

***b) low;***

c) average;

d) high;

e) very high.

1. How to evaluate the mortality rate equal to 11-15 ‰?

a) very low;

b) low;

***c) average;***

d) high;

e) very high.

1. How to evaluate the mortality rate equal to 16-20 ‰?

a) very low;

b) low;

c) average;

***d) high;***

e) very high.

1. How to evaluate the mortality rate of more than 21 ‰?

a) very low;

b) low;

c) average;

d) high;

***e) very high.***

1. What are the main causes of mortality in the Russian Federation?

***a) tumors;***

***b) diseases of the circulatory system;***

c) diseases of the nervous system;

d) diseases of the genitourinary system;

***e) injuries and poisonings.***

1. Which indicator shows the rate of death for a year per 1000 population?

***a) mortality;***

b) lethality;

c) pathological affection.

1. Among what people is there the highest rate of mortality?

***a) male;***

b) female;

c) children.

1. The notion of "maternal mortality" includes all, except:

***a) death of pregnant women, pregnant women and women in childbirth from any cause;***

b) deaths in women due pregnancy, regardless of its length and location,

c) death of women, occurring during pregnancy or within 42 days after its completion;

d) death of women was due to any reason related to pregnancy, aggravated by, or its introduction, but not from an accident or incidental causes.

1. The age-specific statistics of child mortality decided to allocate all of the above except:

a) infant mortality;

***b) perinatal mortality;***

c) children the age of 5 years;

d) child mortality between the ages of 0 and 17 years inclusive.

1. The death of children in the first year of life is:

***a) infant mortality;***

b) neonatal mortality;

c) post-neonatal mortality;

d) perinatal mortality.

1. What are the main causes of infant mortality in the Russian Federation?

a) tumors;

***b) certain conditions originating in the perinatal period;***

***c) congenital malformations, deformations and chromosomal abnormalities.***

1. The WHO recommends to use Rats-Schorr the formula for the calculation of...

***a) infant mortality;***

b) neonatal mortality;

c) post-neonatal mortality;

d) perinatal mortality.

1. The death of children in the first 28 days of life is:

a) infant mortality;

***b) neonatal mortality;***

c) post-neonatal mortality;

d) perinatal mortality.

1. The death of children in the first 168 hours of life is:

a) neonatal mortality;

***b) early neonatal mortality;***

c) late neonatal mortality;

d) post-neonatal mortality.

1. The death of children at 2, 3 and 4 weeks of life is:

a) neonatal mortality;

b) early neonatal mortality;

***c) late neonatal mortality;***

d) post-neonatal mortality.

1. The death of children from 29 days of life and up to 1 year is:

a) infant mortality;

b) neonatal mortality;

***c) post-neonatal mortality;***

d) perinatal mortality.

1. The death of children from 22 weeks of pregnancy to the end of 1 week of life is:

a) infant mortality;

b) neonatal mortality;

c) post-neonatal mortality;

***d) perinatal mortality.***

1. The structure of biological factors that affect infant mortality most accurately set is:

a) age of the mother at the time of birth of the child;

b) age of the father at the time of birth of the child;

c) age of the child;

***d) child gender.***

1. What document is issued in the case of the birth of a dead fetus?

a) "Medical certificate of death" (f. number 103/u-08);

b) "Medical certificate of birth" (f. number 103/u-08);

***c) "Medical certificate of perinatal death" (f. number 106-2/u-08);***

d) in case of death is not recorded.

1. What is the period starting from 22 weeks of pregnancy, including childbirth and ending after 7 full days of newborn life (168 hours)?

a) antenatal period;

b) intranatal period;

***c) perinatal period;***

d) postnatal period.

1. Perinatal period includes are all listed, except:

a) antenatal period;

b) intranatal period;

***c) post-neonatal period;***

d) postnatal period.

1. Antenatal mortality and intranatal mortality in the sum are:

***a)*** ***dead born;***

b) perinatal mortality;

c) neonatal mortality.

1. Cases of fetal death at 22 weeks of gestation until delivery are:

***a) antenatal mortality;***

b) intranatal mortality;

c) post-neonatal mortality;

d) postnatal mortality.

1. Cases of death of the fetus (newborn) in the period of delivery are:

a) antenatal mortality;

***b) intranatal mortality;***

c) post-neonatal mortality;

d) postnatal mortality.

1. Deaths of the newborn within the first 168 hours of life (7 full days) are:

***a) early neonatal mortality;***

b) late neonatal mortality;

c) intranatal mortality;

***d) postnatal mortality.***

1. Doctor, who gives document "Medical certificate of perinatal death" if the death of the fetus (newborn) occurred in the maternity hospital is:

a) an obstetrician-gynecologist;

b) a pediatrician;

***c) pathologist;***

d) court medical expert.

1. In the case of long-term monitoring of chronically ill elderly person and recorded in the medical documentation no later than 1 month, reflecting the condition of the patient before his death, "Medical certificate of death" is by:

***a) attending medical doctor;***

b) pathologist;

c) court medical expert.

1. In the case of death in health care "Medical certificate of death" is given by:

a) attending medical doctor;

***b) pathologist;***

c) court medical expert.

1. In case of suspicion of violent death, as well as the dead, whose identity has not been established, "Medical certificate of death" is issued by:

a) attending medical doctor;

b) pathologist;

***c)*** ***court medical expert.***

1. In some cases, the autopsy is performed by a pathologist:

***a) in the case of death after diagnostic instrumental examinations;***

***b) in cases of death after medical measures;***

c) in the case of death of patients who spent in health care department less than a day;

d) the sudden death of children who are not under medical supervision.

