- 1. The child has been ill with chronic gastritis. What chief complaints will be present in this patient?
 - a) Pain in the abdomen region
 - a) loss of appetites
 - b) general fatigue
 - c) diarrhea
 - d) melena
- 2. What does it mean "anamnesis morbi".....
 - a) History of life
 - b) Family history
 - c) History of present disease
 - d) Past disease
 - e) Chief complaints
- 3. What method of examination is useful for determining the rales in the lungs?
 - a) Palpation
 - b) Auscultation
 - c) Inspection
 - d) Percussion
 - e) All answers are correct
- 4. What data are included in allergological history?
 - a) Allergological diseases of the members of family
 - b) What diseases had the child
 - c) What allergological diseases are the parents suffering from?
 - d) Have the patient ever allergological reaction for any drug?
 - e) all the answers are correct
- 5. What method of examination is useful for determining the murmurs in the heart?
 - a) Palpation
 - b) Auscultation
 - c) Inspection
 - d) Percussion
 - e) All answers are correct
- 6. What does it means "anamnesis vitae"....
 - a) History of life
 - b) Family history
 - c) History of present disease
 - d) Past disease
 - e) Chief complaints
- 7. The child has been ill with acute pneumonia, what chief complaints will be present in this patient?
 - a) Cough
 - b) Loss of appetites'
 - c) Fever
 - d) Weakness
 - e) Headache
- 8. What data are including in obstetrical history?
 - a) Mother age during pregnancy
 - b) What diseases did have the mother during the pregnancy?
 - c) Characteristics of delivery
 - d) The state of the child at birth
 - e) All answers are correct
- 9. What history contains the information about the dynamics of the present of disease of the child?
 - a) Obstetrics history
 - b) Ananmnesis of vitae
 - c) Family history
 - d) Anamnesis of morbi
 - e) Past history
- 10. The child has been ill with diabetes mellitus. What chief complaints will be present in the patient?
 - a) Losing of weight
 - b) Increasing of diuresis
 - c) Increasing of appetites

- d) Thirsty
- e) All answers are correct

General examination of the healthy and sick child. Peculiarities and technique of history taking. Objective and clinical children investigation of the healthy and sick child. V-2

- 1. The child has been ill with chronic gastritis. What chief complaints will be present in this patient?
 - a) pain in abdomen region
 - b) loss of appetites
 - c) vomiting
 - d) general fatigue
 - e) nausea
- 2. What data are including in hereditary history?
 - a) The age of parents
 - b) The occupation of the parents
 - c) inherited diseases in family
 - d) gestational age of the patient
 - e) all answers are correct
- 3. What data are including in epidemiologic history?
 - a) The occupation of the patient
 - b) Diseases of the members of family
 - c) Contact with children who had infectious diseases during last 21 days
 - d) all answers are correct
- 4. The child has been ill with chronic hepatitis. What secondary complaints will be present in this patient?
 - a) pain in abdomen region
 - b) diarrhea
 - c) vomiting
 - d) general fatigue
 - e) nausea
- 5. What method of examination is useful for determining the rales in the lungs?
 - a) Palpation
 - b) Auscultation
 - c) Inspection
 - d) Percussion
 - e) all answers are correct
- 6. What parts is consists the anamnesis vitae?
 - a) Obstetric history
 - b) Family history
 - c) History of present disease
 - d) Nutritional anamnesis
 - e) allergological history
 - f) all answers are correct
- 7. what method of examination is useful determining the texture of the skin?
 - a) Palpation
 - b) Auscultation
 - c) Inspection
 - d) Percussion
 - e) All answers are correct
- 8. What history contains the information about past diseases of the child?
 - a) Obstetric history
 - b) History of life
 - c) family history
 - d) history of present disease
 - e) past history
- 9. What method of examination is useful for determining the color of the skin?
 - a) Palpation
 - b) Auscultation
 - c) Inspection
 - d) Percussion

