MULTIPLE CHOICE

1. In issues surrounding ethical decision making, *beneficence* refers to the:
   A. need to do good for the patient.
   B. care provider acting as a father or mother figure.
   C. care provider knowing what is best for the patient.
   D. need to avoid harming the patient.

   ANS: A
   The definition of beneficence is to do good, not to act as a father or mother figure, and the need to avoid harm refers to nonmaleficence. The care provider acting as a father or mother figure is paternalism and the care provider knowing what is best for the patient is paternalism.

   PTS: 1       DIF: Cognitive Level: Knowledge       REF: 2

2. The term denoting the caregiver’s need to do no harm to the patient is:
   A. autonomy.
   B. beneficence.
   C. nonmaleficence.
   D. utilitarianism.

   ANS: C
   The caregiver’s need to do no harm to the patient is the definition of nonmaleficence. Autonomy is self-determination. Beneficence is doing good for the patient. Utilitarianism is the appropriate use of resources.
3. The duties of care providers established by tradition, and within the context of culture, are known as:
   A. beneficence.
   B. deontological imperatives.
   C. cultural competence.
   D. faith influences.

ANS: B
The definition of deontological imperatives is those duties of care that providers establish by tradition and within cultural contexts. The definition of beneficence is to do good for the patient. Cultural competence is the understanding of the patient’s culture. Faith influences are the effects of faith on the patient’s illness.

4. Ms. Gallagher is a 42-year-old patient who presents to the office for evaluation. You have completed her health history and physical examination. Which of the following is initially appropriate in the management of a patient’s diagnosed problem?
   A. Inform the patient of the treatment plan.
   B. Give the patient detailed written instructions regarding the treatment plan.
   C. Inform the patient that the plan has been tailored to her needs.
   D. Inform the patient of treatment options and possible results.

ANS: D
An initial approach to a patient’s problem should allow for the greatest patient autonomy and should promote patient participation. The well-informed patient is better able to exercise autonomy. Therefore, after collaborating with the patient, you should inform the patient of treatment options and possible results and then provide detailed written instructions regarding the treatment plan.

PTS: 1  DIF:  Cognitive Level: Comprehension  REF: 2

5. Which question would be considered a “leading question”?
   A. “What do you think is causing your headaches?”
   B. “You don’t get headaches often, do you?”
   C. “On a scale of 1 to 10, how would you rate the severity of your headaches?”
   D. “At what time of the day are your headaches the most severe?”

ANS: B
Stating to the patient that he or she does not get headaches would limit the information in the patient’s answer. Asking the patient what he or she thinks is causing the headaches is an open-ended question. Asking the patient how he or she would rate the severity of the headaches and asking what time of the day the headaches are most severe are direct questions.

PTS: 1  DIF:  Cognitive Level: Application  REF: 5 | 11

6. To prevent personal appearance from becoming an obstacle in patient care, the health professional should:
   A. wear a uniform.
   B. avoid wearing white.
   C. avoid extremes in dress.
   D. avoid wearing any jewelry.
Sensible personal habits, along with avoidance of extremes in behavior and dress, contribute to establishing a trusting relationship between the provider of care and the patient.

7. Which action would best promote accurate translations and confidentiality when the caregiver does not speak the patient’s language?
   A. Ask a person unfamiliar with the patient to translate.
   B. Have a friend of the patient translate.
   C. Involve the family with the translation.
   D. Use a neighbor as translator.

   ANS: A
   When you do not speak the patient’s language, family members or friends may pose a communication barrier and may have issues of confidentiality; a stranger will be a less biased interpreter. You should ask a person unfamiliar with the patient to translate.

   PTS: 1         DIF: Cognitive Level: Comprehension       REF: 3 | 4

8. When are open-ended questions generally most useful?
   A. During the initial part of the interview
   B. After several closed-ended questions have been asked
   C. While designing the genogram
   D. During the review of systems

   ANS: A
Asking open-ended questions at the beginning of an interview allows you to gather more information and establishes you as an empathic listener, which is the first step of effective communication. Interviewing for the purpose of designing a genogram or conducting a review of systems requires more focused data that can be more easily gathered with direct questioning. Asking closed-ended questions may stifle the patient’s desire to discuss the history of the illness.