1. The most common indicator of natural movement of population is:

a) birth rate;

b) mortality;

***c) natural growth;***

d) life expectancy.

1. A negative natural increase of the population in Russia has been taking place from…:

a) 1985;

b) 1990;

***c) 1991****;*

d) 1993.

1. Life expectancy is calculated all the ways listed, except:

a) construction of special mortality tables (survival) for me real generation;

b) construction of special mortality tables (survival) for a hypothetical generation;

***c)*** ***construction of correlation arrays.***

1. Life expectancy is defined as:

a) the hypothetical number of years which shall be lived by this generation of born or peers of a certain age, in the case that throughout their life, the mortality in each age group will be different;

***b) the hypothetical number of years which shall be lived this generation born or among peers of a certain age, provided that throughout their life mortality in each age group will be the same as it was in the year for which the calculation is made.***

***107***. The total birth rate is calculated as follows:

|  |  |  |  |
| --- | --- | --- | --- |
| ***а)*** | ***The total number of live births per year*** | ***х*** | ***1000*** |
| ***Average annual population*** |

|  |  |  |  |
| --- | --- | --- | --- |
| b) | The total number of live births per year | х | 1000 |
| Average number of women 15-49 |

***108***. The total fertility coefficient is calculated as follows:

|  |  |  |  |
| --- | --- | --- | --- |
| а) | The total number of live births per year | х | 1000 |
| Average annual population |

|  |  |  |  |
| --- | --- | --- | --- |
| ***b)*** | ***The total number of live births per year*** | ***х*** | ***1000*** |
| ***Average number of women 15-49*** |

***109***. The total mortality rate is calculated as follows:

|  |  |  |  |
| --- | --- | --- | --- |
| ***а)*** | ***The total number of deaths for the year*** | ***х*** | ***1000*** |
| ***Average annual population*** |

|  |  |  |  |
| --- | --- | --- | --- |
| b) | The total number of deaths | х | 1000 |
| The population at the end of the year |

***110***. The maternal mortality rate is calculated by the formula:

|  |  |  |  |
| --- | --- | --- | --- |
| ***а)*** | ***The number of deaths of pregnant women (from the beginning of pregnancy), childbirth, postpartum women within 42 days after the termination of pregnancy*** | ***х*** | ***100000*** |
| ***The number of live births*** |

|  |  |  |  |
| --- | --- | --- | --- |
| b) | The number of deaths of pregnant women (from the beginning of pregnancy), childbirth, postpartum women within 42 days after the termination of pregnancy | х | 100000 |
| Average annual population |

***111***. The child mortality rate in the age of 0 - 17 years inclusive is calculated as:

|  |  |  |  |
| --- | --- | --- | --- |
| ***а)*** | ***The number of deaths of children aged***  ***0 - 17 years inclusive for the year*** | ***х*** | ***1000*** |
| ***Average number of children population*** |

|  |  |  |  |
| --- | --- | --- | --- |
| b) | The number of deaths of children aged  0 - 17 years inclusive for the year | х | 1000 |
| Average annual population |

***112***. The infant mortality rate is calculated by the formula:

|  |  |  |  |
| --- | --- | --- | --- |
| ***а)*** | ***The number of children who died during the year in 1 year of life*** | ***х*** | ***1000*** |
| ***The number of live births*** |

|  |  |  |  |
| --- | --- | --- | --- |
| b) | The number of children who died during the year in 1 year of life | х | 1000 |
| The number of live births and the dead |

***113***. The infant mortality rate according to the formula Rats-Schorr is calculated as:

|  |  |  |  |
| --- | --- | --- | --- |
| ***а)*** | ***The number of children who died during***  ***the year in the first year of life*** | ***х*** | ***1000*** |
| ***2/3 live births in a given calendar +1/3 live births in the previous year*** |

|  |  |  |  |
| --- | --- | --- | --- |
| b) | The number of children who died during the year in the first year of age | х | 1000 |
| 2/3 live births in a given calendar +1/3 live births in the previous year |

***114***. The neonatal mortality rate is calculated as:

|  |  |  |  |
| --- | --- | --- | --- |
| ***а)*** | ***The number of children who died in the***  ***first 4 weeks of life*** | ***х*** | ***1000*** |
| ***The number of live births*** |

|  |  |  |  |
| --- | --- | --- | --- |
| b) | The number of children who died in the  first 4 weeks of life | х | 1000 |
| The number of live births and the dead |

***115***. The early neonatal mortality rate is calculated as:

|  |  |  |  |
| --- | --- | --- | --- |
| ***а)*** | ***The number of deaths of children aged 0-7 days (168 hours)*** | ***х*** | ***1000*** |
| ***The number of live births*** |

|  |  |  |  |
| --- | --- | --- | --- |
| b) | The number of deaths of children aged 0-7 days (168 hours) | х | 1000 |
| The number of live births and the dead |

***116***. The late neonatal mortality rate is calculated as:

|  |  |  |  |
| --- | --- | --- | --- |
| ***а)*** | ***The number of children who died in the***  ***2, 3, 4 weeks of life*** | ***х*** | ***1000*** |
| ***The number of live births -***  ***The number of deaths in first week of life*** |

|  |  |  |  |
| --- | --- | --- | --- |
| b) | The number of children who died in the  2, 3, 4 weeks of life | х | 1000 |
| The number of live births and the dead |

***117***. The post-neonatal mortality rate is calculated as:

|  |  |  |  |
| --- | --- | --- | --- |
| ***а)*** | ***The number of children who died during***  ***the period from 29 days to 1 year of age*** | ***х*** | ***1000*** |
| ***The number of live births – The number***  ***of deaths in the first 4 weeks of life*** |

|  |  |  |  |
| --- | --- | --- | --- |
| b) | The number of children who died during  the period from 29 days to 1 year of age | х | 1000 |
| The number of live births and the dead |