- e) all answers are correct
- 10. What data are including in family history?
 - a) The occupation of the patients
 - b) Diseases of the members of family
 - c) What inflectional diseases had the child
 - d) What inflectional diseases did have the parents
 - e) All answers are correct
- 11. The first period of childhood is
 - a) Infancy period
 - b) Middle childhood
 - c) Later childhood
 - d) Prenatal period (intrauterine period)
 - e) Early childhood
- 12. What common diseases that appear in later childhood (puberty)
 - a) Pylorostenosis
 - b) Rickets
 - c) Acute children infections
 - d) Dysfunction of endocrine system
 - e) All answers are correct.
- 13. Toddler period lasts from....
 - a) From 1 mo up to 1 yr
 - b) From birth up to 1 yr
 - c) From 1 yr up to 3 yr
 - d) From 3 yr up to 6 yr
 - e) From 7 yr up to 6 yr
- 14. What characteristics are special about middle childhood period
 - a) The period of developing skill competencies
 - b) The period of biological and personality malnutrition
 - c) The period of social cooperation
 - d) Period of individual identity
 - e) Period of activity and discovery
- 15. What factors can have teratogecity
 - a) Anticonvulsants
 - b) Rubella infection
 - c) Toxoplasmosis
 - d) Radiation
 - e) All answers are correct.
 - 16. Named the period of childhood that lasts from 6 to 12 yr
 - a) Infancy period
 - b) Middle childhood
 - c) Later childhood
 - d) Prenatal period (intrauterine period)
 - e) Early childhood
 - 17. The second period of childhood is
 - a. Infancy period
 - b. Middle childhood
 - c. Later childhood
 - d. Prenatal period (intrauterine period)
 - 18. Early childhood divided into:
 - a. Prepubertal period
 - b. Pubertal period
 - c. Toddler period
 - d. Infancy
 - e. School Period
 - 19. What period characterizes of child activity and discovery?
 - a. Prenatal period (intrauterine period)
 - b. Infancy period

c. Early	childhood	
d. Midd	le childhood	
e. Later	childhood	
20. Named the	examples of embriopathy	
a. cong	enital hypotrophy	d. pylorostenosis
	ncephalia	e. all answers are correct.
	enital pneumonia	
	ight of average newborn is:	
	000 g; d) 3200-3400	0 g:
	200 g; c) 3200-4000	
c) 3000-35		87
	_	baby if his weight at birth was 3200g?
a) 5000g;	_	reacy is the weight at earth was except.
b) 4800g;	, 0,	
c) 2200g.	<i>c)</i> 3 100g,	
	s the weight and stature of a 3	years old child?
a.	14 kg and 84 cm;	years old child:
а. b.		
	18 kg and 92 cm;	
	16 kg and 90 cm;	
e.	17 kg and 92 cm.	Now the is 2 months. How weight is:
		Now, she is 2 months. Her weight is:
a) 3800 g		
b) 4000 g	, ,	
c) no right		1 .
•	ogical loss of weight in matur	re newborn is:
a) 1-5%		
b) 4-6%		
c) 5-7%		
d) 10-12%	ı	
e) 0-1%		
		of morphological and functional indexes which characterize:
	veight, and form of a child's b	
	s of separate organs and syste	
	s of growth and biological ripe	ening of a child.
d) All of the		
e) None of t	he above.	
27. Admiss	ible interval of average index	es of physical development for the method of precise
calculation m	nakes:	
a) 3%.		
b) 7%.		
c) 10 %.		
d) 15%.		
e) 17%.		
*	e value of the monthly enlarg	ement of child's body length during the first 4 months of life
makes:	e varies of the monthly emarg	ement of emiles soup length during the first 1 months of me
a)1 cm.		
b)2 cm.		
c)3 cm.		
d)4 cm.		
e) 5 cm		
	of the verients of physical dev	valenment evaluation is the correct one?
		velopment evaluation is the correct one?
	nding to a child's age.	
b) Average.		
c) Within th		
	esponding to a child's age.	
e) None of t	ine above.	

