Name:	Class: _	Date:	ID: A
Module (69 Practice Quiz		
Multiple Identify the	Choice e choice that best completes the state	ment or answers the question.	
1.	± •	lump in his throat that makes it difficult nowever, indicate that there is no apparent fering from a	-
2.	 a. alternations between extreme b. a continuous state of tensions arousal. c. offensive and unwanted thou d. very specific physical symptom 	ely to be characterized by hopelessness and unrealistic optimism. a, apprehension, and autonomic nervous ghts that persistently preoccupy a persons that have no apparent physiological ghts that have no basis in reality.	on.
3.	Misinterpreting normal physical s a. obsessive-compulsive disorde b. catatonia. c. illness anxiety disorder. d. mania. e. post-traumatic stress disorder		ease is indicative of
4.	Disruptions in conscious awarener disorders. a. bipolar b. obsessive-compulsive c. personality d. generalized anxiety e. dissociative	ss and sense of identity are most charact	eristic of
5.	 Exhibiting two or more distinct an a. conversion disorder. b. dissociative identity disorder. c. obsessive-compulsive disorder d. antisocial personality disorder e. schizophrenia. 	er.	of a(n)

Name:		ID: A
	6.	 A biological perspective would be LEAST helpful for explaining the a. prevalence of schizophrenia throughout the world. b. fluctuations in mood experienced by those suffering a bipolar disorder. c. fear of snakes experienced by a high percentage of Americans. d. dramatic increase in reported cases of dissociative identity disorder during the past 40 or so years. e. twin studies indicating high correlations in rates of psychological disorders between twins raised in different families.
	7.	The psychologist who questioned whether DID is a genuine disorder is a. Susan Nolen-Hoeksema. b. Kenneth Bianchi. c. William James. d. Nicholas Spanos. e. Martin Seligman.
	8.	Evidence that symptoms of dissociative identity disorder are triggered by the suggestions and leading questions of therapists most clearly points out the importance of in the onset of this disorder. a. learned helplessness b. repression c. childhood sexual trauma d. role-playing e. motivational conflict
	9.	Midori's therapist suggests that she developed a dissociative identity disorder as a way of protecting herself from an awareness of her own hatred for her abusive mother. The therapist's suggestion most directly reflects a perspective. a. cognitive b. social-cognitive c. humanistic d. biological e. psychoanalytic
1	0.	Anorexia nervosa is typically characterized by a. an unusually high rate of metabolism. b. cyclical fluctuations between extreme thinness and obesity. c. frequent migraine headaches. d. an obsessive fear of becoming obese. e. binge-eating episodes.

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11.	Bulimia nervosa is characterized by a. losses of 25 percent or more of normal weight. b. episodes of overeating followed by vomiting. c. the loss of regular menstrual periods. d. lifelong obesity. e. periods of unhealthy eating habits followed by starvation.
12.	Those who engage in spurts of excessive overeating, followed by remorse—but do not binge, purge, fast, or exercise excessively—are said to have a. binge-eating disorder. b. anorexia nervosa. c. bulimia nervosa. d. neophobia. e. set point.
13.	Anorexia patients are most likely to have parents who a. have physically abused their children. b. are high-achieving and protective. c. are able to afford adequate food supplies. d. are unconcerned about physical appearance and body weight. e. have difficulty expressing emotional attachments.
14.	Personality disorders are best described as a. symptoms of distress that are not caused by biological abnormalities. b. disruptions in conscious awareness and sense of self-identity. c. patterns of delusional and disorganized thoughts and feelings. d. inflexible and enduring behavior patterns that impair social functioning. e. prolonged periods of depressed mood or elevated/manic behavior.
15.	One cluster of personality disorders marked by dramatic or impulsive behaviors is exemplified by the personality disorder. a. avoidant b. schizoid c. catatonic d. histrionic e. acute
16.	One cluster of personality disorders marked by anxiety is exemplified by the personality disorder. a. schizoid b. antisocial c. avoidant d. catatonic e. histrionic