***118***. The perinatal mortality rate is calculated as:

|  |  |  |  |
| --- | --- | --- | --- |
| ***а)*** | ***The number of*** ***dead births +***  ***The number of dead in the first 168 hours of life*** | ***х*** | ***1000*** |
| ***The number of live births and dead*** |

|  |  |  |  |
| --- | --- | --- | --- |
| b) | The number of births dead +  The number of dead in the first 168 hours of life | х | 1000 |
| The number of live births |

***119***. The stillbirth rate is calculated as:

|  |  |  |  |
| --- | --- | --- | --- |
| а) | The number of dead births | х | 1000 |
| The number of live births |

|  |  |  |  |
| --- | --- | --- | --- |
| ***b)*** | ***The number of dead births*** | ***х*** | ***1000*** |
| ***The number of live births and dead*** |

***120***. The natural population growth rate is calculated as:

|  |  |  |  |
| --- | --- | --- | --- |
| ***а)*** | ***The number of births –***  ***The number of deaths*** | ***х*** | ***1000*** |
| ***Average annual population*** |

|  |  |  |  |
| --- | --- | --- | --- |
| b) | The number of deaths – The number of births | х | 1000 |
| Average annual population |

**VI. Physical development.**

1. Physical development is:

a) complex of functional and adaptive capabilities of the organism;

b) the qualitative characteristics of individual development of the organism;

c) the criterion for assessment the state of health and age-related standards of the development;

***d) complex of morphological and functional properties of an organism, which determines the level of its biological development and the supply of his physical strength.***

1. The results of evaluation of the physical development of the children enter all documents, except:

a) "History of development of the child" (f. number 112/y);

b) "Medical records of the child" (f. number 025/y);

c) "History of the newborn" (f. number 097/y);

***d) "Recods of preventive vaccinations for children" (f. number 063/y).***

1. All people have the compulsory examination of the physical development, except:

a) new-born and children of the first year of life;

b) infants and pre-school aged children;

c) children before entering school;

***d) pupils before graduation.***

1. Who has compulsory examination of the physical development every month:

a) new-born;

***b) children of the first year of life;***

c) infants and pre-school age;

d) children before entering school.

1. Evaluation of physical development should be carried out on the set of all these feature, except:

a) morphological traits;

b) functional traits;

***c) traits of morbidity;***

d) somatoscopic traits.

1. The main methods of studing human physical development are:
2. anthropometry;
3. ***anthropophysioscopometry;***
4. anthropophysiometry;
5. anthroposcopy.
6. Measuring the size of the body and parts of it is:
7. ***anthropometry;***
8. anthropophysiometry;
9. anthroposcopy.
10. The determination of the physiological state of the organism functionality is:
11. anthropometry;
12. ***anthropophysiometry;***
13. anthroposcopy.
14. The description of the body as a whole and its parts is:
15. anthropometry;
16. anthropophysiometry;
17. ***anthroposcopy.***
18. The main traits of physical development are:
19. anthropometric;
20. anthropophysiometric;
21. ***anthropophysioscopometric;***
22. anthroposcopic.
23. Which traits of physical development include somatometric, osteometric and craniometrical characteristics?
24. ***anthropometric;***
25. anthropophysiometric;
26. anthroposcopic.
27. Which anthropometric trait of physical development characterizes the size of the body and its parts?

***a) somatometric;***

b) osteometric;

c) craniometrical.

1. Which anthropometric trait of physical development characterizes the size of the skeleton and its parts?

a) somatometric;

***b) osteometric;***

c) craniometrical.

1. Which anthropometric trait of physical development characterizes the size of the skull?

a) somatometric;

b) osteometric;

***c) craniometrical.***

1. It refers to the following parameters of anthropometric traits of physical development:

***a) chest circumference;***

b) degree of development of the musculature;

c) vital capacity;

***d) length of the body.***

1. Which of the following parameter refers to the anthropometric traits of physical development?

a) muscular strength of hands;

b) shape of the chest;

***c) body weight;***

d) development of the subcutaneous fat layer.

1. Which of the following parameter refers to the antropophysio-metric traits of physical development?

a) chest circumference;

b) degree of development of the musculature;

***c) vital capacity;***

d) length of the body.

1. Which of the following parameter refers to antropophysiometric traits of physical development?

***a) muscular strength of hands;***

b) shape of the chest;

c) body weight;

d) development of the subcutaneous fat layer.

1. Which of the following parameter refers to antroposcopic traits of physical development?

a) chest circumference;

***b) degree of development of the musculature;***

c) vital capacity;

d) length of the body.

1. It refers to the following options of antroposcopic traits of physical development:

a) muscular strength of hands;

***b) shape of the chest;***

c) body weight;

***d) development of the subcutaneous fat layer.***

1. Anthropometry is carried out using special devices:

***a) anthropometer;***

b) spirometer;

c) scale;

***d) stadiometer;***

e) dynamometer.

1. Anthropometry is carried out using special devices:

a) moulage;

***b) measure tape;***

c) veloergometer;

d) scheme.

1. Anthropophysiometry is measured by special devices:

a) anthropometry;

***b) spirometer;***

c) scale;

d) stadiometer;

***e) dynamometer.***

1. Anthropophysiometry is measured by special devices:

a) moulage;

b) measure tape;

***c) veloergometer;***

d) scheme.

1. Antroposcopy is carried out using:

a) anthropometry;

b) spirometer;

***c) scale;***

d) stadiometer;

e) dynamometer.