	In 2 months
a.	
	In 3-4 months In 4-6 months
	In 5-7 months
32. When u	oes a child begin to say "agu"?
	In 2 months
	In 3.5 months
	In 4 days
	In 5 months
e. 22 When d	In 6-8 months
55. When d	oes a child begin independently to sit?
a.	,
	In 5 months
	In 6-8 months
	In 7,5 months
	In 9-10 months
34. wnen n	nust a child "babble"?
a.	•
	In 5 days
	In 6 months
	In 10 months
e.	
35. When d	oes a child begin to walk?
a.	In 1-2.5 months
	In 2-6 months
	In 4 months
d.	J contract of the contract of
e.	In 10-12 months
oo. what m	nguistic supply of words of annual child?
a.	8-10 words.
b.	2-3 words.
c.	20-30 words.
	38-40 words.
e.	48-50 words.
37. When d	oes physiological hypertone of flexors of extremities disappear?
a.	In 1-2 months
b.	m = c monun
	In 3-4 months
	In 4-5 months
e.	In 5-6 months
38. What re	flex does not belong to the group of oral segmental automations?
a.	Sucking.
b.	Searching.
0	Lip.
c.	Palm-mouth.

30. During the second six months of life the weight of a child en-larges by... per month:

d) 500gr

e) 150gr.

a) 700 gr.

b) 300gr.c) 400 gr.

- e. Grabbing.
- 39. What reflex does not belong to the group of spinal segmental automations?
 - a. Reflex of Moro.
 - b. Reflex of Bauer.
 - c. Reflex of Robinson.
 - d. Reflex of Babkin.
 - e. Reflex of Peres.
- 40. When does reflex of Moro disappear?
 - a. In 10 months
 - b. In 1 months
 - c. In 4 months
 - d. In 18 months
 - e. In 15 months
 - 41. What are the skin lesions of the measles?
 - A. Bluish maculae

D. Reddish maculae

Reddish patches

E. Nodules

- B. Papules
- 42. What are the skin lesions of the ringwarm?
 - A. Papules

D. Annular lesion

B. Reddish maculae

E. Patch

- C. Nodules
- 43. What are the skin lesions of the herpes?
 - A. Scales
 - B. Papules
 - C. Vesicles
 - D. Pustules
 - E. Wheals
- 44. What are the skin lesions of the impetigo?
 - A. Scales
 - B. Ulcers
 - C. Reddish maculae
 - D. Crusts
 - E. Plaques
- 45. What is the cause of the plethora? Choose the most correct and complete answer:
 - A. Vitamins and proteins deficiency
 - B. Increased numbers of erythrocytes as a compensatory response to chronic hypoxia
 - C. Decreased level of hemoglobin
 - D. Decreased numbers of erythrocytes as a compensatory response to chronic hypoxia
 - E. Increased level of hemoglobin
- 46. Warm upper extremities and cool lower ones are among the key signs of the:
 - A. Cerebral palsy
 - B. Iron-deficiency anemia
 - C. Hydrocephalus
 - D. Fallot's tetrad
 - E. Coarctation of the aorta
- 47. What we can think about if we see concave curves of the nails or "spoon nails" in child?
 - A. Congenital pathology
 - B. Fungoid infection
 - C. Iron-deficiency anemia
 - D. B₁₂- deficiency anemia
 - E. Bacterial infection
- 48. What are the skin lesions of the vitiligo?
 - A. Brownish maculae
 - B. Nodules
 - C. Papules
 - D. Reddish maculae

- E. Patch
- 49. What are the skin lesions of the chickenpox?
 - A. Pustules D. Ulcers B. Vesicles E. Bullae
 - C. Scales
- 50. What are the skin lesions of the superficial stratches?
 - A. Excoriations D. Burns
 B. Fissures E. Petechiae
 - C. Scars
 - 51. Rigid muscles characterize

A meningitis D spasmophylia B mongolism E paralysis

C hypothyreosis

52. Muscle strength is registered with

A electromyography

B biochemical researches

C all answers that were mentioned are right

D dynamometer

E palpation

53. Muscle tonus is registered with

A electromyography

B palpation

C all answers mentioned are right

D dynamometer

E biochemical researches

54. Chronaxymetry is method of:

A determining of meningeal interval from electric stimulation till contraction of muscles