PTS: 1 DIF: Cognitive Level: Comprehension REF: 4|5

9. Behaviors that diffuse anxiety during the interview include:
   A. avoiding wearing uniforms/laboratory coats.
   B. providing forthright answers to questions.
   C. providing all necessary information before the patient has to ask for it.
   D. completing the interview as quickly as possible.

ANS: B
In order to relieve anxiety, the health professional should answer patient questions forthrightly, should avoid an overload of information, and should not hurry the conversation. Uniforms, lab coats and scrub suits are common in health care. It is impossible to anticipate every question that a patient may ask. Completing the interview as quickly as possible may make the patient feel rushed.

PTS: 1 DIF: Cognitive Level: Comprehension REF: 7

10. Periods of silence during the interview can serve important purposes, such as:
    A. allowing the clinician to catch up on documentation.
    B. promoting calmness.
    C. providing time for reflection.
    D. increasing the length of the visit.
ANS: C
Silence is a useful tool during interviews for the purposes of reflection, summoning courage, and displaying compassion. This is not a time to document in the chart, but rather to focus on the patient. Periods of silence may cause anxiety rather than promote calmness. The length of the visit is less important than getting critical information.

PTS: 1 DIF: Cognitive Level: Comprehension REF: 7

11. Which technique is most likely to result in the patient’s understanding of questions?
   A. Use phrases that are commonly used by other patients in the area.
   B. Use the patient’s own terms if possible.
   C. Use the simplest language possible.
   D. Use proper medical and technical terminology.

ANS: B
To ensure that your questions have been correctly understood, be clear and explicit while using the patient’s own terms and level of understanding. Using phrases commonly used by other patients may not help to ensure that your questions have been correctly understood by this patient. You should be clear and explicit while using the patient’s own terms and level of understanding. Using the simplest language will not help to ensure that your questions have been correctly understood. It is important to avoid the use of medical terminology, since the patient may not understand it.

PTS: 1 DIF: Cognitive Level: Application REF: 6
12. Mr. Franklin is speaking with you, the health care provider, about his respiratory problem. Mr. Franklin says, “I’ve had this cough for 3 days, and it’s getting worse.” You reply, “Tell me more about your cough.” Mr. Franklin states, “I wish I could tell you more. That’s why I’m here. You tell me what’s wrong!” Which caregiver response would be most appropriate for enhancing communication?
A. “After 3 days, you’re tired of coughing. Have you had a fever?”
B. “I’d like to hear more about your experiences. Where were you born?”
C. “I don’t know what’s wrong. You could have almost any disease.”
D. “I’ll examine you and figure out later what the problem is.”

ANS: A
“After 3 days, you’re tired of coughing. Have you had a fever?” is the only response aimed at focusing on the chief complaint in order to gather more data and does not digress from the issue.

PTS: 1 DIF: Cognitive Level: Analysis REF: 10

13. Mr. Miller is a 46-year-old patient who becomes restless during the history and says, “I don’t have time for all of this conversation. I’ve got to get back to work.” Your most appropriate response would be to:
A. acknowledge his anger and proceed with the history and examination.
B. ask another open-ended question and insist on an answer.
C. ask questions about his anger and move closer to him.
D. ignore his displeasure and become more assertive about getting answers.

ANS: A
Acknowledging his anger and proceeding with the history and examination is the only answer that resists the tendency for patient manipulation, pursues the information, and confronts the anger.
14. When you are questioning a patient regarding alcohol intake, she tells you that she is “only a social drinker.” Which initial response is appropriate?
A. “I’m glad that you are a responsible drinker.”
B. “Do the other people in your household consume alcohol?”
C. “What amount and what kind of alcohol do you drink in a week?”
D. “If you only drink socially, you won’t need to worry about always having a designated driver.”

ANS: C
“What amount and what kind of alcohol do you drink in a week?” clarifies the patient’s own term without asking a leading question or being judgmental.

15. Ms. T. is crying and states that her mother couldn’t possibly have a tumor. “No one else in the family,” exclaims the daughter, “has ever had cancer!” The most appropriate response to Ms. T. would be:
A. “Has anyone explained hospice care to your mother?”
B. “I’m so sorry that your mother was diagnosed with cancer.”
C. “That is odd, since cancer usually runs in families.”
D. “Why do you think that your mother’s tumor is cancerous?”