1. Antroposcopy is carried out using:

***a) moulage;***

b) measure tape;

c) veloergometer;

***d) scheme.***

1. The main anthropometric rates include:

***a) growth;***

b) sitting height;

***c) body weight;***

d) length of the circumference of the neck.

1. The main anthropometric rates include:

***a) length of the circumference of the chest;***

b) length of the circumference of the abdomen;

***c) length of head circumference in children under 1 year;***

d) length of the circumference of the femur and tibia.

1. Additional anthropometric rates include:

a) growth;

***b) sitting height;***

c) body weight;

***d) length of the circumference of the neck.***

1. Additional anthropometric rates include:

a) length of the circumference of the chest;

***b) length of the circumference of the abdomen;***

c) length of head circumference in children under 1 year;

***d) length of the circumference of the femur and tibia.***

1. The main antropophysiometric rates are all listed, except:

a) spirometry;

***b) veloergometria;***

c) dynamometer;

d) tonometry.

1. The special antropophysiometric rates include:

a) spirometry;

***b)******veloergometria;***

c) dynamometer;

d) tonometry.

1. What is the constitutional type characterized by proportional body size and the harmonious development of the musculoskeletal system?

***a) normostenic;***

b) asthenic;

c) hypersthenic.

1. What the constitutional type characterized by a slender body, the weak development of the muscular system, the predominance of the longitudinal body size and the size of the chest over the size of the stomach, and the length of the limb over the length of the body?

a) normostenic;

***b) asthenic;***

c) hypersthenic.

1. What the constitutional type has good fatness, long body and short limbs, a relative predominance of the transverse dimensions of the body and stomach size over the size of the chest?

a) normostenic;

b) asthenic;

***c) hypersthenic.***

1. Evaluation of physical development can be carried out all the methods, excep:

a) indexed;

***b) method of ranks;***

c) parametric;

d) non-parametric.

1. What method determines body weight by means of body length?

***a) method of index;***

b) method of regression analysis;

c) method sigmalnyh deviations;

d) centile method.

1. What refers to the parametric method of physical development?

a) method of index;

***b) method of regression analysis;***

***c) method sigmalnyh deviations;***

d) centile method.

1. What refers to the non-parametric method of physical development?

a) method of index;

b) method of regression analysis;

c) method sigmalnyh deviations;

***d) centile method.***

1. What method of examination and evaluation of the physical development includes monitoring of a sufficiently large group of the population in which the individual anthropometric results are summarized and statistical processing of calculated mean values characterizing this group at a particular time?

***a)******generalized;***

b) parametric;

c) individualized;

d) non-parametric.

1. What method of examination and evaluation of physical development is long-term (longitudinal) monitoring of the development of each individual?

a) generalized;

b) parametric;

***c) individualized;***

d) non-parametric.

1. In what terms should the regional standards of physical development be reviewed?

a) annually;

***b) every 5 years;***

c) every 10 years;

d) every 15 years.

1. The characteristics of physical development of children at every stage of ontogenesis includes all components, except:

a) determining the level of physical development;

b) determining the somathic type;

c) the intensity of increase of total body size;

***d) determining the morpho-functional parameters.***

1. The ratio of the absolute size of the individual with the standards of evaluation as a physical development components is:

***a) determining the level of physical development;***

b) determining the somathic type;

c) the intensity of increase of total body size.

1. The ratio of the main components (skeleton, muscles, subcutaneous fat), as one of the assessment of physical development component is:

a) determining the level of physical development;

***b) determining the somathic type;***

c) the intensity of increase of total body size.

1. Which component of evaluation of physical development is used in the first year of life and in sports medicine?

a) determining the level of physical development;

b) determining the somathic type;

***c) the intensity of increase of total body size.***

1. The physical development of the standard must have all necessary requirements, except:

a) development of a sufficiently large group of units of observation;

b) elimination of all cases of non-uniformity of the observation group;

c) 1 review every 5 years;

***d) 1 review every 10 years.***

1. Choose the definition of acceleration:

a) the acceleration of physical development of children without comparison with previous generations;

***b) the acceleration of the growth and the development of children and adolescents in comparison with the previous generations;***

c) the acceleration of physical development of adolescents in comparison with the previous generations.

1. Accelerated physical development is:

a) retardation;

***b) acceleration;***

c) decelerations.

1. Slower physical development is:

***a) retardation;***

b) acceleration;

***c) decelerations.***

1. The term "acceleration" was introduced by…

a) G. Helmgoltz;

b) J. Jansky;

***c) R. Koch;***

d) A. Carrel.

1. When was the term "acceleration" introduced?

a) in 1878;

b) in 1907;

***c) in 1935;***

d) in 1912.

1. The main groups of acceleration theories include everything except:

a) theory of physico–chemical environmental factors;

***b) theory of physico–chemical factors of the internal environment;***

c) theory of isolated social factors;

d) theory of genetic factors;

e) complex social factors theory.

1. The theory of physico–chemical environmental factors includes:

***a) solar;***

b) alimentary;

c) cyclic biological changes;

***d) radiomagnetic.***

1. The theory of physico–chemical environmental factors includes:

a) nutrigennic;

b) theory geterezised;

***c) carbon-oxygenateol;***

d) urbanization injury.

1. The theory of isolated social factors includes:

a) solar;

***b) alimentary;***

c) cyclic biological changes;

d) radiomagnetic.

1. The theory of isolated social factors includes:

***a) nutrigennic;***

b) geterezised theory;

c) carbon-oxygenateol;

d) urbanization injury.

1. The theory of genetic factors includes:

a) solar;

b) alimentary;

***c) cyclic biological changes;***

d) radiomagnetic.