B registration of mechanic and electric excitement

C determining of muscle tonus

D determining of muscle strength

E tendon reflexes

55. Opystotonus characterizes

A meningitis D tetanus

B encephalitis E central paralysis

C hydrocephalus

56. With traction probe we can register

A muscle strength

B conducting of muscle excitement

C muscle tonus

D muscle capacity to work

E reflexes

57. With return symptom we can diagnose, except:

A muscle hypotony

B muscle strength

C muscle hypertony

D muscle normotony

E all answers are correct

58. Muscle hypertony can be characterized by such conditions, except:

A "claw paw" is determined

B opystotonus state

C atetose state of hands

D lying child has stretched extremities along the trunk

- E all answers are incorrect
 - 59. Muscle atrophy can characterize
- A all answers that were mentioned are right
- B poliomyelitis
- C reumatic arthritis
- D progressive muscle dystrophy
- E encephalitis
 - 60. Muscle hypertony can characterize all diseases except
- A CCP (central paralysis)
- B consequence of neuroinfection
- C progressive muscle dystrophy
- D tetanus
- E all of the above
- 61. The partial pressure of oxygen in the arterial blood is:
 - a. 90 mm of mercury
 - b. 100 mm of mercury
 - c. 160 mm of mercury
 - d.70 mm of mercury
 - e. 40 mm of mercury
- 62. The partial pressure of carbonic acid gas in the breathed air is:
 - a. 40 mm of mercury
 - b. 20mm of mercury
 - c. 50mm of mercury
 - d.0 mm of mercury
 - e. 90 mm of mercury
- 63. Children feel maximum need for oxygen the age of:
 - a. 1
 - b. 6
 - c. 2
 - d. pubertal period
 - e. period of gestation
- 64. The reduction of oxygen consumption index shows:
 - a. pronounced respiratory deficiency
 - b. breach of the capillary hemorrhage
 - c. existence of the blood shunting avoiding the alveolar space
 - d. worsening of the air quality
 - e. pronounced intoxication of the organism
- 65. What is the breathing frequency of a 5-year-old child?
 - a. 16-20
 - b. 35-40
 - c. 45-60
 - d. 60-70
 - e. 25
- 66. Point out what is not typical for children's nose cavity structure:
 - a. narrow nasal meatus
 - b.proper development of the submucosal's cavernous tissue
 - c. heightened vascularization of the mucous membrane
 - d. under-development of the hoans
 - e. absence of the inferior nasal meatus
- 67. What cells produce surfactant?
 - a. alveolocytes of the II order
 - b. alveolocytes of the I order
 - c. macrophages
 - d. goblet cells
 - e. lymphocytes

b. 60 ml/min c. 8 ml/min d. 5 ml/min e. 3 ml/min 69. What is the main function of the twinkling epithelium? a. removal of the small pieces b. warming of the breathed air c. improvement of the air conduction d. mucus secretion 70. The upper part of the right lung projects at the thorax: a. lower the IV rib d. higher the III rib b. higher the IV rib e. lower the II rib c. higher the VI rib 71. Top border of absolute cardiac dullness at less than 2 years is situated: A. 2-nd intercoastal space. B. 3-d rib. C. 4-th rib. D. 5-th rib. 72. Cardiac apex of newborn is presented by: A. Both ventricles. B. Right ventricle. C. Left ventricle. 73. Cardiac apex at 3 years is situated: A. 2-nd intercostal space. B. 3-d intercostal space. C. 4-th intercostal space. D. 5-th intercostal space. 74. Top border of absolute cardiac dullness at more than 7 years is situated: A. 2-nd rib. B. 2-nd intercostal space. C. 3-d intercostal space. D. 4-th rib. 75. Right border of absolute cardiac dullness at more than 12 years is situated: A. Left border of the sternum. B. Right parasternal line. C. Internally to the right border of the sternum. D. Right border of the sternum. 76 The reasons of appearance of organic murmurs are all except for A innate heart defects B cardiovascular murmurs C acquired heart defects D narrowing of large vessels 77 The characteristics of functional murmurs is all except for: A short B soft C connected with heart sounds D considerably change at the time of loads E of low frequency

