

**Federal State Budgetary Educational Institution of Higher Education "North Ossetian State Medical Academy" of the Ministry of Health of the Russian Federation**

**Department of Health Care Organization with Psychology and Pedagogy**

APPROVED

by the minutes of the meeting of the Central  
Coordination Educational and Methodological  
Council dated May 23, 2023 No. 5

**EVALUATION MATERIALS**  
for the discipline "PSYCHOLOGY AND PEDAGOGY"

of the main professional educational program of higher education - a specialist program in the  
specialty 31.05.01 General Medicine, partially implemented in English, approved on  
05/24/2023.

For 1\_\_ year students\_\_\_\_  
31.05.01 General Medicine

Considered and approved at the meeting of the department  
dated June 16, 2023 (Minutes No. 11)  
Head of the Department, Ph.D., Associate Professor



I.B. Tuaeva

**Vladikavkaz 2023**

## **STRUCTURE OF EVALUATION MATERIALS**

1. Title page	1 page.
2. Structure of Evaluation Materials	2 p.
3. Review of evaluation materials	3-4 p.
4. Passport of Appraisal Instruments	5 p.
5. Set of evaluation materials:	6 p.
- Questions for module	7-11p.
- Questions for the test	12-14 pages
- Standards of test tasks (with title page and table of contents),	15-16p.
- Exam/test tickets	17-44 pages

**ФЕДЕРАЛЬНОЕ ГОСУДАРСТВЕННОЕ БЮДЖЕТНОЕ ОБРАЗОВАТЕЛЬНОЕ  
УЧРЕЖДЕНИЕ ВЫСШЕГО ОБРАЗОВАНИЯ «СЕВЕРО-ОСЕТИНСКАЯ  
ГОСУДАРСТВЕННАЯ МЕДИЦИНСКАЯ АКАДЕМИЯ» МИНИСТЕРСТВА  
ЗДРАВООХРАНЕНИЯ РОССИЙСКОЙ ФЕДЕРАЦИИ**

**РЕЦЕНЗИЯ**

**на оценочные материалы**

**по дисциплине ПСИХОЛОГИЯ И ПЕДАГОГИКА**

**для студентов 1 курса лечебного факультета**

**по специальности 31.05.01 Лечебное дело, частично реализуемое на английском языке**

Оценочные материалы составлены на кафедре Организации здравоохранения с психологией и педагогикой на основании рабочей программы дисциплины «**Психология и педагогика**» основной профессиональной образовательной программы высшего образования – программы специалитета по специальности 31.05.01 Лечебное дело, частично реализуемое на английском языке и соответствует требованиям ФГОС 3++ Оценочные материалы утверждены на заседании Центрального координационного учебно-методического совета .

Оценочные материалы включает в себя:

- вопросы к модулю
- вопросы к зачету
- эталоны тестовых заданий, (с титульным листом и оглавлением),
- экзаменационные билеты к зачету.

Банк тестовых заданий включает в себя следующие элементы: тестовые задания для входного контроля проверки знаний, варианты тестовых заданий, шаблоны ответов.

Все задания соответствуют рабочей программе дисциплины «**Психология и педагогика**» , формируемым при ее изучении компетенциям, и охватывают все её разделы. Сложность заданий варьируется. Количество заданий по каждому разделу дисциплины достаточно для проведения контроля знаний и исключает многократное повторение одного и того же вопроса в различных вариантах. Эталоны содержат ответы ко всем тестовым заданиям.

Количество экзаменационных билетов достаточно для проведения экзамена и исключает неоднократное использование одного и того же билета во время экзамена в течение одного дня. Экзаменационные билеты/билеты к зачету выполнены на бланках единого образца по стандартной форме, на бумаге одного цвета и качества. Экзаменационный билет/билет к зачету включает в себя 2 вопроса. Формулировки вопросов совпадают с формулировками перечня вопросов, выносимых на экзамен/зачет. Содержание вопросов одного билета относится к различным разделам рабочей программы дисциплины, позволяющее более полно охватить материал дисциплины. Сложность вопросов в экзаменационных билетах/билетах к зачету распределена равномерно.

Замечаний к рецензируемым оценочным материалам нет.

В целом, оценочные материалы по дисциплине **Психология и педагогика**

способствуют качественной оценке уровня владения обучающимися универсальными/общепрофессиональными/ профессиональными компетенциями.

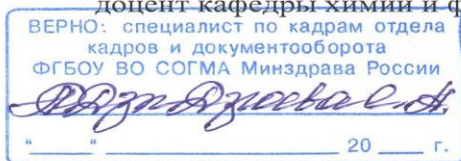
Рецензируемые оценочные материалы по дисциплине «Психология и педагогика»

могут быть рекомендованы к использованию для текущего контроля успеваемости и промежуточной аттестации на лечебном факультете у студентов 1 курса/года обучения, частично реализуемой на английском языке.

Рецензент:

Председатель ЦУМК

естественно-научных и математических дисциплин  
с подкомиссией экспертизы оценочных материалов,  
доцент кафедры химии и физики



Н.И. Боцьева

**ГОСУДАРСТВЕННОЕ БЮДЖЕТНОЕ УЧРЕЖДЕНИЕ ЗДРАВООХРАНЕНИЯ  
"ПОЛИКЛИНИКА №1" МИНИСТЕРСТВА ЗДРАВООХРАНЕНИЯ РЕСПУБЛИКИ  
СЕВЕРНАЯ ОСЕТИЯ – АЛАНИЯ**

**РЕЦЕНЗИЯ  
на оценочные материалы**

**по дисциплине ПСИХОЛОГИЯ И ПЕДАГОГИКА  
для студентов 1 курса лечебного факультета  
по специальности 31.05.01 Лечебное дело, частично реализуемое на английском языке.**

Оценочные материалы составлены на кафедре Организации здравоохранения с психологией и педагогикой на основании рабочей программы дисциплины **« Психология и педагогика» основной профессиональной образовательной программы высшего образования – программы специалитета по специальности 31.05.01 Лечебное дело, частично реализуемое на английском языке и соответствует требованиям ФГОС ВО**

Оценочные материалы утверждены на заседании Центрального координационного учебно-методического совета и включает в себя: вопросы к модулю; вопросы к зачету; эталоны тестовых заданий, (с титульным листом и оглавлением), экзаменационные билеты к зачету.

Банк тестовых заданий включает в себя следующие элементы: тестовые задания для входного контроля проверки знаний, варианты тестовых заданий, шаблоны ответов.

Все задания соответствуют рабочей программе дисциплины **«Психология и педагогика»**, формируемым при ее изучении компетенциям, и охватывают все её разделы. Сложность заданий варьируется. Количество заданий по каждому разделу дисциплины достаточно для проведения контроля знаний и исключает многократное повторение одного и того же вопроса в различных вариантах. Эталоны содержат ответы ко всем тестовым заданиям.

Количество тестовых заданий составляет 270 . Сложность заданий варьируется. Количество заданий по каждому разделу дисциплины достаточно для проведения контроля знаний и исключает многократное повторение одного и того же вопроса в различных вариантах. Банк содержит ответы ко всем тестовым заданиям и задачам.

Количество экзаменационных билетов к зачету составляет 22, что достаточно для проведения зачета и исключает неоднократное использование одного и того же билета во время зачета в одной академической группе в один день. Экзаменационные билеты/билеты к зачету выполнены на бланках единого образца по стандартной форме, на бумаге одного цвета и качества. Экзаменационный билет/билет к зачету включает в себя 2 вопроса, формулировки вопросов совпадают с формулировками перечня вопросов, выносимых на зачет. Содержание вопросов одного билета относится к различным разделам программы, позволяющее более полно охватить материал учебной дисциплины.

Сложность вопросов в экзаменационных билетах/билетах к зачету распределена равномерно. Замечаний к рецензируемым оценочным материалам нет.

В целом, оценочные материалы по дисциплине **Психология и педагогика**

способствуют качественной оценке уровня владения обучающимися универсальными/общепрофессиональными/ профессиональными компетенциями.

Рецензируемые оценочные материалы по дисциплине Психология и педагогика могут быть рекомендованы к использованию для текущего контроля успеваемости и промежуточной аттестации на лечебном факультете у студентов 1 курса/года обучения, частично реализуемой на английском языке.

**Рецензент:**

Главный врач ГБУЗ «Поликлиника №1»

МЗ РСО Алания



З.В. Мецаева

**Passport of evaluation materials for the Discipline "Psychology and Pedagogy",  
partially implemented in English**

<b>№п/п</b>	<b>Наименование контролируемого раздела(темы)дисциплины/ модуля</b>	<b>Код формируемой компетенции(этапа)</b>	<b>Наименование оценочного материала</b>
<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>
<b>Вид контроля</b>	<b>Текущий контроль успеваемости /Промежуточная аттестация</b>		
<b>1</b>	Psychology as a Science, Facets of Interaction between Psychology and Medicine	УК-1 УК-4 ОПК-1	Test Questions and Test Assignments
<b>2</b>	Pedagogy as a Science, Pedagogical Components of a Doctor's Activity	УК-1 УК-3 УК-4 УК-5 УК-6 ОПК-1	Test Questions and Test Assignments
<b>3</b>	Psychology of Cognitive Processes	УК-1 УК-3 УК-4	Test Questions and Test Assignments
<b>4</b>	Personality Psychology	УК-1 УК-3 УК-4 УК-5 УК-6 ОПК-1	Test Questions and Test Assignments
<b>5</b>	Elements of Developmental Psychology and Developmental Psychology	УК-1 УК-3 УК-4 УК-5 УК-6	Test Questions and Test Assignments
<b>6</b>	Elements of Social Psychology and Their Consideration in the Doctor's Activity	УК-1 УК-3 УК-4 УК-5 УК-6 ОПК-1	Test Questions and Test Assignments
<b>7</b>	Psychology of Health and Healthy Lifestyle	УК-1 УК-4 УК-5 УК-6	Test Questions and Test Assignments
<b>8</b>	Fundamentals of medical and educational activities of a doctor.	УК-1 УК-3 УК-4 УК-5 УК-6 ОПК-1 ОПК-2	Test Questions and Test Assignments

## **Questions about the module**

### **Questions for Module 1**

1. What phenomena does psychology study?
2. What is the subject and object of psychology?
3. Science as one of the types of human activity, its goal, product, methods.
4. What is the relationship between psychology and philosophy?
5. What is the relationship between psychology and physiology?
6. What is the relationship between psychology and medicine?
7. What is the relationship between psychology and cultural studies?
8. Relationship between psychology and pedagogy. Methods of Psychology: Observation?
9. Methods of Psychology: Experiment, Quasi-Experiment.
10. Methods of Psychology: Testing?
11. Validity and Reliability of Psychology Methods?
12. Ethics of Psychological Research? What are the main categories and concepts of pedagogy?
13. What are the goals of higher medical education at the present stage?
14. What do the concepts of "upbringing", "training", and "development" mean to you?
15. How does your own understanding of these concepts relate to their scientific interpretation? In what ways do you find similarities and differences between the processes of teaching and healing as the oldest types of humanitarian practice?
16. Which types of educational environments do you feel most impacted?
17. What is it ...Какие черты характера и особенности поведения, способствующие возникновению конфликтов, выделяют психологи?
18. Think back to the last conflict you were involved in.
19. What strategy did you use to solve it and why? Was it effective?
20. What strategy do you most often use when resolving conflict situations? Why?
21. Define sensations and indicate which components of the nervous system take part in the sensory information space.
22. What are the main characteristics of sensations?
23. What are the main characteristics that distinguish perception from sensation? How does the study of various illusions determine the understanding of the mechanisms of perception?
24. How does a person process visual information and what are the mechanisms of visual agnosia?
25. How are sound stimuli translated into sensory inputs, and what are the mechanisms of auditory agnosia?
26. What is skin-kinesthetic sensitivity and what are the mechanisms of tactile agnosia? How are olfactory, gustatory and static sensitivities in humans studied?
27. What features of attention are studied by the method of searching for hidden words in the letter test of the German psychologist Münsterberg?
28. Define thinking. Types of Thinking and Forms of Thinking?
29. What integral characteristics describe individual features of thinking?
30. Why are daydreams a form of passive imagination? Can daydreams be intentionally caused by a person?