1. The theory of genetic factors includes:

a) nutrigennic;

***b) geterezised*** ***theory;***

c) carbon-oxygenateol;

d) urbanization injury.

1. What theory refers to the complex social factors?

a) cyclic biological changes;

b) nutrigennic;

c) geterezised;

***d) urbanization injury.***

1. Which theory of acceleration applies the effect of solar radiation?

***a) solar;***

b) cyclic biological changes;

c) radiomagnetic;

d) carbon-oxygenateol.

1. Which theory of acceleration applies an excessive intake of animal proteins and fats?

***a) alimentary;***

b) cyclic biological changes;

c) nutrigennic;

d) geterezised theory.

1. Which theory of acceleration applies an excessive intake of salt, vitamins and trace elements?

a) alimentary;

b) cyclic biological changes;

***c) nutrigennic;***

d) geterezised theory.

1. Which theory of acceleration applies biological phenomenon of benefits of the offspring over the parental lines on the number of signs?

a) cyclic biological changes;

b) nutrigennic;

***c)******geterezised theory;***

d) urbanization injury.

1. To the positive sides of the acceleration applies all of the above except:

a) preservation of the placement;

b) a more pronounced resistance to infectious diseases;

c) a later date menopause;

***d) emergence of a large fetus.***

1. To the negative sides of the acceleration applies all of the above except:

a) "rejuvenation" of morbidity and mortality;

***b) a later date menopause;***

c) prevalence of early pregnancies;

d) emergence of a large fetus.

1. The manifestations of the acceleration are:

***a) the increase of the anthropometric parameters;***

b) sclerotic changes in the fundus;

c) changes in the enzymatic activity of the gastrointestinal tract;

***d) accelerated puberty.***

1. What subgroups of acceleration may be allocated among children with the accelerated development?

***a) harmonic;***

b) sharply harmonic;

***c) disharmonic;***

d) sharply disharmonic.

1. In parallel acceleration the parallel a growth acceleration and biological maturation leads to earlier childhood completion?

***a) harmonic;***

b) sharply harmonic;

c) disharmonic;

d) sharply disharmonic.

1. At what acceleration the parallel a growth acceleration cannot be accompanied by an accelerated maturation, sexual development?

a) harmonic;

b) sharply harmonic;

***c) disharmonic;***

d) sharply disharmonic.

**VII. Mean values. Variation ranks. Characteristic sign of diversity. Evaluation of the reliability of the survey results**

1. A number of numerical measurements of particular trait, differing from each other in magnitude, arranged in a particular order is:

***a) variational;***

b) dynamic.

1. What ranks can be of the following types: simple, complex; grouped not grouped; ranked, unranked; discontinuous, continuous, symmetrical, asymmetrical, even, odd?

a) dynamic;

***b) variational.***

1. What is the name of the rank in which each option is represented by a single observation, its frequency may be equal to one?

***a) simple;***

b) complex;

c) grouped;

d) unbunched.

1. What is the name of the rank in which each option is represented by multiple observation, its frequency may be greater than one?

a) simple;

***b) complex;***

c) grouped;

d) unbunched.

1. What is the name of the rank in which each option may be arranged in groups, combining them in size within a certain interval?

a) simple;

b) complex;

***c) grouped;***

d) unbunched.

1. What is the name of the variational rank in which each option variant corresponds to a certain frequency?

a) simple;

b) complex;

c) grouped;

***d) unbunched.***

1. What is the name of the variational rank in which the options are arranged in sequence ascending or descending numerical values?

a) discrete;

b) sequential;

***c) ranked;***

d) unranked.

1. What is the name of the variational rank in which options may be placed haphazardly?

a) discrete;

b) sequential;

c) ranked;

***d) unranked.***

1. What is the name of the variational rank in which options may be expressed as integer (discrete) numbers?

***a) discrete;***

b) sequential;

c) ranked;

d) unranked.

1. What is the name of the variational rank in which the options may be expressed in fractional number?

a) discrete;

***b) sequential;***

c) ranked;

d) unranked.

1. Variational rank in which all types of average values are the same, or substantially similar may be called:

***a) symmetrical;***

b) asymmetrical;

c) even;

d) odd.

1. Variational rank in which all types of average values do not match may be called:

a) symmetrical;

***b) asymmetrical;***

c) even;

d) odd.

1. Variational rank that contain an even number of observations is called:

a) symmetrical;

b) asymmetrical;

***c) even;***

d) odd.

1. Variation rank that contain an odd number of observations is called:

a) symmetrical;

b) asymmetrical;

c) even;

***d) odd.***

***15.*** The value as a set of feature generalizing characteristics, having a quantitative expression is:

a) absolute;

b) relative;

***c) average.***

1. The average value is:

a) the value indicating the frequency of the studied phenomenon in the medium;

b) the value, which gives a numerical measure of the ratio of two matched statistical values;

c) the value indicating the ratio of the phenomenon to a whole;

***d) the value of covering the signs common to all members of the team, but to varying degrees.***

1. The average values are used for:

***a) characteristics of features inherent to each unit of observation in the target population;***

b) description of the phenomena occurring in some of the units of observation in the target population;

c) characteristics of the phenomenon at some point of time or the process result for a certain period.

1. The average values are used in all cases, except for:

a) characteristics of physical development;

b) analysis of health care organizations;

***c) characteristics of the phenomenon in the medium;***

d) medico- social research;

e) characteristics of sanitary and anti-epidemic work.

1. What is the average value which corresponds to the version with the highest frequency?

***a) mode (Mo);***

b) intermediate (Me);

c) arithmetic mean (M).

