Epidemiology of Womens Health 1st edition Senie Test Bank

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Multiple Choice

1. The _____ of a disease reflects the total number of affected women at one point in time, including newly diagnosed cases and those with longer histories of the disease.

   A. biologic gradient
   B. Population Attributable Risk (PAR)
   C. incidence
   D. prevalence

   Ans. D
   See pages 18-19.

2. John Snow has been credited with founding epidemiology because, through careful investigations, he identified that _____.

   A. rat fleas caused the bubonic plague
   B. cigarette smoking was a primary cause of lung cancer
   C. cases of puerperal fever were being caused by contamination from an autopsy laboratory
   D. contaminated water caused a cholera outbreak

   Ans. D
   See page 17.

3. What type of study involves collecting data uniformly from women with a newly diagnosed condition and unaffected women by personal interview or extensive mailed questionnaire, with questions based on prior research or hypotheses, asking about exposures and life events preceding diagnosis among cases and during a comparable time interval for controls?

   A. case-case study
   B. case-control study
   C. ecologic study
   D. cross-sectional study

   Ans. B
   See page 20.

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4. Which of the following estimates the strength of the relationship, if one exists, between a defined risk factor and a disease?

   A. confounding factor
   B. odds ratio
   C. relative risk
   D. absolute risk

   Ans. C
   See page 26.

5. The statistical technique known as _____ provides a means for combining research findings from diverse study populations, and is used to obtain a summary estimate from individual published studies.

   A. length bias
   B. meta-analysis
   C. absolute risk
   D. temporality

   Ans. B
   See page 29.

6. If 15 women out of a group of 45 women truly test positive for a condition, 5 falsely test positive, 5 falsely test negative, and the remaining 20 truly test negative, what is the positive predictive value?

   A. 15/35 or 43%
   B. 15/20 or 75%
   C. 20/25 or 80%
   D. 20/20 or 100%

   Ans. A
   See page 26.

True or False

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7. The size of the population has little bearing on the probability of finding a statistically significant relationship between risk factors and disease outcomes if one truly exists.

   A. True
   B. False

   Ans. False
   See page 29.

8. Hospital-based study recruitment is preferred for epidemiologic studies.

   A. True
   B. False

   Ans. False
   See page 22.

9. The genetic factors that affect exposure-disease associations may differ within families.

   A. True
   B. False

   Ans. True
   See page 28.

10. Observational studies are considered essential for assessment of health behaviors and clinical outcomes that ethically cannot be randomly assigned for experimental investigations.

    A. True
    B. False

    Ans. True
    See page 29.

11. Calculated relative risks greater than 1.0 indicate an increased likelihood of disease associated with the risk factor.

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A. True
B. False

Ans. True
See pages 26-27.

Short Answer

12. What are the goals of tertiary prevention?

Ans. The goals of tertiary prevention include prolonging survival and reducing symptoms to improve the quality of life after a condition is diagnosed and appropriate therapy has been received.
See page 19.

13. List five sources of population-based data used in epidemiology studies.

Ans. Responses should include any five of the following:
- Phone surveys
- In-person interviews or phone contacts
- Mailed questionnaires
- Mandatory laboratory reports
- Health maintenance organizations
- Federal and state-based cancer registries
- Hospital and medical care statistics
- National health surveillance

See page 23.

14. List five of the criteria used to guide evaluation of causal inference in epidemiologic studies.

Ans. Responses should include any five of the following:
- Strength of the association
- Biologic gradient
- Temporality
- Specificity
- Consistency

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- Biologic plausibility
- Coherence of evidence

See pages 24-25.

15. Why do some investigators and journalists caution against quick acceptance of early study results?

    Ans. Some investigators and journalists caution against quick acceptance of early study results because the findings may not pertain to specific study participants with person-specific genetic and environmental risks of disease.
    See page 28.

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