- 31.**What is the difference between productive imagination and reproductive imagination?
- 32.** What are iatrogenic diseases? How is iatrogenias prophylaxis?
- 33.**Define speech. What is the relationship between speech and language?
- 34.**What is inner speech? How is it formed in ontogenesis, what functions does it perform?
- 35.**What is the difference between expressive and impressive speech?
- 36.**What is the difference between calcified speech and spoken sign language of deaf and dumb people?
- 37.**What is the main feature that distinguishes aphasia from alalia?
- 38.**What do the concepts of left-brain and right-brain thinking mean?
- 39.**How is the pathology of children's deceitfulness assessed?
- 40.**What individual phenomena of children's fantasies should be alarming in terms of the possibility of a child having a mental illness?



## Questions for Module 2

1. Give a basic description of the emotion.
2. What do you know about the basic theories of emotion.
3. What causes the emergence of emotions in the James-Lange peripheral theory?
4. What are the differences between the James-Lange and Cannon-Bard theories of emotion?
5. What are the functions of emotions you know?
6. What is the regulating function of emotions? List the main components of emotions.
7. Which refers to the internal manifestations of emotions?
8. Authors of classifications of emotions.
9. What are the three main variables in Simonov's classification?
10. What is the difference between an emotional state and an emotional reaction?
11. Types of feelings?
12. What manifestations of emotional qualities are familiar to you?
13. What is the definition of empathy?
14. What is its role in the work of a medical professional?
15. What ways to relieve emotional tension are you familiar with? and individuality.
16. Can you list any Russian authors who deal with the issues of personality structure?
17. Can you list foreign authors who deal with the issues of personality structure?
18. What is the definition of the consumer
19. The Importance of Socio-Psychological Research in the Scientific and Practical Activities of a Doctor?
20. What research methods do you know? How is the doctor-patient relationship examined?
21. Specifics and characteristics of social thinking.
22. Features of the phenomenon of social influence.
23. The essence of social relations.
24. Neobehaviorist Approach to the Study of Social Phenomena
25. Psychoanalytic Approach to the Study of Social Phenomena
26. Cognitive Approach to the Study of Social Interactionist
27. Approach to the Study of Social Phenomena Activity
28. Approach to the Study of Social Sociometric
29. Method of Studying Intragroup Relations.
30. A model of the doctor-patient relationship.
31. Principles and rules of doctor-patient relations.
32. Specifics and characteristics of social thinking.
33. Features of the phenomenon of social influence.
34. The essence of social relations.
35. Neobehaviorist approach to the study of social phenomena (N. Miller, D. Dollard).
36. Neobehaviorist approach to the study of social phenomena (A. Bandura).  
Neobehaviorist's
37. A paternalistic model of the doctor-patient relationship. Collegial model of doctor-patient relationships.

- 38.** Contract model of doctor-patient relationship. Principles and rules of doctor-patient relations.

## **Questions for Module 3**

- 1.
2. What is the WHO's positive definition of health?
3. What are its components?
4. What is mental health?
5. What is the relationship between "mental health" and "spiritual health"?
6. What are the main qualities of a mature person?
7. What is a holistic approach to health psychology?
8. What are the main components of the Human Potential Program?
9. What are the main methods of personality development?
10. What are the levels of "psychological health" of children?
11. What are the criteria for mental health?
12. What is Self-Awareness? List and characterize forms of self-awareness.
13. What are the periods of consciousness in ontogenesis?
14. At what age does a child begin to develop self-awareness?
15. What period marks the final formation of consciousness and self-awareness?
16. What are psychological defense mechanisms?
17. Who introduced the concept of "psychological defense mechanisms"?
18. What are the reasons that lead to the activation of psychological defense mechanisms?
19. What are the factors that can influence the formation of a person's attitude to their health?
20. How can a doctor influence the attitude of his patients to their own health?
21. Formulate the tasks of the doctor's educational work.
22. What are the main methods and tools used in this work?
23. What questions should be addressed when talking to the patient about lifestyle and its impact on the development and course of the disease?
24. What determines the range of possible questions?
25. In what cases are such conversations absolutely necessary and mandatory?
26. It is possible to use the materials of the standardized test "Typology of Attitude to Illness" (TOBOL), developed at the St. Petersburg Research Psychoneurological Institute named after V.M. Bekhterev (St. Petersburg Research Institute of Applied Mathematics named after V.M. Bekhterev).
27. Can you recall whether you participated in a program or a separate session on health issues, and in what capacity?
28. Who, where, and when conducted this session?
29. What goals and objectives did the presenter set for himself?

## Questions for the test

1. What phenomena does psychology study?
2. What is the subject and object of psychology?
3. Science as one of the types of human activity, its goal, product, methods.
4. What is the relationship between psychology and philosophy? What is the relationship between psychology and physiology?
5. What is the relationship between psychology and medicine?
6. What is the relationship between psychology and cultural studies? Relationship between psychology and pedagogy.
7. Methods of Psychology: Observation?
8. Methods of Psychology: Experiment, Quasi-Experiment.
9. Methods of Psychology: Testing?
10. Validity and Reliability of Psychology Methods? Ethics of Psychological Research?
11. What are the main categories and concepts of pedagogy?
12. What are the goals of higher medical education at the present stage?
13. What do the concepts of "upbringing", "training", and "development" mean to you?
14. How does your own understanding of these concepts relate to their scientific interpretation?
15. In what ways do you find similarities and differences between the processes of teaching and healing as the oldest types of humanitarian practice?
16. Which types of educational environments do you feel most impacted?
17. What are the conditions for effective communication?
18. What helps and what hinders the interlocutors to understand each other.
19. What individual characteristics of patients should be taken into account in order to organize therapeutic cooperation?
20. What character traits and behavioral features that contribute to the emergence of conflicts are identified by psychologists?
21. Think back to the last conflict you were involved in.
22. What strategy did you use to solve it and why? Was it effective?
23. What strategy do you most often use when resolving conflict situations? Why?
24. Define sensations and indicate which components of the nervous system take part in the sensory information space.
25. What are the main characteristics of sensations?
26. What are the main characteristics that distinguish perception from sensation?
27. How does the study of various illusions determine the understanding of the mechanisms of perception?
28. How does a person process visual information and what are the mechanisms of visual agnosia?
29. List its main functions of attention.
30. How is attention classified according to its forms and levels?
31. What parameters describe the qualitative characteristics (properties) of attention?
32. What is the difference between secondary involuntary attention and post-

voluntary attention?

33. What is the difference between attention exhaustion and distraction and narrowing of the attention span?
34. What features of attention are studied by the method of searching for hidden words in the letter test of the German psychologist Münsterberg?
35. Define thinking. Types of Thinking and Forms of Thinking?
36. What integral characteristics describe individual features of thinking?
37. Why are daydreams a form of passive imagination?
38. Can daydreams be intentionally caused by a person?
39. What is the difference between productive imagination and reproductive imagination?
40. What are iatrogenic diseases? How is iatrogenias prophylaxis?
41. Define speech. What is the relationship between speech and language?
42. What is inner speech?
43. How is it formed in ontogenesis, what functions does it perform?
44. What is the difference between expressive and impressive speech?
45. What is the difference between calcified speech and spoken sign language of deaf and dumb people?
46. What is the main feature that distinguishes aphasia from alalia?
47. What do the concepts of left-brain and right-brain thinking mean?
48. How is the pathology of children's deceitfulness assessed?
49. What individual phenomena of children's fantasies should be alarming in terms of the possibility of a child having a mental illness?
50. Give a basic description of the emotion.
51. What do you know about the basic theories of emotion.
52. What is the regulating function of emotions?
53. List the main components of emotions.
54. Which refers to the internal manifestations of emotions.
55. What ways to relieve emotional tension are you familiar with?
56. Can you list any Russian authors who deal with the issues of personality structure?
57. Can you list foreign authors who deal with the issues of personality structure?
58. Define the need, motive, and goal. How do they relate to each other?
59. Aptitudes are a prerequisite for the development of abilities.
60. Do aptitudes always coincide with the presence of corresponding abilities?
61. Define temperament. What is the type of temperament? How do temperament, activity, and communication interact? What is the relationship between temperament and personality?
62. Define character. How do character and temperament interact? What is the relationship between personality and character? What is included in the character structure? What is a harmonious characteristic?
63. The types of continuing education you already know.
64. Is it possible, in your opinion, to combine studying at a medical university with self-education in another field, far from medicine?
65. What "challenges" of the time or requests from employers could force you to abandon your chosen specialty and start everything "from scratch"?

66. What are the factors that can influence the formation of a person's attitude to their health?
67. How can a doctor influence the attitude of his patients to their own health?
68. Formulate the tasks of the doctor's educational work.
69. What are the main methods and tools used in this work?
70. What questions should be addressed when talking to the patient about lifestyle and its impact on the development and course of the disease?
71. What determines the range of possible questions? In what cases are such conversations absolutely necessary and mandatory?
72. It is possible to use the materials of the standardized test "Typology of Attitude to Disease" (TOBOL), developed in the St. Petersburg

Federal State Budgetary Educational Institution of Higher Education "North Ossetian State Medical Academy" of the Ministry of Health of the Russian Federation

**Department of Health Care Organization with Psychology and Pedagogy**

**Test Item Standards**

In the discipline "PSYCHOLOGY AND PEDAGOGY"

of the main professional educational program of higher education – a specialist program in the specialty 31.05.01 General Medicine, partially implemented in English,  
approved on 05/24/2023.