1. What is the average value corresponding to the version, which divides the version number in half?

a) mode (Mo);

***b) intermediate (Me);***

c) arithmetic mean (M).

1. What is the average value that characterizes the typical or average size of the changing characteristic of a single set of statistics in a given place and time?

a) mode (Mo);

b) intermediate (Me);

***c) arithmetic mean (M).***

1. The arithmetic mean value of the properties is listed, except:

a) median position in a strictly symmetrical of variational rank;

***b) middian position in an asymmetric of variational rank;***

c) an abstract nature, as it is the generalizing value;

d) sum of the deviations from the mean of all the options in a strictly symmetrical variational rank equal to zero.

1. Simple arithmetic average is calculated in of variational rank, in which:

***a) each variant occurs only once;***

b) each variant occurs a different number of times.

1. What arithmetic mean is calculated from the simple ungrouped ranks when there are variations with a frequency equal to one?

***a) a simple arithmetic average;***

b) weighted arithmetic average;

c) arithmetic mean by the method of moments.

1. What arithmetic mean is calculated when there are variations with the same frequency?

a) a simple arithmetic average;

***b) weighted arithmetic average;***

c) arithmetic mean by the method of moments.

1. What arithmetic mean is calculated when there are variations presented by the large numbers and there is a large number of cases?

a) a simple arithmetic average;

b) weighted arithmetic average;

***c) arithmetic mean by the method of moments.***

1. To statistical criterias, characterizing trait diversity refers everything, except:

a) limit;

b) amplitude;

***c) reliability criteria;***

d) standard deviation;

e) coefficient of variation

1. To statistical criteria characterizing the external borders of the feature diversity include:

***a) limit;***

***b) amplitude;***

c) standard deviation;

d) coefficient of variation.

1. To statistical criteria characterizing the internal borders of the feature diversity include:

a) limit;

b) the amplitude;

***c) standard deviation;***

***d) coefficient of variation.***

1. What is the statistical criterion characterizing a variety of trait that is defined by the extremes of an option in a range of variations?

***a) limit;***

b) amplitude;

c) standard deviation;

d) coefficient of variation.

1. What is the statistical criterion characterizing trait diversity, which is determined by the difference between the extremes?

a) limit;

***b) amplitude;***

c) standard deviation;

d) coefficient of variation.

1. What is the statistical criterion that characterizes better the variety of variational rank?

a) limit;

b) amplitude;

***c) standard deviation;***

d) coefficient of variation.

1. What is the statistical criterion, which is a relative measure of diversity, and may be expressed as a percentage?

a) limit;

b) amplitude;

c) standard deviation;

***d) coefficient of variation.***

1. Estimate a variety of trait-largest coefficient of variation - Cv < 10%:

***a) low;***

b) average;

c) strong.

1. Estimate a variety of trait-largest coefficient of variation - Cv from 10% to 20%:

a) low;

***b) average;***

c) strong.

1. Estimate a variety of trait-largest coefficient of variation - Cv > 20%:

a) low;

b) average;

***c) strong.***

1. Representativeness means:

***a) the representativeness in selective totality carried signs of observational units that make up the total population;***

b) specific gravity in selective totality of all carried signs of observational units that make up the total population.

1. Error representativeness of the average (and relative) values allows you to:

a) to determine the limits of the average (or relative) value, going beyond that due to random fluctuations has is negligible probability;

***b) to determine whether results obtained by sampling study differ from the results that could be obtained by conducting continuous studies, of all the elements of in the population without exception.***

1. Choose the correct definition of probability:

***a) it is an objective measure of the possibility of any accidental events in specific conditions (P);***

b) it is a subjective measure of the possibility of any of these events in specific conditions (P);

c) is the frequency of this event in the given conditions (P).

1. Name the reliability criterion (t), the value of which is sufficient for the majority of studies carried out in health care:

a) t = 1;

***b) t = 2;***

с) t = 3.

**VIII. The relationship between signs**

1. Communication when every characteristic of the value corresponds to the well-defined value of another characteristic is:
   1. correlational;
   2. ***functional.***
2. Communication when some characteristics of the value (feature) correspond to every characteristics of one values is:
3. ***correlational;***

b)functional.