ANS: D
“Why do you think that your mother’s tumor is cancerous?” is the only answer that is a direct exploration of the daughter’s concern. The health care provider can address and clarify the concerns of the daughter.
16. After you ask a patient about her family history, she says, “Tell me about your family now.” Which response is generally most appropriate? 
   A. Ignore the patient’s comment and continue with the interview. 
   B. Give a brief, undetailed answer. 
   C. Ask the patient why she needs to know. 
   D. Tell the patient that you do not discuss your family with patients. 

   **ANS: B**
   Giving a brief, undetailed answer will satisfy the patient’s curiosity about yourself without invading your private life. Ignoring the patient’s comment and continuing with the interview and telling the patient that you do not discuss your family with patients will potentially anger or frustrate her and keep her from sharing openly. Asking the patient why she needs to know will distract from the real reason she is seeking care and move the interview conversation away from the topics that should be discussed instead.

   **PTS: 1**  
   **DIF: Cognitive Level: Application**  
   **REF: 7**

17. A 36-year-old woman complains that she has had crushing chest pain for the past 2 days. She seems nervous as she speaks to you. An appropriate response is to:
   A. continue to collect information regarding the chief complaint in an unhurried manner. 
   B. finish the interview as rapidly as possible. 
   C. ask the patient to take a deep breath and calm down. 
   D. ask the patient if she wants to wait until another day to talk to you. 

   **ANS: A**
With an anxious, vulnerable patient, it is best to not hurry; a calm demeanor will communicate caring to the patient. If you as the health care provider are hurried, the patient will be more anxious. The best manner in which to assist an anxious patient is to not hurry and remain calm as this will communicate caring to the patient. Asking the patient if she wants to wait until another day to talk to you delays the needed health care.

PTS: 1     DIF: Cognitive Level: Application     REF: 7

18. Ms. A. states, “My life is just too painful. It isn’t worth it.” She appears depressed. Which one of the following statements is the most appropriate caregiver response?
   A. “Try to think about the good things in life.”
   B. “What in life is causing you such pain?”
   C. “You can’t mean what you’re saying.”
   D. “If you think about it, nothing is worth getting this upset about.”

ANS: B
Specific, yet open-ended questions are best used when the patient has feelings of loss of self-worth and depression. “Try to think about the good things in life” and “You can’t mean what you’re saying” and “If you think about it, nothing is worth getting this upset about” are questions that will hurry the patient and offer superficial assurance.

PTS: 1     DIF: Cognitive Level: Analysis     REF: 7

19. During an interview, tears appear in the patient’s eyes and his voice becomes shaky. Initially, you should:
   A. ask him if he would like some time alone.
   B. offer a tissue and let him know it is all right to cry.
   C. explain to the patient that you will be able to help him more if he can control his emotions.
   D. ask the patient what he is upset about.
When patients cry, it is best to allow the moment to pass at the patient’s pace. If you suspect a need to cry but the patient is suppressing it, give permission. Asking him if he would like some time alone will leave the patient alone in a time of sad feelings. Explaining to the patient that you will be able to help him more if he can control his emotions will shut down the patient’s emotions. Asking the patient what he is upset about will not give the patient time to cry and express his emotions and hurries back into the interview.

ANS: B

During an interview, you have the impression that a patient may be considering suicide. Which action is essential?

A. Ask whether the patient has considered self-harm.
B. Avoid directly confronting the patient regarding your impression.
C. Ask whether the patient would like to visit a psychiatrist.
D. Record the impression in the patient’s chart and refer the patient for hospitalization.

ANS: A

If you think the patient may be considering suicide, he probably is. Mentioning it gives permission to talk about it. Do not avoid directly confronting the patient regarding your impression. It is important to confront the suicidal thoughts. Asking whether the patient would like to visit a psychiatrist does not allow the patient to talk about the suicidal thoughts before you determine he needs a specialist level of care. Recording the impression in the patient’s chart and referring the patient for hospitalization does not collaborate with the patient and does not give him permission to talk about the thoughts of self-harm.
21. During a history-taking session, Mr. B. appears to be avoiding certain questions. He keeps looking out the window. What should the caregiver do?
   A. Ask direct questions and insist on a “Yes” or “No” answer to each question.
   B. Continue to ask questions until Mr. B. responds appropriately.
   C. Make a note to pursue sensitive issues later in the interview.
   D. Stop the interview until the patient is ready to cooperate.