For 1\_\_ year students\_\_\_\_  
31.05.01 General Medicine

Vladikavkaz 2023

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## STANDARDS OF TEST TASKS IN PSYCHOLOGY AND PEDAGOGY

1. Features that impede creative thinking are the following, except:  
1.Tendencies to conformism; 2.Ability to see the object from a new angle; 3.Rigidity of thinking; 4. Internal censorship;
2. The operation of the thinking process, which requires the ability to identify the essential features of objects:  
1.Generalization; 2.Abstraction; 3.Classifications; 4.Inference;
3. Thinking operations include:  
1.Analysis; 2. Retention (retention); 3.Generalization; 4.Playback;  
5.Abstraction; 6.Specification;
4. When a person wears hard contact lenses, they interfere with him very much, but over time he ceases to notice them. What is the reason for this?  
1.Adaptation; 2. Sensitization; 3.Reminiscence; 4.Illusion;
5. The reproduction of an event without recognizing it is called:  
1. Pparamnesia; 2. Hypermnesia; 3.Cryptomnesia; 4. Hypomnesia;
6. Perceptual disorders, when a person sees, hears, feels something that does not exist in real reality:  
1. Hallucinations; 2.Derealization; 3.Illusions; 4.Delusions;
7. Thinking includes the following operations, except:  
1.Analysis; 2.Abstactions; 3.Separation; 4.Generalizations;
8. Qualitative changes (perversions) of information coming from the receptor to the cerebral cortex are:  
1. Hyperesthesia; 2. Hypoesthesia; 3. Hallucinations; 4. Paresthesia;
9. An increased lower absolute threshold of sensations leads to:  
1. Increased sensitivity; 2.Complete loss of sensitivity;  
3.Decreased sensitivity; 4. Qualitative changes in sensitivity;
10. The direct impact of an object or phenomenon on receptors is an indispensable feature of such cognitive processes as:  
1.Sensation; 2.Perception; 3.Thinking; 4.Imagination; 5.Attention;
11. Placebo effect associated with:  
1. Parameters of the medicinal substance; 2.Psychological attitude;  
3.Duration of presentation of the stimulus; 4.drug addiction;  
5.Surprise factor;
12. Reducing the level of generalizations and distorting the generalization process refer to:
  1. Violations of the dynamics of thought processes;
  2. Violations of the operational side of thinking;
  3. Violations of the personal component of thinking;
  4. Violations of the process of external mediation of cognitive activity;
  5. Violations of the process of self-regulation of cognitive activity;
13. Based on the subject of study, psychology is a science  
1.Accurate; 2.Natural; 3.Pedagogical; 4.Medical; 5.Humanitarian;
14. The holistic approach of health psychology is based on:  
1. On the clinical picture of the personality; 2.To study the human psyche;  
3.To study behavioral processes; 4.On the comprehensive harmonious development of the individual;
15. Sensations whose receptors are located in ligaments, joints, and give information about the movement and position of the body in space are called:  
1. Exteroceptive; 2. Interoceptive; 3.Proprioceptive; 4.Contact;
16. Most students look around when the door opens loudly for lectures. The attention that is involved in this is called:  
1.Involuntary; 2.Arbitrary; 3.Sustainable; 4.Static;
17. Distorted perception of a real object or phenomenon, called  
1. Hallucinations; 2.Derealization; 3.Illusions; 4.Delusions;
18. The minimum value of the stimulus that causes a barely noticeable sensation is called:  
1.Absolute upper threshold of sensations; 2.Absolutely lower threshold of sensations; (sensitivity threshold) 3. Pain threshold; 4.Differential threshold of sensations  
5.Operational threshold of sensations;
19. A change in the sensitivity of the sense organs under the influence of an active stimulus is:

1. Sensitization; 2. Adaptation; 3. Synesthesia; 4. Apperception;
- 20.** The ability of a person to develop intelligence and be able to use it; the ability to acquire objective knowledge and implement it, refers to:
  1. The spiritual potential of a person; 2. Body potential;
  3. Mind potential; 4. Potential of feelings;
- 21.** Restore the sequence.  
Formation of sensations:
  1. Irritant; 2. Sensory organs; 3. Nerve pathways;
  4. The corresponding center of the brain; 5. Sensation;
- 22.** Carcinophobia is:
  1. Obsessive fear of getting cancer;
  2. Obsessive fear of getting sick with any oncological disease;
  3. Super valuable idea that a person has a cancerous tumor;
  4. The delusional idea that a person has a cancerous tumor;
  5. The dominant idea that a person has a cancerous tumor;
- 23.** An incorrect distorted perception of an object or phenomenon that **is currently** acting on the sense organs is:
  1. Hallucination; 2. Illusion; 3. Reminiscence; 4. Adaptation
- 24.** The night before the exam, the student sits over a boring textbook. The attention that is involved in this is called:
  1. Involuntary; 2. Arbitrary; 3. Sub-voluntary; 4. Hypervol; 5. Amoral;
- 25.** Which philosopher of antiquity combined in his view of the soul two opposite philosophical trends - materialism and idealism:
  1. Plato; 2. Aristotle; 3. Democritus; 4. Socrates;
- 26.** The concept of a harmonious personality includes all of the following, with the exception of:
  1. Kindness; 2. Liability; 3. Independence; 4. Morality;
  5. Autonomy;
- 27.** Memory properties include:
  1. Volume; 2. Speed; 3. Sustainability; 4. Accuracy;
- 28.** The concept of "nosos" in concept "pathos" includes all but one:
  1. Stable psychopathological conditions;
  2. Psychopathological mental processes;
  3. Psychopathological symptoms and syndromes with internal regularity of the formation of symptoms;
  4. Psychopathological disorders having mechanisms of etiology and pathogenesis;
  5. Mental illness;
- 29.** Memory disorders include:
  1. Hypermnnesia; 2. Gipomnesia; 3. Gipoprozeksia; 4. Paramnesia;
- 30.** Emotional-volitional disorders, violations of the structure and hierarchy of motives, inadequacy of self-esteem and the level of claims, impaired thinking in the form of "relative affective dementia", impaired forecasting and reliance on past experience are included in the structure:
  1. Schizophrenic complex symptoms; 2. Neurotic complex of symptoms;
  3. Psychopathic symptom complex 4. Organic symptom complex;
  5. Oligophrenic complex of symptoms;
- 31.** Research methods in clinical psychology include all but one:
  1. Pathopsychological examination; 2. Clinical interviewing;
  3. Neuropsychological examination; 4. Testing of individual psychological features; 5. Amital-caffeine disinhalation;
- 32.** The phenomenon in which the analyzer is completely unable to respond to irritation is called:
  1. Hyperesthesia; 2. Hyperaesthesia; 3. Anesthesia; 4. Paresthesia;
- 33.** Provides storage of information for several hours, is an intermediate link in the way of transferring information from short-term memory to long-term memory - this:
  1. Short-term memory; 2. Touch; 3. Buffer memory; 4. Long-term memory;
- 34.** The amount of attention of an adult is:
  1. 5-7 simple shapes; 2. 6-9 simple figures; 3. 9-11 simple figures; 4. 12-13 simple figures;
- 35.** Memory is

1. The mental process of reflection, which consists in imprinting and preserving with the subsequent reproduction and recognition of traces of past experience, making it possible to reuse it in activities;
2. Reflections of single properties of objects and phenomena with their direct impact on the sense organs;
3. The mental process of reflecting an object or phenomenon as a whole, in the totality of its properties and parts;
4. The cognitive psychic process of creating a new image (representation) of an object or situation by restructuring (transforming) a person's existing ideas;
36. The preferred channel of information perception (visual, auditory, kinesthetic), which is of great importance in determining individual methods and means of presenting information in the process of communication, learning, joint activity, etc., is called:
  1. Perception apperception;
  2. Sensitivity range;
  3. Rational form of cognition;
  4. Leading sensor system;
37. The parameters of a harmonious character include all of the following, with the exception of:
  1. Maturity;
  2. Sanity;
  3. Autonomy;
  4. Flexibility of self-esteem;
  5. Morality;
38. Fruitless, aimless thought-impaired wisdom  
Called:
  1. Demagoguery;
  2. Krasnobayst' stub;
  3. Ambivalence;
  4. Autistic thinking;
  5. Resonance;
39. The property of perception, which provides relative constancy in shape, color, size, and other parameters of the objects we perceive, is:
  1. Apperception;
  2. Constancy;
  3. Objectivity;
  4. Meaningfulness;
40. Logophobia occurs when:
  1. Schizophrenia;
  2. Diabetes mellitus;
  3. Stuttering;
  4. Hyperkinetic syndrome;
  5. Autism;
41. Iatrogenic diseases are called diseases:
  1. Caused by pathological forms of imagination;
  2. Arising under the influence of the careless word of the doctor;
  3. Arising from the underdevelopment of the speech system;
  4. Arising from violations of the dynamics of mental activity;
42. Reducing the level of generalizations and distorting the generalization process refer to:
  1. Violations of the dynamics of thought processes;
  2. Violations of the operational side of thinking;
  3. Violations of the personal component of thinking;
  4. Violations of the process of external mediation of cognitive activity;
  5. Violations of the process of self regulation of cognitive activity;
43. The mental process, which is provided by the orientation and concentration of the psyche on certain objects and phenomena of the external world, is:
  1. Sensation;
  2. Attention;
  3. Perception;
  4. Thinking;
44. Emotional-volitional disorders, violations of the structure and hierarchy of motives, inadequacy of self-esteem and the level of claims, impaired thinking in the form of "relative affective dementia", impaired forecasting and reliance on past experience are included in the structure:
  1. Schizophrenic complex symptoms;
  2. Neurotic complex of symptoms;
  3. Psychopathic complex symptoms;
  4. Organic complex symptoms;
  5. Oligophrenic complex of symptoms;
45. Disorder of thinking, in which it is significantly (maximum) difficult the formation of new associations due to the prolonged dominance of one thought, representation is called:
  1. Inertia;
  2. Resonance;
  3. Perseveration;
  4. Slippage;
  5. Diversity;
46. Sensations associated with signals arising from irritation of receptors located in muscles, tendons, joints are called:
  1. Exteroceptive;
  2. Interoreceptive;
  3. Kinesthetic;
  4. Endoceptive;
47. In the depths of what science psychology originated:
  1. Political science;
  2. Biology;
  3. Philosophy;
  4. Sociology;
48. The most firmly stored information in memory:
  1. Meaningful;
  2. Jagged;
  3. Unfamiliar;
  4. Unreflected;

49. The connection of perception with the personality, his past experience, is called  
1.Constancy; 2.Sensitivity; 3.Apperception; 4.Meaningfulness;
50. The integral result of the direct impact on a person of any stimuli (color, sound, chemical, etc.) is called:  
1.Perception; 2.Perception; 3.Sensation;
51. Violation of sensory synthesis of information that comes from the outside world and leads to distortion of perception is called:  
1. Hallucinations; 2.Derealization; 3.Illusions; 4.Delusions;
52. Attention closely related to the will of a person, a consciously set goal is:  
1.Post-voluntary attention; 2.Arbitrary attention; 3.Involuntary attention;  
4. Motor attention;
53. Attracting involuntary attention is facilitated by such properties of the object as:  
1.Novelty; 2.Familiarity; 3.Mobility; 4.Static;
54. Memory for abstract, abstract - symbolic material is:  
1. Motor memory; 2.3.Symbolic memory  
4.Emotional memory;
55. The properties of attention include:  
1.Attention span; 2.Speed; 3.Sustainability; 4.Switchability;
56. Mental memory processes are divided into:  
1.Forgetting; 2.Preservation; 3.Imprinting; 4.Playback;
57. Attracting involuntary attention is facilitated by such properties of the object as:  
1.Novelty; 2.Familiarity; 3.Mobility; 4.Static;
58. The mental process of extracting the necessary material from memory reserves into the conscious field:  
1.Recognition; 2.Forgetting; 3.Memorization; 4.Playback;
59. A prolonged and irreversible impairment of any mental function, the general development of mental abilities or the characteristic way of thinking, feeling and behavior that constitutes an individual personality is called:  
1.Insanity; 2. Oligophrenia; 3.Defect; 4.Dementia; 5.Degradation of the personality;
60. Disorders of various types of sensations are called:  
1. Agnosia; 2. Hallucinations; 3.Sensory disorders; 4.Illusions;
61. Introversion, unlike autism, is usually noted:  
1.Criticality to one's own isolation; 2.Less pronounced closure;  
3. Absence of hallucinations; 4.Absence of delusional ideas;  
5.uncriticality to one's own isolation;
62. Inference refers to:  
1.Mental operations; 2.Thought processes; 3.Mental factors; 4.Mental views; 5.Mental mechanisms;
63. Impaired mobility of thinking include:  
1.Accelerated thinking; 2.Thorough thinking; 3.Viscous thinking;  
4.Slow thinking; 5.Detailed thinking;
64. Paralogical thinking is:  
1.Complete absence of logical connection between associations;  
2. Violation of the formation of logical connections between associations;  
3.The purpose of reasoning "eludes" the patient, which leads to "reasoning" on an insignificant reason, empty words;
65. A type of thinking that is characterized by reliance on representations, i.e. secondary images of objects and phenomena of reality, and also operates with visual images of objects:  
1.Visually effective; 2.Visual-figurative; 3.Abstract-logical;
66. The main properties of sensations are the following, except:  
1.Modalities; 2.Constancy; 3.Intensity; 4.Duration;
67. Situation: The patient looks at the picture of glasses and argues: "What is it? ... a circle and another circle... and the crossbar is probably a bicycle." What is disturbed in the perception of this patient?  
1.Integrity of perception; 2.Selectivity of perception; 3.Constancy of perception;  
4.Apperception
68. Reflection of individual properties of objects and phenomena of the surrounding world, it is:

1.Perception; 2.Emotion; 3.Sensation; 4.Attention;

69. Reliance in thinking on latent signs, revealed during the "pictogram" technique, indicates the presence of:

- 1.Schizophrenic symptom complex
- 2.Neurotic symptom complex
- 3.Psychopathic symptom complex
- 4.Organic symptom complex
- 5.Oligophrenic symptom complex

70. The mental process of reflection of an object or phenomenon as a whole, in the totality of its properties and parts, is called:

- 1.Emotions; 2.Sensation; 3.Perception; 4.Thinking;

71. A change in the sensitivity of the sense organs under the influence of an active stimulus is:

1. Sensitization; 2.Adaptation; 3. Synesthesia; 4. Apperception;

72. Sensations that reflect the properties of objects and phenomena of the external environment and have receptors on the surface of the body are called:

1. Interoreceptive; 2.Contact; 3.Distant; 4.Proprioceptive;

73. Thinking is most closely related to the following mental processes:

1. 1.Emotions;
- 2.Imagination
- 3.Will;
- 4.Speech;
- 5.Attention;

74. The properties of perception include the following, except:

- 1.Integrity; 2.Structurality; 3.Reminiscences; 4.Apperception;

75. Sensations that have receptors located in the internal organs and reflect the state of the internal environment of the body are called:

1. Interoceptive; 2. Proprioceptive; 3.Contact; 4.Distant;

76. Reduced sensitivity to real stimuli and an increased lower absolute threshold are:

1. Hyperesthesia; 2. Hypoesthesia; 3.Anesthesia; 4.Paresthesia;

77. Types of imagination:

- 1.Active; 2.Passive; 3.Reproductive; 4.Productive;

78. Images of imagination are created in various ways:

1. Agglutination; 2.Sharpening; 3.Schematization; 4.Typing;

79. The type of speech (the process of utterance - oral or written speech) which begins with a plan of speech (the plan of the statement), then passes through the stage of inner speech, which has a "collapsed" character, and finally passes into the stage of a detailed external statement - oral or written, is called:

1. Expressive speech; 2.Impressionable speech; 3.Inner speech; 4.External speech;

80. Attention disorders include:

1. Hypoprosexia; 2. Hyperprosexia; 3. Pseudoamnesia; 4. Paraprosexia;

81. The mental process of memory, which ensures the retention of information for a more or less long time:

- 1.Preservation; 2.Memorization; 3.Forgetting; 4.Playback;

82. The process of memory, the opposite of preservation, consists in the impossibility of reproducing the previously fixed in memory:

- 1.Playback; 2.Preservation; 3.Recognition; 4.Forgetting;

83. The minimum difference between stimuli that causes a difference in sensation is:

- 1.Absolute lower threshold of sensations; 2. Differential threshold; 3.Absolute Top threshold; 4.Spatial threshold;

84. The mental process of reflection of single properties of objects and phenomena with their direct impact on the sense organs is:

- 1.Sensation; 2.Perception; 3.Thinking; 4.Installation;

85. The phenomenon of highlighting the "figure from the background" characterizes what property of attention?

- 1.Integrity; 2.Selectivity; 3.Constancy; 4.Meaningfulness;

86. For a convincing diagnosis of psychopathological symptoms, the following laws are of fundamental importance:

- 1.Physical; 2. Biological; 3.Physiological; 4.Astrological; 5.Logical

87.Emotions are represented in the human psyche in the form of basic phenomena:

- 1) emotional reactions, 2) emotional states, 3) emotional properties.

4) feelings, 5) emotional theories, 6) emotional responses.

**88.** The expressive component of an emotion is its:

- 1) internal personal experience
- 2) external manifestations
- 3) physiological changes
- 4) movements and actions

**89.** He identified a triad of directions of the senses, sharing: pleasure and displeasure, tension and resolution, excitement and tranquility:

- 1) Decart;
- 2) Izard;
- 3) Simonov;
- 4) Wundt

**90.** A special systemic social quality of the individual, which he acquires in the process of age development when interacting with his social environment.

- 1) Individuality
- 2) Personality
- 3) Individual
- 4) Emotional maturation

**91.** In this theory, on the basis of the criterion of the correlation of social and biological in the qualities of the personality, the author puts forward four groups that make up the main aspects (substructures) of the personality: the orientation and moral qualities of the personality, experience, individual characteristics of mental processes and biopsychic properties of the personality.

- 1) A.N.Leontiev
- 2) V.N.Myasishchev
- 3) K.K.Platonov
- 4) B.G.Ananyev
- 5) A.A.Bodalev.

**92.** Psychosomatic organization of the individual, making him a representative of the human race.

- 1) Individuality
- 2) Personality
- 3) Individual
- 4) Emotional maturation.

**93.** Features of the psyche and personality of the individual, which are inherent only in this person.

- 1) Individuality
- 2) Personality
- 3) Individual
- 4) Emotional maturation.

**94.** According to this theory, the central structure of the emotional process is the thalamus, and the process itself belongs to the section of unconditioned reflexes. Thus, the thalamus is considered as a reservoir of emotional stress, which under certain conditions is discharged by powerful impulses directed mainly to the cortex and causing the emotions of malice, fear, etc.

- 1) Thalamic theory of emotions of Theon-Bard
- 2) Limbic theory of Peipetz
- 3) The Peripheral Theory of Emotions by James-Lange
- 4) Biological theory of emotion by P.K. Anokhin.

**95.** Emotional disorders include:

- 1) Hypothymia
- 2) Hypertension
- 3) Hyperthymia
- 4) Hypotension

**96.** Inability to determine appropriateness and dose emotional reactions. Manifested in the fact that the personality loses restraint, delicacy, tact, becomes annoying, disinhibited, boastful.

- 1) Emotional rigidity
- 2) Emotional monotony
- 3) Emotional lability
- 4) Emotional coarsening

**97.** Empathy is:

- 1) stress response
- 2) guilt
- 3) empathy
- 4) emotional response

**98.** Fear, anger, joy refer to:

- 1) attitudes
- 2) emotions
- 3) feelings
- 4) abilities

**99.** According to this theory, structurally and functionally interconnected the hypothalamus, anterior thalamic nuclei, cingulate gyrus, and hippocampus constitute a vicious circle through which emotional processes circulate.

- 1) Thalamic theory of emotions of Kenon-Bard
- 2) Limbic theory of Peipetz
- 3) The Peripheral Theory of Emotions by James-Lange
- 4) Biological theory of emotion by P.K. Anokhin.

**100.** Moral feelings include:

- 1) Camaraderie
- 2) Friendship
- 3) Love
- 4) Feeling beautiful

**101.** The first attempt to classify emotions belongs to:

- 1) Descartes
- 2) Pavlov
- 3) Lange
- 4) Hardy

**102.** Emotions are a complex mental process that includes three components:

- 1) Physiological
- 2) Creative
- 3) Behavioral
- 4) Psychological

**103.** The author of the biological theory of emotions is:

- 1) Halperin
- 2) Anokhin
- 3) Ivanov
- 4) Izard

**104.** The functions of emotions include:

- 1) Expressive
- 2) Organic
- 3) Inducing
- 4) Compensatory

**105.** According to this theory, emotional states are a secondary phenomenon - awareness of the signals coming to the brain about changes in the muscles, vessels and internal organs at the time of the implementation of the behavioral act caused by the stimulus.

- 1) Thalamic theory of emotions of Theon-Bard
- 2) Limbic theory of Peipetz
- 3) The Peripheral Theory of Emotions by James-Lange
- 4) Biological theory of emotion by P.K. Anokhin

**106.** A mild stable emotional state, the cause of which may not be clear to a person. It is constantly present in a person as an emotional tone, increasing or decreasing his activity in communication or work.

1) Mood 2) Fear 3) Anger 4) Affect

**107.** An intense and short-term emotional state caused by a strong or especially significant stimulus for a person. Most often it is a consequence of a conflict, manifests itself violently and is accompanied by a decrease in the ability to switch attention, narrowing.

1) Mood 2) Fear 3) Anger 4) Affect

**108. Direct experience,** the flow of an emotion. They are based on primary needs, are usually related to the current circumstances, are short-lived, and reversible.

1) Emotional reactions 2) Emotional states  
3) Emotional properties 4) Emotions and feelings

**109.** Longer and more stable, they coordinate the needs and aspirations of a person with his capabilities and resources at any given time, accompanied by a change in neuro-mental tone.

1) Emotional reactions 2) Emotional states  
3) Emotional properties 4) Emotions and feelings

**110.** Variability of emotions and moods, for various, often minor reasons. Emotions range from sentimentality and affection to tearfulness and weakness.

1) Emotional rigidity 2) Emotional monotony  
3) Emotional lability 4) Emotional coarsening

**111.** In this theory, the personality is represented as a subject of behavior, through which the need for certain objects and situations is realized. The organization of behavior incorporates intelligence and will into the structure of the personality, connecting them with the needs, the interthemselves, the entire motivation of the individual's behavior.

1) A.N. Leontiev 2) V.N. Myasishchev 3) K.K. Platonov 4) B.G. Ananyev 5) A.A. Bodalev.

**112.** In this theory, two dimensions of personality are distinguished: introversion - extraversion and introversion - stability

1) G. Eysenck 2) A. Adler 3) E. Fromm 4) G. Jung 5) C. Leonhard

**113.** The "pyramid of needs" of A. Maslow consists of "floors" arranged in ascending order:

1) Physiological needs 2) Need for security  
3) Need for belonging 4) Need for love, recognition  
5) The need for self-actualization

**114.** Consciousness-regulated activity generated by demands and aimed at the knowledge and transformation of the external world and of man himself.

1) Ability 2) Sensory organization 3) Activity 4) Type responsiveness

**115.** The motivation to achieve success is most clearly manifested in the following case:

1) the athlete trains, wanting to win an Olympic medal  
2) The student prepares for the session without wanting to be expelled  
3) the student skating is cautious, afraid of getting injured  
4) A soldier flees the battlefield, wanting to survive

**116.** Fast, emotional, impetuous, rather irascible and easily excitable person by the type of temperament:

1) choleric 2) phlegmatic 3) sanguine 4) melancholic

**117.** The author of this theory considers the structure of the personality only as one of its aspects, along with the direction, level of development and dynamics. In his opinion, mental formations and their functions should be continuously related to the content of mental activity.

1) V.N. Myasishchev. 2) A.N. Leontiev. 3) R.G. Ananyev. 4) A.A. Bodalev.  
5) S. Freud 6) G. Eysenck 7) A. Adler 8) E. Fromm

**118.** Author of the information theory of emotions:

1) Reykowski; 2) Izard; 3) Simonov; 4) Schlosberg.