1. What communication may be direct or otherwise?
   1. only the correlational;
   2. only the functional;
   3. ***correlational and functional.***
2. What communication may be curved or straight?
   1. ***only the correlational;***
   2. only the functional;
   3. correlational and functional.
3. Examples of functional communications are all listed, except:
   1. temperature and pressure of the gas;
   2. radius and area of a circle;
   3. ***growth and body weight.***
4. Examples of functional communications are all listed, except:
   1. speed and time;
   2. ***temperature and heart rate;***
   3. force of gravity and the fall.
5. Examples of correlation communications are all listed, except:
   1. levels of systolic and diastolic blood pressure;
   2. age and the number of chronic diseases;
   3. ***radius and area of a circle.***
6. Examples of correlation communications are all listed, except:
7. intrascleral and intraocular pressure;
8. ***force of gravity and the fall time;***
9. age and the incidence of cardiovascular diseases.
10. How important is the correlation coefficient?
    1. ***measures the strength of the connection between the studied phenomena;***
    2. describes the frequency of resultant feature (value) under the influence offactor;
    3. ***gives an idea of the direction of communication.***
11. What direction of the communication takes place when with an increase in one feature (value) increases the value of another feature (value)?
    1. ***direct;***
    2. otherwise.
12. What direction of the communication takes place when with a decrease in one feature (value) decreases the value of another feature (value)?
    1. ***direct;***
    2. otherwise.
13. What direction of the communication takes place when with an increase in one feature (value) decreases the value of another feature (value)?
    1. direct;
    2. ***otherwise.***
14. What direction of the communication takes place when with a decrease in one feature (value) increases the value of another feature (value)?
    1. direct;
    2. ***otherwise.***
15. What correlation is characterized by a relatively uniform change in the values of a feature (value) with equal changes in the other?
    1. ***straight;***
    2. curved.
16. When correlation with uniform change in one trait can be observed increasing or decreasing the value of another feature (value)?
    1. straight;
    2. ***curved.***
17. Which coefficient is the criterion for evaluating the strength and direction of communication?
    1. ***correlation;***
    2. accuracy;
    3. variation.
18. For what values of the coefficient of correlation the communication between features (values) is missing?
    1. ***0;***
    2. from 0 to 0,3;
    3. from 0,3 to 0,7;
    4. from 0,7 to 1;
    5. 1.
19. For what values of the coefficient of correlation the communication between features (values) is low?
    1. 0;
    2. ***from 0 to 0,3;***
    3. from 0,3 to 0,7;
    4. from 0,7 to 1;
    5. 1.
20. For what values of the coefficient of correlation the communication between features (values) is average?
    1. 0;
    2. from 0 to 0,3;
    3. ***from 0,3 to 0,7;***
    4. from 0,7 to 1;
    5. 1.
21. For what values of the coefficient of correlation the communication between features (values) is strong?
    1. 0;
    2. from 0 to 0,3;
    3. from 0,3 to 0,7;
    4. ***from 0,7 to 1;***
    5. 1.
22. For what values of the coefficient of correlation the communication between features (values) is complete?
    1. 0;
    2. from 0 to 0,3;
    3. from 0,3 to 0,7;
    4. from 0,7 to 1;
    5. ***1.***
23. How to evaluate the communication between the features (values), if the correlation coefficient is + 1?
    1. ***direct complete;***
    2. direct strong;

c) otherwise complete;

d) otherwise strong.

1. How to evaluate the communication between the features (values), if the correlation coefficient is + 0.8?

a) direct complete;

***b) direct strong;***

c) otherwise complete;

d) otherwise strong.

1. How to evaluate the communication between the features (values), if the correlation coefficient is + 0.5?
   1. ***direct average;***
   2. direct low;

c) otherwise average;

d) otherwise low.

1. How to evaluate the communication between the features (values), if the correlation coefficient is + 0.1?

a) direct average;

***b) direct low;***

c) otherwise average;

d) otherwise low.

1. How to evaluate the communication between the features (values), if the correlation coefficient is – 1?
   1. direct complete;
   2. direct strong;

***c) otherwise complete;***

d) otherwise strong.

1. How to evaluate the communication between the features (values), if the correlation coefficient is – 0.9?

a) direct complete;

b) direct strong;

c) otherwise complete;

***d) otherwise strong.***

1. How to evaluate the communication between the features (values), if the correlation coefficient is - 0.4?
   1. direct average;
   2. direct low;
   3. ***otherwise average;***
   4. otherwise low.
2. How to evaluate the communication between the features (values), if the correlation coefficient is - 0.2?
   1. direct average;
   2. direct low;
   3. otherwise average;
   4. otherwise low.
3. At what value of reliability coefficient (t) can be considered an accurate correlation communication- between the features (values)?
   1. t = 1;
   2. t = 2;
   3. ***t = 3.***
4. What the method for calculating the correlation coefficient is used when the number of observations is less than 30, where the traits have qualitative character?
   1. ***method of ranks;***
   2. method of squares;
   3. method of correlation array;
   4. method of multiple correlation.

1. What the method for calculating the correlation coefficient is used in more than 30, where the traits have qualitative character?
   1. method of ranks;
   2. ***method of squares;***
   3. method of correlation array;
   4. method of multiple correlation.
2. What the method for calculating the correlation coefficient is useful for a very large number of observations?
   1. method of ranks;
   2. method of squares;
   3. ***method of correlation array;***
   4. method of multiple correlation.
3. What the method for calculating the correlation coefficient is used in determining the relationship, while between 3 and more features (values)?
   1. method of ranks;
   2. method of squares;
   3. method of correlation array;
   4. ***method of multiple correlation.***
4. The coefficient of correlation to measure the communication between the paired features (values), calculated by range, is used if:
   1. ***number of observations is less than 30;***
   2. number of cases is more than 30;
   3. ***only approximate data are required;***
   4. accurate calculations of the level of power connection are requires.
5. The coefficient of correlation to measure the communication between the paired features (values), calculated by range, is used if:
   1. ***only approximate data are required;***
   2. accurate calculations of the level of power connection are requires;
   3. ***traits have not only quantitative but also qualitative expression;***
   4. traits have only quantified.
6. The coefficient of correlation to measure the communication between the paired features (values), calculated by squares, is used if:
   1. number of observations is less than 30;
   2. ***number of cases is more than 30;***
   3. only approximate data are required;
   4. ***accurate calculations of the level of power connection*** are ***requires.***
7. The coefficient of correlation to measure the communication between the paired features (values), calculated by squares, is used if:
   1. only approximate data are required;
   2. ***accurate calculations of the level of power connection are requires;***
   3. traits have not only quantitative but also qualitative expression;
   4. ***traits have only quantified.***
8. Methods for calculating the coefficient of correlation are all below except:
   1. rank;
   2. squares;
   3. drawing up correlation array;
   4. ***standardization;***
   5. multiple correlation.
9. What method does not make the calculation the coefficient of correlation?
   1. Spearman;
   2. ***Rats;***
   3. Pearson.
10. Range method for calculating the coefficient of correlation to measure the communication between the paired traits may be called the method of:
    1. ***Spearman;***
    2. Rats;
    3. Pearson.
11. Square method for calculating the coefficient of correlation to measure the communication between the paired traits may be called the method of:
    1. Spearman;
    2. Rats;
    3. ***Pearson.***
12. The correlation may be presented by all bellow except:
    1. table;
    2. ***proportion;***
    3. the coefficient of correlation;
    4. chart.
13. All the enumerate can be described by the coefficient of correlation, except:
    1. force of communication;
    2. the direction of the communication;
    3. ***the reliability of the communication.***
14. By the direction of correlation the communication may be:
    1. ***direct;***
    2. ***otherwise;***
    3. straight;
    4. curved.
15. By the force (density, cramped) of correlation the communication may be:
    1. direct;
    2. otherwise;