ANS: C
When the patient dissembles, do not push too hard for an answer. Allow the interview to go on and come back to the questions he avoided answering later. Yes or No questions will close the interview process. Continue with the interview, making a note to return to questioning about that issue later in the interview. Continuing to ask questions until Mr. B. responds appropriately will not allow the patient time to reflect and answer. Stopping the interview until the patient is ready to cooperate will stop the flow of communication.

PTS: 1        DIF: Cognitive Level: Application   REF: 8

22. You are collecting a history from an 11-year-old girl. Her mother is sitting next to her in the examination room. When collecting history from older children or adolescents, they should be:
   A. given the opportunity to be interviewed without the parent at some point during the interview.
   B. mailed a questionnaire in advance to avoid the need for them to talk.
   C. ignored while you address all questions to the parent.
   D. allowed to direct the flow of the interview.

ANS: A
The older child should be given the opportunity to give information directly. This enhances the probability that the child will follow your advice. Mailing a questionnaire in advance to avoid the need for her to talk does not assist the child in learning to respond to answers regarding her health. The parent can help fill in gaps at the end. If she is ignored while you address all questions to the parent, the patient will feel as though she is being discussed and not part of the process for the health care. The health care provider should always direct the flow of the interview according to the patient’s responses.

PTS: 1       DIF:  Cognitive Level: Application    REF:  20-21

23. Information that is needed during the initial interview of a pregnant woman includes all of the following except:
   A. the gender that the woman hopes the baby will be.
   B. past medical history.
   C. health care practices.
   D. the woman’s knowledge about pregnancy.

ANS: A

The initial interview for the pregnant woman should include information on her past medical history, assessment of health practices, identification of potential risk factors, and assessment of knowledge as it affects pregnancy. The gender of the fetus is not as important as the information about her past medical history, health care practices, and the woman’s knowledge about her pregnancy.

PTS: 1       DIF:  Cognitive Level: Comprehension    REF:  25

24. When communicating with older children and teenagers, you should be sensitive to their:
   A. desire for adult companionship.
   B. natural urge to communicate.
   C. need for verbal instructions.
D. typical reluctance to talk.

ANS: D
Adolescents are usually reluctant to talk; therefore the provider should clearly communicate a respect for confidentiality.

PTS: 1        DIF: Cognitive Level: Comprehension        REF: 24

25. When interviewing older adults, the examiner should:
   A. speak extremely loudly, because most older adults have significant hearing impairment.
   B. provide a written questionnaire in place of an interview.
   C. position himself facing the patient.
   D. dim the lights to decrease anxiety.

ANS: C
The health care provider should position himself so that the older patient can see his face. Shouting distorts speech; dimming the lights impairs vision; and a written interview may be necessary if all else fails.

PTS: 1        DIF: Cognitive Level: Comprehension        REF: 27

26. When you suspect that your 81-year-old patient has short-term memory loss because he cannot remember what he had for breakfast, you should:
   A. order a neurology consult.
   B. stop all of his medications.
   C. validate the concern with his family or caregivers.
   D. dismiss the finding as normal age-related change.

ANS: C
When older adults experience memory loss for recent events, consult other family members to clarify discrepancies or to fill in the gaps. You may want to consult neurology later, but to assess the memory loss, you need validation of the patient’s responses. Stopping medications will not identify the short-term memory loss. Short-term memory loss is not an age-related change.

PTS: 1  DIF:  Cognitive Level: Application  REF: 27

27. To what extent should the patient with a physical disability or emotional disorder be involved in providing health history information to the health professional?
   A. The patient should be present during information collection but should not be addressed directly.
   B. All information should be collected from past records and family members while the patient is in another room.
   C. The patient should be involved only when you sense that he or she may feel ignored.
   D. The patient should be fully involved to the limit of his or her ability.

   ANS: D
   Patients who are disabled may not give an effective history, but they must be respected and the history must be obtained from them to the extent possible. Patients should be addressed directly and participate in the interview to the extent of their ability.

   PTS: 1  DIF:  Cognitive Level: Comprehension  REF: 28

28. A brief statement of the reason the patient is seeking health care is called the:
   A. medical history.
   B. chief complaint.
   C. assessment.
   D. diagnosis.
The chief complaint is a brief statement of the reason the patient is seeking health care. The medical history, assessment, and diagnosis are not the reasons the patient is seeking health care.

ANS: B

The iatro
tropic stimulus refers to the:
A. patient’s stimulus to seek care.
B. mode of transportation used to get to the health center.
C. person who accompanied the patient to the health center.
D. most recent health care encounter.