**119.** The properties of emotions include the following, except:

1) polarities; 2) reactivity; 3) energy saturation; 4) integrality.

**120.** The author of the peripheral theory of emotions is:

1) James 2) Freud 3) Lange 4) Hardy

**121.** Muscle relaxation is called:

1) Empathy 2) Relaxation 3) Stress 4) Emotion

**122.** Symptoms of emotional disorders include the following types:

1) Catathymic 2) Hypertimic 3) Holotimny 4) Mixed

**123.** In this theory, the personality is considered as a product of social and social development; its real basis is the totality of social relations of a person realized by his activity.

1) V.N. Myasishchev. 2) A.N. Leontiev. 3) R.G. Ananyev. 4) A.A. Bodalev.  
5) S. Freud 6) G. Eysenck 7) A. Adler 8) E. Fromm

**124.** The structure of the personality is built on two principles: 1) subordinational, or hierarchical, in which the complex and general social properties of the personality subordinate to themselves social and psychophysiological properties; 2)

coordination, in which the interaction is carried out on a parity basis, allowing a number of penalties of freedom for the correlated properties, that is, the relative autonomy of each of them.

- 1) V.N. Myasishchev. 2) A.N. Leontiev. 3) R.G. Ananyev. 4) A.A. Bodalev.  
5) S. Freud 6) G. Eysenck 7) A. Adler 8) E. Fromm

**125.** Communication should be considered as a specific form of human activity and one of the main regulators of his social behavior. Communication has a decisive influence on the formation of personality, its substantive and formal characteristics, mental processes, properties and states.

- 1) V.N. Myasishchev. 2) A.N. Leontiev. 3) R.G. Ananyev. 4) A.A. Bodalev.  
5) S. Freud 6) G. Eysenck 7) A. Adler 8) E. Fromm.

**126.** What factors have become decisive for the formation of consciousness.

- 1) the emergence of a state society; 2) manufacture of tools;  
3) adverse natural conditions; 4) the emergence of language and speech.

**127.** The basic components of consciousness.

- 1) object consciousness; 2) self-awareness;  
3) adequate emotional assessments and experiences; 4) goal-setting.

**128.** The component of consciousness that promotes cognitive activity is

- 1) relaxed wakefulness; 2) active wakefulness; 3) intense wakefulness;  
4) normal wakefulness.

**129.** What stage of wakefulness is not associated with creativity and is not colored by special emotions?

- 1) relaxed wakefulness; 2) active wakefulness; 3) intense wakefulness;  
4) normal wakefulness.

**130.** The author of this theory described five existential needs inherent in man: in establishing connections; in overcoming; in roots; in identity; in a belief and loyalty system. He believed that the basic orientations of character are a consequence of the way existential needs are satisfied.

- 1) V.N. Myasishchev. 2) A.N. Leontiev. 3) R.G. Ananyev. 4) A.A. Bodalev.  
5) S. Freud 6) G. Eysenck 7) A. Adler 8) E. Fromm.

**131.** According to the theory of personality of Sigmund Freud, to a large extent the life of a person is controlled by the area of the psyche that encompasses his instincts and desires, which is usually called:

- 1) "Id" or "It"; 2) "Ego" or "I"; 3) "Super-his", or "Super-I".

**132.** The field of clear consciousness, which includes the thought processes of a person, his perception and is responsible for the implementation of human behavior, in the theory of personality of S. Freud is called:

- 1) "Id" or "It"; 2) "Ego" or "I"; 3) "Super-his", or "Super-I".

**133.** "

**134.** The most important part of Maslow's theory of personality is the model of hierarchy \_\_\_\_

**135.** These personalities are characterized by a change in hyperthymic and dysthymic states. One or the other of these two poles comes to the fore, sometimes without any visible external motives, and sometimes in connection with certain specific events.

- 1) excitable type 2) cyclothymic 3) emotive 4) stuck  
5) exalted 6) pedantic 7) dysthymic 8) anxious

**136.** These personalities are characterized by sensitivity and deep reactions, characterized by extreme soft-heartedness. This implies that difficult experiences affect the subject too deeply.

- 1) excitable type 2) cyclothymic 3) emotive 4) stuck  
5) exalted 6) pedantic 7) dysthymic 8) anxious

**137.** The basis of this type of personality accentuation is the pathological persistence of affect. The effect of affect ceases much more slowly, and as soon as you return with a thought to what happened, the emotions that accompany stress immediately come to life.

- 1) excitable type 2) cyclothymic 3) emotive 4) stuck  
5) exalted 6) pedantic 7) dysthymic 8) anxious

**138.** Psychodynamic theory of personality, formed by three structural components: the instinctive core of the personality, the rational part and the system of norms, values, ethical ideas consistent with the requirements of society.

- 1) V.N. Myasishchev. 2) A.N. Leontiev. 3) R.G. Ananyev. 4) A.A. Bodalev.  
5) S. Freud 6) G. Eysenck 7) A. Adler 8) E. Fromm

**139.** In this theory, two dimensions of personality are distinguished: introversion - extraversion androtism - stability.

- 1) V.N. Myasishchev. 2) A.N. Leontiev. 3) R.G. Ananyev. 4) A.A. Bodalev.  
5) S. Freud 6) G. Eysenck 7) A. Adler 8) E. Fromm

**140.** This theory has several key principles that define personality.

Man is one, self-consistent and whole, and human life is a dynamic desire for superiority; the individual is creative and

a self-determining entity. People try to compensate for the feeling of their own inferiority, which they experienced in childhood, and worrying



inferiority, during life they fight for superiority.

- 1) V.N. Myasishchev. 2) A.N. Leontiev. 3) R.G. Ananyev. 4) A.A. Bodalev.  
5) S. Freud 6) G. Eysenck 7) A. Adler 8) E. Fromm

**141.** This type of personality is characterized by insufficient controllability and impulsivity. Decisive for the way of life and behavior of a person are often not prudence, not a logical weighing of their actions, but drives, instincts, uncontrollable impulses.

- 1) excitable type 2) cyclothymic 3) emotive 4) stuck  
5) exalted 6) pedantic 7) dysthymic 8) anxious

**142.** It manifests itself in arousal excitability, impatience, touchiness and intemperance. Manifestations of irritability are more often in the nature of short-term outbursts, which are often replaced by remorse, apologies to others, feelings of lethargy and whiners.

- 1) Occupational deformation  
2) Chronic fatigue syndrome  
3) "burnout" syndrome

**143.** A relatively stable set of all human ideas about oneself associated with self-esteem is called in psychology:

- 1) personality; 2) consciousness; 3) "I-concept"; 4) the structure of self-awareness

**144.** A dream-like disturbance of consciousness, accompanied by states of enchantment, an influx of fantastic visual pseudo-hallucinatory experiences is called:

- 1) oneiroid; (2) delirium; 3) amnesia; 4) stupor; 5) twilight disorder of consciousness

**145.** The highest level of mental reflection of reality and self-regulation, manifested by the ability of the individual to give himself a clear view of the environment, about the present and past time, to make decisions and, in accordance with the situation, to control his behavior.

- 1) thinking; 2) the unconscious; 3) consciousness; 4) Feelings

**146.** In philosophy, the concepts of "consciousness" and "soul" are considered as two main varieties of being. Within the framework of which philosophical direction the soul is the essence, the beginning of any object of living, and sometimes not living nature, is considered as the cause of life, breathing, cognition.

- 1) materialism; 2) idealism; 3) dualism; 4) Stoicism.

**147.** What philosophical current recognized the existence of not one, but two principles: the material and the ideal, which are independent, eternal, not reducible and not derived from each other – develop according to their own laws, although they interact.

- 1) materialism; 2) idealism; 3) dualism; 4) Stoicism.

**148.** Choose active listening techniques between doctor and patient.

- 1) wordless; 2) verbal; 3) non-evaluative; 4) indisputable; 5) evaluative.

**149.** The techniques and techniques of persuasion of the doctor and the patient include:

- 1) the method of selection; 2) the method of authority; 3) the deficit method;  
4) the method of independent decision;" 5) the method of authoritarianism;

**150.** The main forms of psychological interaction between the doctor and the patient.

- 1) leadership; (2) directiveness; 3) cooperation; 4) loyalty;

**151.** At what stage does the transition to sleep occur against the background of inner contemplation?

- 1) relaxed wakefulness; 2) active wakefulness; 3) intense wakefulness;  
4) normal wakefulness.

**152.** In the phase of this dream, tonic (persistent) changes in vegetative and motor indicators are observed, muscle tone decreases, the activity of breathing, cardiac, digestive and excretory systems slows down, pupils narrow, and the skin turns pink.

- 1) narcotic sleep; 2) paradoxical sleep; 3) pathological sleep; 4) Slow wave sleep

**153.** The activity of the brain increases dramatically, as if a person wakes up, the gray rhythm and breathing become more frequent, the eyes make rapid movements under the closed eyelids, but at the same time the person is in complete immobility due to a sharp drop in muscle tone.

- 1) narcotic sleep; 2) paradoxical sleep; 3) pathological sleep; 4) Slow wave sleep

**154.** The structure of the unconscious psychic includes:

- 1) subsensory sensations and perceptions; 2) interoceptive sensations  
3) automatisms and skills; 4) impulsive actions.

**155.** This level includes biological instincts, desires, feelings, affects, drives, this sphere is saturated with energy, closed due to social prohibitions, attitudes imposed by society.

- 1) consciousness; 2) the subconscious mind; 3) unconscious; 4) affects.

**156.** A typical triad of anxiety response is as follows:

- 1) adrenal glands; 2) thymus 3) hypothalamus; 4) the inner surface of the stomach

**157.** Stress in situations of threat, danger, resentment, leading to changes in the course of mental processes, emotional shifts, transformation of the motivational structure of activity, impaired motor and speech behavior.

- 1) psychological stress; 2) information stress;

3) emotional stress; 4) physiological stress.

**158.** Signs of stressful tension:

1) inability to concentrate; 2) memory impairment; 3) alexithymia; 4) Fast speech.

**159.** The prerequisites for low tolerance to stress are:

1) anxiety; 2) Hypersensitivity  
3) rigidity; 4) developed social skills.

**160.** The integral state of a person, expressing the dynamic orientation of the personality to activity in any type of activity, a stable orientation in relation to certain objects.

1) consciousness; 2) the subconscious mind; 3) Installation; (4) instinct;

**161.** A type of sleep in which wakefulness and sleep are timed to coincide with the diurnal change of day and night.

1) monophasic; 2) polyphasic; 3) phase;

**162.** This type of sleep occurs under the influence of verbal influence, concentration on monotonous stimuli, or exposure to the situation.

1) narcotic sleep; 2) paradoxical sleep; 3) pathological sleep; 4) hypnotic sleep.

**163.** This type of sleep occurs with brain anemia, brain injury, tumor damage to the cerebral hemispheres or some parts of the brain stem. The phenomena of this dream include lethargic sleep, sleepwalking, etc.

1) narcotic sleep; 2) paradoxical sleep; 3) pathological sleep; 4) hypnotic sleep.

**164.** The founder of psychoanalytic theory argued that behavior is more subject to the influence of subconscious forces (drives).

1) A. Adler; 2) M. Wertheimer; 3) S. Freud; 4) E. Bern.

**165.** What is not included in the structure of the unconscious?

1) subsensory sensations; 2) automatisms; 3) involuntary attention; 4) affect; 5) fantasies and dreams.

**166.** Situation: the patient lies with his eyes closed and cannot be woken up - he does not react to any stimuli, even severe pain. Muscle apathy is pronounced, all reflexes gradually fade. What state of impaired consciousness is described?