***c) low;***

***d) average;***

***e) strong.***

1. By the shape of correlation the communication may be:
   1. direct;
   2. otherwise;
   3. ***straight;***

***d) curved.***

1. The determination of correlation of communication, as the directly and otherwise – is:
   1. ***the establishment of direction of communication;***
   2. determination of the tightness of communication;
   3. determination of the shape of communication.
2. The determination of correlation of communication as the low, average, strong and complete – is:
   1. the establishment of direction of communication;

***b) the determination of the tightness of communication;***

* 1. determination of the shape of communication.

1. The determination of correlation as the straight and curved is:
   1. the establishment of direction of communication;
   2. the determination of the tightness of communication;
   3. ***determination of the shape of communication.***
2. The field of application of functional communication is:
   1. medico-biological processes;
   2. ***physico-chemical processes;***
   3. socio-hygienic processes.
3. The field of application of correlation is all listed, except:

a) medico-biological processes;

***b) physico-chemical processes;***

c) socio-hygienic processes.

1. The graphical display of a functional communication is:
   1. ***line;***
   2. field.
2. The graphical display of a correlation is:
   1. line;
   2. ***field.***

**IX. Standardization**

1. What is the method for calculating the conditional indicators, replacing the general intensive quantity in cases where their comparison is difficult due to the incompatibility of the composition of the groups?

a) method of correlation method;

***b) method of standardization;***

c) method of ranks;

d) method of squares .

1. What is the method of comparing indicators in the two non-uniform aggregates on the basis of the calculation of the conditional performance when using standard?

a) method of correlation method;

***b) method of standardization;***

c) method of ranks;

d) method of squares .

1. In some cases, the standardization method may be used:

a) for the homogeneity of the compositions of compared populations;

***b) in the heterogeneity of the*** ***compositions of compared populations;***

***c) if the indicators for individual groups are almost the same, but the composition of the target population for these groups is different;***

d) if the indicators for different groups, and the composition of the same.

1. Methods of standardization are all listed, except:

a) direct;

***b) rank;***

c) indirect;

d) otherwise.

1. What method of standardization is used when the composition of the medium is known and part of the phenomenon is known too?

***a) direct;***

b) indirect;

c) otherwise.

1. What method of standardization is used when the composition of the medium is known, but the composition of the phenomenon is unknown or studied phenomenon traits are expressed in small numbers?

a) direct ;

***b) indirect;***

c) otherwise.

1. What method of standardization is used when the structure of the phenomenon is known, but composition of the medium is unknown?

a) direct;

b) indirect;

***c) otherwise.***

1. In what cases, the direct method of standardization is used?

***a) the composition of the medium and the phenomenon is known and on the studied trait;***

***b) number of observations is large enough in each selected for the study groups;***

c) there is no data on the composition of the phenomenon;

d) in the presence of small numbers of the studied phenomenon.

1. In what cases the indirect method of standardization is used?

a) the composition of the medium and the phenomenon is known and on the studied trait;

b) number of observations is large enough in each selected for the study groups;

***c) there is no data on the composition of the phenomenon;***

***d) in the presence of small numbers of the studied phenomenon.***

1. How important are standardized indicators?

***a) are conditional;***

b) are not conditional;

c) give an idea of the true size of phenomenon;

***d) give an idea of what would be the magnitude of the size of studied subject to eliminate the influence of heterogeneity of the*** ***compared populations(groups).***

1. What indicators are more suitable to compare of level mortality in different regions?

a) total mortality;

***b) standardized indicators;***

c) age-specific mortality.

1. The I stage of the direct method of standardization includes:

a) the comparing of the groups on intensive and standardized indicators;

b) the selection and calculation of the standard;

***c) calculation of intensive indicators;***

d) calculation of standardized indicators;

e) calculation of "expected values" for each group of the standard.

1. The II stage of the direct method of standardization includes:

a) the comparing of the groups on intensive and standardized indicators;

***b) the selection and calculation of the standard;***

c) calculation of intensive indicators;

d) calculation of standardized indicators;

e) calculation of "expected values" for each group of the standard.

1. The III stage of the direct method of standardization includes:

a) the comparing of the groups on intensive and standardized indicators;

b) the selection and calculation of the standard;

c) calculation of intensive indicators;

d) calculation of standardized indicators;

***e) calculation of "expected values" for each group of the standard.***

1. The IV stage of the direct method of standardization includes:

a) the comparing of the groups on intensive and standardized indicators;

b) the selection and calculation of the standard;

c) calculation of intensive indicators;

***d) calculation of standardized indicators;***

e) calculation of "expected values" for each group of the standard.

1. The V stage of the direct method of standardization includes:

***a) the comparing of the groups on intensive and standardized indicators;***

b) the selection and calculation of the standard;

c) calculation of intensive indicators;

d) calculation of standardized indicators;

e) calculation of "expected values" for each group of the standard.