ANS: A

Iatrotropic stimulus refers to the stimulus to seek health care. The mode of transportation, person who accompanied the patient to the health center, and most recent health care encounter do not refer to why the patient was seeking health care.

ANS: C

When taking a history, you should:
A. ask the patient to give you any information they can recall about their health.
B. start the interview with the patient’s family history.
C. use a chronologic and sequential framework.
D. use a holistic and eclectic structure.

ANS: C
To give structure to the present problem/chief complaint, the provider should proceed in a chronologic and sequential framework. Asking patients to give you any information they can recall about their health and using a holistic and electric structure do not provide structure to the history. Gathering the patient’s family history is the first step only.

PTS: 1 DIF: Cognitive Level: Comprehension REF: 10

31. When questioning the patient regarding his or her sexual history, which question should be asked initially?
   A. “Do you have any particular sexual likes or dislikes?”
   B. “Do you have any worries or concerns regarding your sexual life?”
   C. “How often do you have intercourse and with whom?”
   D. “Do you have any reason to think you may have been exposed to a sexually transmitted infection?”

ANS: B
When approaching questioning about a sensitive area, it is recommended that the provider first ask open-ended questions that explore the patient’s feelings about the issue. “Do you have any particular sexual likes or dislikes?” is not a question that should be asked in an interview regarding sexual history. “How often do you have intercourse and with whom?” and “Do you have any reason to think you may have been exposed to a sexually transmitted infection?” are not questions that should be asked initially in an interview regarding sexual history.

PTS: 1 DIF: Cognitive Level: Application REF: 15

32. A guideline for history taking is for caregivers to:
   A. ask direct questions before open-ended questions so that data move from simple to complex.
   B. ask for a complete history at once so that data are not forgotten between meetings.
C. make notes sparingly so that patient can be observed during the history taking.
D. write detailed information as stated by patients so that their priorities are reflected.

ANS: C

During the interview you should maintain eye contact with the patients, observing body language and proceeding from open-ended to direct questions. Asking direct questions first may upset the patients. During the interview you should gather as much information as you need for the current reason the patient is seeking health care. It is important to focus on the patient. Brief notes can be charted, but you should maintain eye contact with the patient, observing body language and proceeding from open-ended to direct questions.

PTS: 1  DIF:  Cognitive Level: Comprehension   REF: 3 | 4

33. Mr. D. complains of a headache. During the history, he mentions his use of alcohol and illicit drugs. This information would most likely belong in the:
A. chief complaint.
B. past medical history.
C. personal and social history.
D. review of systems.

ANS: C

Habits are included within the personal and social history. The chief complaint is the reason the patient is seeking health care. The past medical history is made up of the previous medical conditions that the patient has had. The review of systems is an overview of problems with other body systems.

PTS: 1  DIF:  Cognitive Level: Comprehension   REF: 18
34. Direct questioning about domestic violence in the home should be:
   A. a routine component of history taking with female patients.
   B. avoided for fear of offending the woman’s partner.
   C. conducted only in cases in which there is a history of abuse.
   D. used only when the patient is obviously being victimized.

   ANS: A
   The presence of domestic violence should be routinely queried, and the
   questioning should be direct for all female patients. Direct questioning about
   domestic violence in the home should not be avoided for fear of offending the
   woman’s partner, should be part of a routine exam, and should not be used
   only when the patient is obviously being victimized.

   PTS: 1       DIF: Cognitive Level: Knowledge       REF: 13

35. Mrs. G. reports an increase in her alcohol intake over the past 5 years. To
    screen her for problem drinking, you would use the:
   A. CAGE questionnaire.
   B. PACES assessment.
   C. Miller Analogies Test.
   D. Glasgow Coma Scale.

   ANS: A
   The CAGE questionnaire is a model for approaching a discussion of the use of
   alcohol. PACES is used to screen adolescents for important issues in their life.
   The Miller Analogies Test is used is used to test cognitive functioning. The
   Glasgow Coma Scale is a neurology assessment.

   PTS: 1       DIF: Cognitive Level: Knowledge       REF: 11|12

36. A tool used to screen adolescents for alcoholism is the:
   A. CAGE.
The CRAFFT tool is used to screen for alcoholism in adolescents. The CAGE test is used to screen for alcoholism in adults. PACES is used to screen adolescents for important issues in their life. HITS is the screen for domestic violence.