1) soporous state; 2) stunnedness; 3) coma; 4) obnubilation.

**167.** In what condition does the patient have a complete shutdown of consciousness, but defensive and other unconditioned reflexes are preserved.

1) soporous state; 2) stunnedness; 3) coma; 4) obnubilation.

**168.** A state of turned off consciousness, in which the patient manages to "disinhibit" and he comes to consciousness for some time. In the absence of strong stimuli from the outside, the patient again plunges into hibernation.

1) soporous state; 2) stunnedness; 3) coma; 4) obnubilation.

**169.** Quantitative disturbances of consciousness, characterized by disturbances in activation processes leading to a decrease in the level of wakefulness with a kind of "shutdown" of consciousness, include all of the following states, with the exception of:

1) sopor; 2) somnolence; 3) delirium; 4) coma; 5) amentia; 6) stunnedness.

**170.** Qualitative disorders of consciousness are caused by a disorder of consciousness and its filling from the inside with pathological content. Qualitative disorders of consciousness include all of these states, with the exception of:

1) stunnedness; 2) delirium; 3) amentia; 4) soporous state; 5) oneiroid; 6) coma.

**171.** A state of clouded consciousness, characterized by the predominance of influxes of bright scene-like true visual hallucinations in patients.

1) sopor; 2) somnolence; 3) delirium; 4) coma; 5) amentia; 6) stunnedness.

**172.** A condition characterized by the predominance of patients with influxes of fantastic visual pseudo-hallucinatory experiences resembling dreams or dreams.

1) sopor; 2) oneiroid; 3) delirium; 4) coma; 5) amentia; 6) stunnedness.

**173.** The state of confusion due to the acute loss of the ability to synthesize perceptions and the formation of cause-and-effect associations. Behavior is determined by absent-mindedness with the effect of bewilderment, all types of orientation are disturbed, and speech consists of fragments of memories.

1) stunnedness; 2) delirium; 3) amentia; 4) soporous state; 5) oneiroid; 6) coma.

**174.** A system of regulatory mechanisms that serves to eliminate or minimize negative, traumatic experiences. These experiences are mainly associated with internal or external conflicts, states of anxiety or discomfort.

1) innate instincts; 2) personal experiences;  
3) mechanisms of psychological protection; 4) reflexive response.

**175.** The mechanism of psychological protection, in which there is a deliberate ignoring of painful realities and acting as if they do not exist: "did not notice", "did not hear", "did not see", etc. obvious stimuli, signals.

1) denial; 2) projection; (3) displacement; (4) suppression; 5) regression; 6) asceticism.

**176.** The mechanism of psychological protection, in which there is a return to an early age (crying, helplessness, smoking, alcohol and other infantile reactions)

1) denial; 2) projection; (3) displacement; (4) suppression; 5) regression; 6) asceticism.

**177.** A psychological defense mechanism in which another person is endowed with one's own conflicting or any other impulses.

1) denial; 2) projection; (3) displacement; (4) suppression; 5) regression; 6) asceticism.

**178.** A psychological defense mechanism in which thoughts or actions are restricted in order to avoid those that may cause anxiety or fears.

1) denial; 2) projection; (3) displacement; (4) suppression; 5) regression; 6) asceticism.

**179.** The mechanism of psychological protection, in which oneself is denied pleasure with the appearance of one's own superiority.

1) denial; 2) projection; (3) displacement; (4) suppression; 5) regression; 6) asceticism.

**180.** An indispensable part of the mental activity of every person. Certain knowledge, attitudes and experiences that make up the inner world of a person are not realized, but in a certain way affect the behavior of the individual.

1) consciousness; 2) the subconscious mind; 3) unconscious; 4) instinct.

**181.** Add the correct answer:

Stage \_\_\_\_\_

Stage \_\_\_\_\_

Stage \_\_\_\_\_

**182.** This type of stress is combined with a desirable effect, this stress serves the purpose of preserving and maintaining life.

1) eustress; (2) distress; 3) anxiety; 4) physiological stress.

**183.** This type of stress occurs in situations of intellectual overload, when the subject does not cope with the task, does not have time to make the right decisions at the required pace - with high responsibility for the consequences of decisions.

1) psychological stress; 2) information stress;  
3) emotional stress; 4) physiological stress.

**184** This type of stress is accompanied by excessively increased emotional stress. The nature of the stress response depends not only on the assessment of the degree of harmfulness of the stressor by this person, but also on the ability to respond to it in a certain way.

1) psychological stress; 2) information stress;  
3) emotional stress; 4) physiological stress.

**185.** An unfavorable factor that causes a state of tension in the body is stress. \_\_\_\_\_

**186.** Who first coined the term "homeostasis" (from the ancient Greek homoios - the same and stasis - state), denoting the ability to maintain constancy.

1) G.Selye; 2) C. Bernard 3) W. Cannon; 4) R. Lazarus

**187.** He first introduced the concept of physiological and psychological (emotional) stress.

1) G.Selye; 2) C. Bernard 3) W. Cannon; 4) R. Lazarus

**188.** Stressor excites \_\_\_\_ Under the influence of which, the outer cortical part of the adrenal glands secretes corticoids.

**189.** The reaction \_\_\_\_ is characterized by a decrease in the size of the thymus, spleen and lymph nodes, the amount of adipose tissue, stomach and intestinal ulcers appear, the blood thickens, the content of chlorine ions in it decreases, the release of nitrogen, the size of the liver and spleen increases.

**190a** set of personality traits that determines a person's resistance to various types of stress is called \_\_\_\_

**191.** A state of discomfort that affects a person who is unable to get what he wants in the future or who has failed in the past, as a result of which some stressful diseases may develop.

1) distress; 2) frustration; (3) anger; 4) Stress

**192.** Stress caused by adverse conditions (very high or low temperatures, acute chemical or mechanical effects) that cause a violation of the integrity of the body and its functions.

1) physiological stress; 2) information stress; 3) emotional stress.

**193.** The founder of the concept of stress?

1) G.Selye; 2) C. Bernard 3) W. Cannon; 4) R. Lazarus

**194.** Patients who tend to overestimate the significance of individual symptoms of the disease, this type of response to the disease is called:

1. normanosognosia 2. hypernosognosia  
3. anosognosia 4. dynosognosia

**195.** This doctor first coined the term "psychosomatic." He wrote the words: "The causes of insomnia are usually mental-somatic, but each sphere of life can in itself be a sufficient reason for it."

**196.** Complete denial of the disease as such, active discarding thoughts about the disease, this is

1. normanosognosia 2. hypernosognosia  
3. Anosognosia 4. dynosognosia

**197.** Disorders associated with the peculiarities of emotional and personal response and behavior - a tendency to injuries and other types of self-unloading behavior, are:

1. neuroses

2. psychosamotoses
3. Conversion symptoms
4. psychosomatic disorders

**198.** Alexitimia is a psychological symptom complex that manifests itself at the following levels:

1. Vegetative
2. Cognitive
3. Psychological
4. Affective
5. Behavioral

**199. The occurrence of this disease is also facilitated by unconscious fears,** leading to a constant stress response with hyperglycemia, which is natural in the "flight-fight" reactions. The disease here can develop from initial hyperglycemia, since there is no real realization of psychological stress. The mental manifestations of this state are diverse - delirium-type disorders of consciousness, depersonalization and derealization phenomena, hallucinatory-paranoid episodes, euphoria. Often there are a variety of disorders of perception: faded or colorful perception of the world (the predominance of yellow and blue tones), disorders of the body scheme, changes in the sense of time, etc.

1. Coronary heart disease (CHD)
2. Hyperthyroidism
3. Diabetes mellitus
4. ulcerative colitis

**200.** What type of response is characteristic of the normognostic type of response to the disease?

1. Panic
2. Adequate response
3. Distortion of perception for the purpose of dissimulation

**201. Situation:** The patient at the doctor's appointment hardly comes into contact, showing suspicion and distrust. Subsequently, he does not attach serious importance to his instructions and recommendations, complicating the interaction, what type of personal reaction of the patient is described?

1. Friendly reaction
2. Panic reaction
3. Negative reaction
4. Unconscious reaction

**202. Situation:** After the injury, the athlete returns to intensive training, ignoring the doctor's instructions to reduce the intensity of professional loads during the rehabilitation period. What type of personality reaction is described in the patient?

1. Calm reaction
2. destructive reaction
3. Unconscious reaction
4. trace reaction

**203. Situation:** A patient with stable emotional-volitional processes treats his disease very calmly, although he accurately performs therapeutic and recreational measures and always comes to the doctor on time for consultations. Often such a patient is not aware of his illness. What type of personality reaction is described in the patient?

1. Hypertension
2. Bronchial asthma
3. Coronary heart disease (CHD)
4. Hyperthyroidism

**204.** In this category of people, the desires of dependence are very strong, but are rejected by them, they are devoid of peace and are focused on success. Their conscious attitude is as follows: I am successful, active, productive and independent. At the same time, in the unconscious - exactly the opposite attitude- there is an excessively strong need for love, dependence and help. The need for care and affection causes chronic unconscious hunger with hypersecretion, which is especially dangerous for persons, genetically predisposed to this disease.

What disease can develop in this category of people.

1. Hypertension
2. bronchial asthma
3. Peptic ulcer of the stomach and duodenum
4. Coronary heart disease (CHD)

**205. Situation:** A patient with stable emotional-volitional processes treats his disease very calmly, although he accurately performs therapeutic and recreational measures and always comes to the doctor for consultations on time. Often such a patient is not aware of his illness. What type of personality response is described in a patient?

1. friendly reaction
2. calm reaction
3. negative reaction
4. unconscious reaction

**206.** Type of attitude to the disease (according to Lichko). "Leaving" from the disease to work, the desire to maintain working capacity.

1. Ergopathic
2. Apathetic
3. hypochondriac
4. atrabilious

**207.** Type of attitude to the disease (according to Lichko). Confidence. That the disease is the result of someone's malicious intent, and complications in treatment are the result of negligence of medical personnel.

1. Dysphoric
2. Paranoid
3. harmonic
4. ergopathic

**208.** The situation: the patient is simultaneously treated in different medical institutions, after watching a TV show about her illness is in the grip of fear, on the advice of a neighbor turns to a medicine woman. What type of personality reaction is described in the patient?

1. friendly reaction
2. panic reaction

3. negative reaction 4. unconscious reaction

**209.** The type of response to the disease, in which the patient underestimates his condition and the severity of the disease, in this regard, it is often characteristic to refuse medical examination and treatment: 1.normonozognosia 2.hyponosognosia 3.anosognosia 4.hypernosognosia

**210.** Type of attitude to the disease (according to Lichko). "Going into illness" with exposing your suffering, demanding constant attention and special treatment.

1.apathetic 2. Harmonic 3. paranoid 4. egocentric

**211.** Type of attitude to the disease (according to Lichko). Disbelief in recovery, in possible improvement, in the effect of treatment, dejection with the disease, depressive mood, pessimistic view of everything around, doubt in the success of treatment. 1.anosognosic 2. Apathetic 3.Hypochondriac 3.Melancholytic

**212.** Persons with a tendency to suppress (repress) aggressive tendencies that contribute to the accumulation and chronicity of stressful influences. Such personalities are poorly adapted to stressful situations, especially the type of changes in the life stereotype. What kind of disease can develop in this person?

1.Coronary heart disease (CHD 2.hypertension

3.Diabetes mellitus 4.ulcerative

**colitis 213.**Type of attitude to the disease (according to Lichko). Exaggeration of real and looking for non-existent diseases and sufferings. The desire to constantly tell the doctor and everyone around you about your experiences.