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17.	One cluster of personality disorders marked by noticeably odd or eccentric behavior is exemplified by the personality disorder. a. avoidant b. narcissistic c. schizoid d. histrionic e. paranoid
18.	Those with a narcissistic personality disorder are likely to be preoccupied with a. an irrational fear of people. b. delusions of persecution. c. physical symptoms of distress. d. their own self-importance. e. sexual fantasies.
19.	The distinctive features used to identify the three clusters of personality disorders are a. obsessions, compulsions, and delusions. b. genetics, culture, and self-awareness. c. optimism, pessimism, and perfectionism. d. anxiety, eccentricity, and impulsivity. e. depression, mania, and catatonia.
20.	An antisocial personality disorder is most likely to be characterized by
	 a. delusions of grandeur. b. a persistent, irrational fear of people. c. episodes of intense autonomic nervous system arousal. d. disruptions in conscious awareness and sense of identity. e. a lack of guilt feelings.

Module 69 Practice Quiz Answer Section

MULTIPLE CHOICE

1.	ANS:			•		Unit XII 69-1
		Somatic symptom and related dis				Conceptual/Application
2.	ANS:					Unit XII 69-1
	TOP:	Somatic symptom and related dis	sorders	S	SKL:	Factual/Definitional
3.	ANS:	C PTS: 1	DIF:	Easy	OBJ:	Unit XII 69-1
	TOP:	Somatic symptom and related dis	sorders	S	SKL:	Factual/Definitional
4.	ANS:	E PTS: 1	DIF:	Easy C	OBJ:	Unit XII 69-2
	TOP:	Dissociative disorders	SKL:	Factual/Definit	ional	
5.	ANS:	B PTS: 1	DIF:	Easy C	OBJ:	Unit XII 69-2
	TOP:	Dissociative identity disorder		Factual/Definit	ional	
6.	ANS:			Difficult (OBJ:	Unit XII 69-2
	TOP:	Understanding dissociative identi	ty disorde	er S	SKL:	Conceptual
7.	ANS:	D PTS: 1	DIF:	Easy C	OBJ:	Unit XII 69-2
	TOP:	Understanding dissociative identi	ty disorde	er S	SKL:	Factual/Definitional
8.	ANS:	D PTS: 1	DIF:	Medium (OBJ:	Unit XII 69-2
	TOP:	Understanding dissociative identi	ty disorde	Medium (S	SKL:	Factual/Definitional
9.	ANS:	E PTS: 1	DIF:	Medium (OBJ:	Unit XII 69-2
	TOP:	Understanding dissociative identi			SKL:	Conceptual/Application
10.	ANS:	D PTS: 1	DIF:	Easy C	OBJ:	Unit XII 69-3
	TOP:	Eating disorders		Factual/Definit	ional	
11.	ANS:	B PTS: 1	DIF:	Medium (OBJ:	Unit XII 69-3
	TOP:	Eating disorders	SKL:	Factual/Definit	ional	
12.	ANS:	A PTS: 1	DIF:	Medium (OBJ:	Unit XII 69-3
	TOP:	Eating disorders	SKL:	Factual/Definit	ional	
13.	ANS:		DIF:	Medium (OBJ:	Unit XII 69-3
	TOP:	Eating disorders	SKL:	Factual/Definit	ional	
14.	ANS:	D PTS: 1	DIF:	Difficult (OBJ:	Unit XII 69-4
	TOP:	Personality disorders	SKL:	Factual/Definit	ional	
15.	ANS:	D PTS: 1	DIF:	Difficult (OBJ:	Unit XII 69-4
	TOP:	Personality disorders	SKL:	Factual/Definit	ional	
16.	ANS:	C PTS: 1	DIF:	Difficult (OBJ:	Unit XII 69-4
	TOP:	Personality disorders	SKL:	Factual/Definit	ional	
17.	ANS:	C PTS: 1	DIF:	Difficult (OBJ:	Unit XII 69-4
	TOP:	Personality disorders	SKL:	Factual/Definit	ional	
18.	ANS:	D PTS: 1	DIF:	Medium (OBJ:	Unit XII 69-4
	TOP:	Personality disorders	SKL:	Factual/Definit	ional	
19.	ANS:	D PTS: 1	DIF:	Difficult (OBJ:	Unit XII 69-4
	TOP:	Personality disorders	SKL:	Factual/Definit	ional	
20.	ANS:	E PTS: 1	DIF:	Easy (OBJ:	Unit XII 69-4
	TOP:	Antisocial personality disorder	SKL:	Factual/Definit	ional	