78 For the displays of left ventricular heart insufficiency is typical everything except for:

A ung swelling

B swelling of neck veins

68. Point out the 1-year-old child's need of oxygen for 1 kg of weight:

a. 20 ml/min

C ascites

D swelling of lower extremities

E vomit

79 Systolic murmur is ausculated at the time of all heart defects except for:

A mitral incompetence

B tricuspid valve insufficiency

C defects of interventricular membrane

D defects of interatrial membrane

E stenosis of mitral valve

80 Diastolic murmur is ausculated at the time of all heart defects except for:

A stenosis of bicuspid valve

B stenosis of tricuspid valve

C insufficiency of aorta valves

D insufficiency of pulmonary artery valves

E mitral valve incompetence

- 81. Age dynamics of amplitude interpendency R and S waves are the following, except:
 - A. amplitude R increases in I and decreases in III standard leads
 - B. amplitude S decreases in I and increases in III standard leads
 - C. amplitude R decreases in V1-V2 chest leads
 - D. amplitude S increases inV1 and V2
 - E. amplitude R increases in V4 and V6
 - F. all mentioned is right
 - G. all mentioned is wrong
- 82. ECG criterions of biventricular hypertrophy are the following:
 - A. Electric cardiac axis (ECG) deviation to the left
 - B. R prevails in V5 V6
 - C. T is tall in V5 V6
 - D. Q increasing in V5 V6
 - E. all mentioned is right
 - F. all mentioned is wrong
- 83. Segment S-T(R-T) is a part of ECG:
 - A. from the beginning of QRS complex till the beginning of T
 - B. from the end of QRS complex till the beginning of T
 - C. from the beginning of QRS complex till the end of T
 - D. from the end of P till the end of T
- 84. The newborn baby's α is at an angle of:
 - A. $+125^{\circ}$ (variations from $+80^{\circ}$ till $+250^{\circ}$)
 - B. $+30^{\circ}$ (variations from $+30^{\circ}$ till $+70^{\circ}$)
 - C. 0° (variations from 0° till $+30^{\circ}$)
 - D. -125° (variations from -30° till -90°)
- 85. ECG criterions of right ventricular hypertrophy are the following, except:
 - A. in II, III, aVL, V1 V2 P is positive, tall
 - B. in II, III, aVL, V1 V2 Pw is tall, exceeds maximal normal measures
 - C. ECG is deviated to the left more than at an angle of (-30)
 - D. P durance is in normal measures
- 86. Block of right branch of His' bundle:
 - A. ECG deviation to the right
 - B. widening of QRS from 0.11 0.12 sec and more than that
 - C. decrease of surface deviation time $V_1 0.05-006$ sec
 - D. S w spreading and deformation in I, aVL, $V_5 V_6$
 - E. all mentioned is right
 - F. all mentioned is wrong
- 87. Atrial extrasystolie is the following, except for:
 - A. premature excitation and P w appearance
 - B. QRS complex deformation, widening

- C. negative, neither deformed P w
- D. compensatory pause presence
- E. P w may cover T w
- 88. Extrasystolie is:
 - A. lessening of cardiac constrictions quantity
 - B. cardiac constrictions speeding up
 - C. premature, untimely excitation
 - D. attack (seizure)-like disturbances of cardiac rhythm
 - E. normal heart rhythm
- 89. ECG criterions of atrial fibrillation:
 - A. atrial waves rate is more than 300 per minute.
 - B. QRS complex is not deformed
 - C. F waves are registered instead of P waves
 - D. ventricular rhythm can be regular and irregular
 - E. all mentioned is right
 - F. all mentioned is wrong
- 90. ECG prerequisites of arrhythmias are the following, except:
 - A. constriction disturbance
 - B. automatism disturbance
 - C. excitation disturbance
 - D. conductivity disturbance
 - E. impulse formation disturbance