1. Ergopathic 2. apathetic

3. hypochondriac 4. Atrabilious

**214.** The symptoms of this disease are seen as a symbolic expression of the intrapersonal conflict between the need of a sick person for tenderness and fear of it, as well as inconsistency in solving the problem of "taking and giving". Seizures and worsening develop with frustration of the unconscious need for dependence, and in children - the need for protection and affection on the part of the mother (or the person replacing her).

1.Ulcerative colitis 2.Bronchial asthma 3.Coronary heart disease (CHD)

4.Hyperthyroidism

**215.** Factors that affect the occurrence of neurosis include:

1. factors of biological nature

2. factors of intellectual nature

3. factors of psychological nature

4. factors of social nature.

**216.** One of the persistent symptoms of neurasthenia is:

1. high blood pressure

2. vision loss

3. headache (on the principle of "tightening hoop")

4. stunned.

**217.** The disease is often preceded by a strong experience, characterized by a family predisposition to the disease. Motor and internal anxiety, agitation and irritability are the result of increased secretion of thyroid hormones. In personal terms, patients have constant activity, readiness to exceed their tasks. They give the impression of personal maturity, but it is not adequate to all situations and only hardly hides their fear and weakness. In childhood, these patients experienced a strong attachment and dependence on their mother, so they do not tolerate the threat of loss of love.

1. hypertension 2. bronchial asthma

3. Coronary heart disease (CHD)

4. hyperthyroidism

**218.** Psychogenic (usually conflictogenic) neuropsychiatric disorder, which arises as a result of a violation of particularly significant life relations of a person and manifests itself in specific clinical phenomena in the absence of psychopathological phenomena, is called:

1.Character accentuation 2.neurosis

3.Hypersthenia 4.Psychosis

**219.** Painful focus on your health, with a tendency to attribute a disease to yourself for a minor reason, a manifestation of:

1.Neurosis of fear

2.Neurasthenia

3.Hypochondriac neurosis

4.Neurosis of obsessive states

**220.** Sensory disorders in the form of anesthesia, hypoesthesia, hyperesthesia with pain in various parts of the body, with hysterical neurosis, these disorders relate to:

1. motor disorders 2.autonomic disorders

3.Mental disorders 4. sensory impairment

**221.** Hypersthenia, hyposthenia, hypochondria, depression are characteristic of:

1. Hysterical neurosis 2. neurosis of obsessive states

3. Neurasthenia 4. Psychosomatic disorder

**222.** A variety of obsessive thoughts, ideas and representations characterize:

1. hysterical neurosis 2. obsessive neurosis

3. Phobic neurosis 4. compulsive neurosis.

**223.** Type of attitude to the disease (according to Lichko). Impatience and outbursts of irritation at the first person you meet (especially with pain), then tears and remorse. Inability and unwillingness to tolerate pain.

1. Dysphoric 2. neurasthenic

3. Harmonic 4. ergopathic

**224.** A variety of paralysis, paresis, hyperkinesis, the phenomena of astasia - abasia, hysterical seizures, with hysterical neurosis, these symptoms relate to:

1. motor disorders

2. vegetative disorders

3. mental disorders

4. sensory impairment.

1

**225** This group of psychosomatic disorders is primarily based on a bodily response to a conflict experience associated with morphologically established pathological changes in organs.

1. psychosomatic syndrome

2. psychosomatosis

3. conversion symptoms

4. psychosomatic disorders associated with the peculiarities of the emotional response and behavior of the individual

**226** Poor health, loss of physical strength, lack of vigor, weakness, intolerance to physical and mental stress, a pronounced decrease in working capacity - all these are manifestations:

1. hysterical neurosis

2. professional dyskinesia

3. Neurasthenia

4. psychosomatic disorder.

**227.** Illusions, hallucinations, amnesia, up to total, with hysterical neurosis, these symptoms relate to:

1. motor disorders

2. vegetative disorders

3. psychic destruction

4. sensory impairment.

**228.** All neuroses and neurosis-like conditions:

1. Reversible

2. treatable

3. are inherited

4. are an acute form of schizophrenia.

**229.** Disorders of sensitivity in the form of anesthesia, hypoesthesia, hyperesthesia with pain in various parts of the body, refer to:

1. sensory impairment

2. mental disorders

3. motor disorders

4. emotional disturbances.

**230.** Functional, reversible disorder, manifested by a spectrum of the most diverse psychogenically determined symptoms, arising in the presence of a special personal structure (greater suggestibility and suggestibility itself, increased egocentrism, emotional lability, affective immaturity with signs of mental infantilism), these are:

1. psychasthenia

2. derealization

3. hysterical neurosis

4. neurasthenia

**231.** Obsessive states can manifest themselves in the following phenomena:

1. Obsessive thoughts-obsessions

2. Obsessive dreams-somnophobia

3. Obsessive fears-phobias

4. Obsessive compulsions

**232.** Sudden and unrelated diffuse fear or severe unmotivated anxiety form the basis of:

1. neurosis of obsessive states;
2. hysterical neurosis;
3. hypochondriac neurosis;
4. neurosis of fear.

**233.** Type of attitude to the disease (according to Lichko). Sensitive to interpersonal relationships, very vulnerable and impressionable, full of fears that others avoid him because of the disease, fear of becoming a burden for loved ones.

1. Sensitive
2. anosognosic
3. Apathetic
4. Hypochondriac

**234.** Arrange in ascending order the stages of a person's experience and attitude of his illness in time...

1. Pre-medical phase 2. "Surrender" phase

3. Phase of adaptation to the disease, 4. Phase of breaking the life stereotype

5. Phase of formation of compensatory mechanisms

**235.** For the psychosomatic family are characteristic:

1. over-involvement of parents in the life and problems of the child open expression of disagreement and discussion of conflict
2. the personality of the child acts as dominant
3. rigidity of family members
4. hypersensitivity of each member to the troubles of other family members

**236.** Such personal characteristics as increased anxiety, suspiciousness, indecision, self-doubt, a tendency to constant doubts about any trifle, low self-esteem are predisposing factors in the formation of:

1. hysterical neurosis
2. neurasthenic neurosis
3. neurosis of obsessive states
4. Psychosomatic illness

**237.** Type of attitude to the disease (according to Lichko). Passive submission to procedures and treatment with persistent motivation from the outside, loss of interest in life.

1. Apathetic
2. Harmonic
3. Paranoid
4. egocentric

**238.** Obsessive and obsessive actions are characterized by:

1. hysterical neurosis;
2. obsessive neurosis;
3. phobic neurosis;
4. compulsive neurosis.

**239.** Determine the type of response: patients correctly assess their condition and prospects, their assessment coincides with the assessment of the doctor

1. Normonozognosia
2. Hyponosognosia
3. Anosognosia
4. Hypernosognosia

**240.** Phobic neurosis is characterized as:

1. obsessive thoughts;
2. obsessive fears;
3. obsessive actions;
4. obsessive drives.

**241.** In classical psychosomatics, groups of disorders are distinguished, except:

1. conversion syndromes
2. "organ neurosis"
3. psychosomatic diseases in the narrow sense of the word
4. vegetoses
5. functional syndromes

**242.** The essential features of the alexithymic construct are:

1. difficulty identifying and describing one's feelings
2. psychological symptom complex
3. inability to differentiate between feelings and bodily sensations
4. lack of imagination

**243.** A symbolic expression of neurotic (psychological) conflict, manifested in hysterical paralysis, psychogenic blindness and deafness, etc.

1. psychosomatic syndrome
2. psychosomatosis
3. conversion symptoms

4. psychosomatic disorders associated with the peculiarities of the emotional response and behavior of the individual

**244.** This category of people is characterized by an intrapersonal conflict between aggressive impulses, the desire to achieve high social goals, high standards of social life, and the need to depend on significant persons. These individuals usually keep outwardly calm, but express many complaints and are often impulsive, do not openly express anger, and they potentially accumulate rage. Their behavior is generally described as overly adaptive, compliant, social success-oriented with a desire to contain both positive and negative affects. What disease can develop in this person.

1. Hyperthyroidism
2. diabetes mellitus
3. ulcerative colitis
4. hypertensive disease

**245.** In the appearance of this disease, hysterical personality traits, increased hypochondriacs, and perceived anxiety are essential. Most often, in the families of such patients, parents seek to control and suppress the initiative of their children, to prohibit spontaneous emotional manifestations, since in such a family it is considered indecent to show their true feelings.

1. Hypertensive disease
2. Bronchial asthma
3. Ischemic heart disease (CHD)
4. Hyperthyroidism

**246.** Compulsive personality traits predominate in persons with this type of disease. These patients are neat, love order, are punctual, and express their anger in a very restrained way. Patients often come from families in which there is little talk about feelings at all. Patients have low self-esteem and they are very sensitive to their own failures. Loss of relationship with a key figure is unconsciously experienced by patients as a threat to their own existence. Patients clearly lack a conscious experience of aggression and appropriate behavior.

1. Ulcerative colitis
2. Bronchial asthma
3. Coronary heart disease (CHD)
4. Hyperthyroidism

**247.** With regard to this disease, there is evidence that its development is facilitated by personality conflicts that are compensatorily satisfied by the act of eating. Here a symbolic psychological formula manifests itself: food equals love. This leads to stable hyperglycemia, which weakens the secretory activity of the islets of Langerhans of the pancreas. At the same time, as a consequence of the identification of food with love, the emotion of hunger is destroyed. The state of hunger increases regardless of the secretory activity of the islets of Langerhans. eating. A "hungry" metabolism is formed, which corresponds to the metabolism of the patient with this disease.

1. Coronary heart disease (CHD)
2. Hyperthyroidism
3. Diabetes mellitus
4. Ulcerative colitis

**248.** Violation of the functions of internal organs and systems, the emergence and development of which is mostly associated with neuropsychiatric factors, the experience of acute or chronic psychological trauma, specific features of the emotional response of the individual.

1. Neurotic disorders
2. Stress
3. Psychosis
4. Psychosomatic disorders

**249.** Type of attitude to the disease (according to Lichko). Continuous concern and suspiciousness about the unfavorable course of the disease, possible complications of ineffectiveness and even the danger of treatment, the thirst for additional information about the disease.

1. Apathetic
2. Dysphoric
3. Anisognosic
4. Anxious

**250.** Situation: The patient always comes to the doctor's consultation on time, with attention and obedience to all recommendations and appointments. He trusts his doctor infinitely and is grateful for his help. What type of personal reaction is described in the patient?

1. friendly reaction
2. calm reaction
3. Negative reaction
4. unconscious reaction

**251.** Type of attitude to the disease (according to Lichko). Correct, sober assessment of the condition, unwillingness to burden others with the burdens of self-care.

1. Dysphoric
2. Paranoid
3. Harmonic
4. Ergopathic

**252.** Type of attitude to the disease (according to Lichko). Dominated by a gloomy-angry mood, envy and hatred of the healthy. Outbursts of anger with demands from loved ones for the please in everything.

1. Dysphoric
2. Paranoid
3. Harmonic
4. Ergopathic



**253** Situation: The patient has been treated safely, but he is constantly in the grip of painful doubts about the expectation of a relapse of the disease. What type of personality response is described in the patient?

1. calm reaction
2. destructive reaction

3. Unconscious reaction

**254.** This type of development is expressed in knowledge of basic norms, rules, firm socially valuable habits of behavior in unity with stable feelings and the ability to correct beliefs.

- 1) aesthetic; 2) emotional; 3) physical; 4) intellectual; 5) moral.