37. When you enter the examination room of a 3-year-old girl, you find her sitting on her father’s lap. She turns away from you when you greet her. Initially, your best response is to:
   A. leave the child sitting in the father’s lap while you talk to the father.
   B. ask the child to be seated on the examination table so that you can talk to her father.
   C. explain to the child that you will not hurt her and that she will have to trust you.
   D. ask the father to persuade the child to cooperate with you.

ANS: A
Interaction with children must be modified according to age and in a manner that promotes trust.

38. Tom is a 16-year-old diabetic who does not follow his diet. He enjoys his dirt bike and seems unconcerned about any consequences of his activities. Which factor is typical of adolescence and pertinent to Tom’s health?
   A. Attachment to parents
   B. High self-esteem
C. Low peer support needs
D. Propensity for risk taking

ANS: D
Adolescents tend to experiment with risky behaviors that lead to a high incidence of morbidity and mortality.

PTS: 1 DIF: Cognitive Level: Comprehension REF: 24

39. Pain is difficult to assess in older adults because:
   A. drugs act more rapidly with age.
   B. their language skills decline.
   C. they tend to exaggerate symptoms.
   D. sharp pain may be felt as a dull ache.

ANS: D
Pain is often an unreliable symptom in older adults because they lose pain perception and experience pain in a different manner than those of other age groups. Older adults tend to think pain in aging is normal.

PTS: 1 DIF: Cognitive Level: Comprehension REF: 27

40. Mr. Mills is a 55-year-old patient who presents to the office for an initial visit for health promotion. A survey of mobility and activities of daily living (ADLs) is part of a(an):
   A. ethnic assessment.
   B. functional assessment.
   C. genetic examination.
   D. social history.

ANS: B
A functional assessment is an assessment of a patient’s mobility, upper extremity movement, household management, ADLs, and instrumental activities of daily living (IADLs).

**PTS: 1**  **DIF: Cognitive Level: Knowledge**  **REF: 28|29**

41. Constitutional symptoms in the ROS refer to:
   A. height, weight, and body mass index.
   B. fever, chills, fatigue, and malaise.
   C. hearing loss, tinnitus, and diplopia.
   D. rashes, skin turgor, and temperature.

**ANS: B**
General constitutional symptoms refer to fever, chills, malaise, fatigability, night sweats, sleep patterns, and weight (average, preferred, present, change).

**PTS: 1**  **DIF: Cognitive Level: Comprehension**  **REF: 19**

42. J.M. has been seen in your clinic for 5 years. She presents today with signs and symptoms of acute sinusitis. The type of history that is warranted is a(n) _____ history.
   A. complete
   B. inventory
   C. problem or focused
   D. interim

**ANS: C**
If the patient is well known or if you have been seeing the patient for the same problem over time, a focused history is appropriate. A complete history is only obtained during initial visits or during a complete H&P. An inventory is related to but does not replace the complete history. It touches on the major points without going into detail. This is useful when the entire history taking will be completed in more than one session. An interim history is only obtained during a return of the patient after several months of absence.

PTS: 1   DIF: Cognitive Level: Application   REF: 30

43. Mary Jane has brought in her 16-year-old son, Kyle. She states that he has been sleeping more and does not hang around his friends, and recently his girlfriend broke up with him. Your most immediate question is to ask Kyle:
   A. “Do you want to see a counselor today?”
   B. “Is your father out of jail yet?”
   C. “Are you taking any illegal drugs?”
   D. “Have you made plans to harm yourself?”

ANS: D
If you sense that a patient is contemplating suicide, you should ask about suicidal ideation directly. The most important area to address is the potential for suicide. The question “Is your father out of jail yet?” may be relevant to the history, but it is not an immediate concern.

PTS: 1   DIF: Cognitive Level: Analysis   REF: 7|24|25

44. A pedigree diagram is drafted for the purpose of obtaining:
   A. sexual orientation and history.
   B. growth and developmental status.
   C. genetic and familial health problems.
   D. ethnic and cultural backgrounds.
ANS: C
A pedigree diagram, or genogram, shows consanguinity of health problems. Sexual orientation and history are noted in the ROS. Growth and development are plotted on a percentile chart. Ethnic and cultural backgrounds are noted in the family history.

PTS: 1        DIF: Cognitive Level: Comprehension       REF: 18|22