**255 .** A multifaceted process of organization, establishment and development of communications, mutual understanding and interaction between the teacher and students generated by the goals and content of their joint activities:

- 1) pedagogical skill; 2) pedagogical communication; 3) pedagogical reception;
- 4) pedagogical action.

**256 .** Diagnostic tools, with the help of which the inner world of the subject is evaluated by the "transfer" of his personality to a kind of "screen" of test materials:

- 1) test task; 2) testing; 3) projective test.

**257.** Observation is: 1) perception of the object of observation; 2) systematization of facts; 3) implementation of conclusions.

**258.** The most effective scientific method of studying mental reality. Allows you to identify the essential characteristics and cause-and-effect relationships between subjects.

- 1) observation; 2) experiment; 3) Testing; 4) questionnaires.

**259.** The purpose of training is divided into components - tasks, which are divided into:

- 1) educational, educational and developmental;
- 2) correctional, organizational and general didactic;
- 3) organizational-methodical and epistemological-semantic; 4) internal and external.

**260.** The means of instruction may be:

- 1) material (technical, informational), ideal; 2) perfect and real;
- 3) material and ideological; 4) technical and aesthetic.

**261.** Is empathy, comprehension of the emotional state, penetration into the survival of another person called? 1) relaxation; 2) reflection; 3) empathy; 4) initiation.

**262.** Perinatal events are particularly strongly affected by:

- 1) human behavior in critical situations; 2) human craving for extreme sports;
- 3) further choice of profession; 4) relationships with peers.

**263.** The main method of education:

- 1) persuasion; 2) the word of the teacher; 3) training; 4) exercise; 5) example.

**264.** The criterion for the effectiveness of education is

- 1) formation of skills and behavioral skills in accordance with the age of the pupils;
- 2) the contradiction between the requirements of the environment for a person and his capabilities;
- 3) formation of aesthetic taste;
- 4) education of artistic taste, improvement of emotional well-being;
- 5) the level of professional training.

**265 .** Obrazing is

- 1) the result of the process of upbringing; 2) the result of the processes of socialization and adaptation;
- 3) the mechanism of the socio-cultural environment for introducing universal values;
- 4) the result of obtaining a system of knowledge, skills, abilities and rational ways of mental actions.

**266.** Testing is:

- 1) method of psychological diagnostics; 2) activation of cognitive activity of students; 3) the teaching method used by the teacher.

**267.** Methods of accumulating facts and testing hypotheses include:

- 1) education; 2) analysis of performance;
- 3) questionnaire; 4) surveillance; 5) generalization of independent characteristics.

**268 .** Encouragement is a method of:

- 1) stimulating behavior; 2) stimulation of the child;
- 3) social demand for the child; 4) collective demand for the child.

**269 .** Rules of constructive communication:

- 1) showing interest in the problems of the partner; 2) arrogance, arrogance;
- 3) emphasizing one's own importance; 4) the position "on an equal footing".

**270 .** Experiment distinguishes:

- 1) Natural; 2) artificial; 3) laboratory; 4) transactional.

**Evaluation Toolkit**

**Federal State Budgetary Educational Institution  
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Ministry of Health of the Russian Federation**

**Department of Health Care Organization with Psychology and Pedagogy**

**Faculty Of Treatment Course 1**

**Discipline "Psychology and Pedagogy"**

**Exam card for credit No. 1**

1. The subject of psychology, tasks, methods. Relationship with other disciplines.
2. Define thinking. Types and forms of thinking.

**Head. Ph.D. Associate Professor**

**Tuaeva I.B**

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**Faculty Of Treatment**

**Course 1**

**Discipline «Psychology and Pedagogy"**

**Exam card for credit No. 2**

1. The main categories and concepts of pedagogy. Objectives of higher medical education.
2. Emotions and feelings.

**Head. Ph.D. Associate Professor**

**Tuaeva I.B**

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**Faculty Of Treatment**

**Course 1**

**Discipline "Psychology and Pedagogy"**

**Exam card for credit No. 3**

1. Pedagogical communication in the work of a doctor. Means of communication. Non-verbal components of communication.
2. What classes of needs are described in the "pyramid of needs"  
A. Maslow, the ratio of primary and secondary needs?

**Head. Ph.D. Associate Professor**

**Tuaeva I.B**

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**Faculty Of Treatment**

**Course 1**

**Discipline "Psychology and Pedagogy"**

**Exam card for credit No. 4**

1. Sensations and perceptions. Species, properties and classification.
2. Stress and its impact on the development of psychosomatic diseases.

**Head. Ph.D. Associate Professor**

**Tuaeva I.B**

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**Faculty Of Treatment**

**Course 1**

**Discipline "Psychology and Pedagogy"**

**Exam card for credit No. 5**

1. Memory detection. Types, types, and properties of memory.
2. Conflicts in medicine. Types, strategies of behavior in conflict.

**Head. Ph.D. Associate Professor**

**Tuaeva I.B**

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**Faculty Of Treatment**

**Course 1**

**Discipline "Psychology and Pedagogy"**

**Exam card for credit No. 6**

1. Memory and attention. Types and properties.
2. Types of thinking. Individual characteristics of thinking.

**Head. Ph.D. Associate Professor**

**Tuaeva I.B**

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Ministry of Health of the Russian Federation**

**Department of Health Care Organization with Psychology and Pedagogy**

**Faculty Of Treatment**

**Course 1**

**Discipline "Psychology and Pedagogy"**

**Exam card for credit No. 7**

1. Definition of the concept of "thinking". Basic mental operations, classification
2. The internal picture of the disease.

**Head. Ph.D. Associate Professor**

**Tuaeva I.B**

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Higher education  
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**Faculty Of Treatment**

**Course 1**

**Discipline "Psychology and Pedagogy"**

**Exam card for credit No. 8**

1. Methods of attention research.
2. Functions, components, classification of emotions

**Head. Ph.D. Associate Professor**

**Tuaeva I.B**

**Federal State Budgetary Educational Institution  
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**Department of Health Care Organization with Psychology and Pedagogy**

**Faculty Of Treatment**

**Course 1**

**Discipline "Psychology and Pedagogy"**

**Exam card for credit No. 9**

1. Theories of personality in the works of domestic and foreign authors.  
Temperament and character.
2. What are the main characteristics that distinguish perception from sensation.

**Head. Ph.D. Associate Professor**

**Tuaeva I.B**

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Higher education**

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**Faculty Of Treatment**

**Course 1**

**Discipline «Psychology and Pedagogy»**

**Exam card for credit No. 10**

- 1.Elements of developmental psychology and developmental psychology, tasks, methods.
2. List the main characteristics of sensations.

**Head. Ph.D. Associate Professor**

**Tuaeva I.B**

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Ministry of Health of the Russian Federation**

**Department of Health Care Organization with Psychology and Pedagogy**

**Faculty Of Treatment**

**Course 1**

**Discipline "Psychology and Pedagogy"**

**Exam card no. 11**

- 1.Model of the relationship between the doctor and the patient.
2. Neuroses.

**Head. Ph.D. Associate Professor**

**Tuaeva I.B**

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**Department of Health Care Organization with Psychology and Pedagogy**

**Faculty Of Treatment**

**Course 1**

**Discipline "Psychology and Pedagogy"**

**Exam card for credit No 12**

1. Mental health criteria.
2. Consciousness, self-awareness, unconscious.

**Head. Ph.D. Associate Professor**

**Tuaeva I.B**

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Ministry of Health of the Russian Federation**

**Department of Health Care Organization with Psychology and Pedagogy**

**Faculty Of Treatment**

**Course 1**

**Discipline "Psychology and Pedagogy"**

**Exam card for credit No. 13**

1. Psychology of health and healthy lifestyle. Subject, tasks, methods.
2. The concept of psychosomatics and psychosomatic disorders, their classification.

**Head. Ph.D. Associate Professor**

**Tuaeva I.B**

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Ministry of Health of the Russian Federation**

**Department of Health Care Organization with Psychology and Pedagogy**

**Faculty Of Treatment**

**Course 1**

**Discipline "Psychology and Pedagogy"**

**Exam card for credit No. 14**

1. Psychological health of children.
2. Concepts and forms of self-awareness.

**Head. Ph.D. Associate Professor**

**Tuaeva I.B**

**Federal State Budgetary Educational Institution  
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Ministry of Health of the Russian Federation**

**Department of Health Care Organization with Psychology and Pedagogy**

**Faculty Of Treatment**

**Course 1**

**Discipline "Psychology and Pedagogy"**

**Exam card for credit No. 15**

1. Mechanisms of psychological protection.
2. The concept of stress by G. Selye.

**Head. Ph.D. Associate Professor**

**Tuaeva I.B**

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Ministry of Health of the Russian Federation**

**Department of Health Care Organization with Psychology and Pedagogy**

**Faculty Of Treatment**

**Course 1**

**Discipline "Psychology and Pedagogy"**

**Exam card no. 16**

1. Physiological component of stress. The three-phase nature of stress.
2. Classification of neuroses and neurosis-like conditions.

**Head. Ph.D. Associate Professor**

**Tuaeva I.B**



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**Faculty Of Treatment**

**Course 1**

**Discipline "Psychology and Pedagogy"**

**Exam card for credit No. 17**

1. The influence of stress on the development of psychosomatic diseases.
2. Individual-psychological features of manifestations of emotions and feelings.

**Head. Ph.D. Associate Professor**

**Tuaeva I.B**

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Ministry of Health of the Russian Federation**

**Department of Health Care Organization with Psychology and Pedagogy**

**Faculty Of Treatment**

**Course 1**

**Discipline "Psychology and Pedagogy"**

**Exam card for credit No. 18**

1. Tasks and forms of continuing medical education.
2. Types and functions of speech. The ratio of thinking and speech.

**Head. Ph.D. Associate Professor**

**Tuaeva I.B**

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**Department of Health Care Organization with Psychology and Pedagogy**

**Faculty Of Treatment**

**Course 1**

**Discipline "Psychology and Pedagogy"**

**Exam card for credit No. 19**

1. Continuous training method. Monitoring and evaluation of learning outcomes.
2. Perception. Types and properties of perceptions.

**Head. Ph.D. Associate Professor**

**Tuaeva I.B**

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**Higher education**

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**Ministry of Health of the Russian Federation**

**Department of Health Care Organization with Psychology and Pedagogy**

**Faculty Of Treatment**

**Course 1**

**Discipline "Psychology and Pedagogy"**

**Exam card for credit No. 20**

1. Definition of the concepts of "lifestyle" and "healthy lifestyle".
2. Pedagogical communication in the work of the doctor. Conflicts in medicine.

**Head. Ph.D. Associate Professor**

**Tuaeva I.B**

**Federal State Budgetary Educational Institution**

**Higher education**

**"NORTH OSSETIAN STATE MEDICAL ACADEMY"**

**Ministry of Health of the Russian Federation**

**Department of Health Care Organization with Psychology and Pedagogy**

**Faculty Of Treatment**

**Course 1**

**Discipline "Psychology and Pedagogy"**

**Exam card for credit No. 21**

1. Educational work of the doctor: Goals, objectives, forms, methods and means.
2. Typology of attitude to the disease according to Lichko. Phases of experiencing the disease in time.

**Head. Ph.D. Associate Professor**

**Tuaeva I.B**

**Federal State Budgetary Educational Institution  
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Ministry of Health of the Russian Federation**

**Department of Health Care Organization with Psychology and Pedagogy**

**Faculty Of Treatment**

**Course 1**

**Discipline "Psychology and Pedagogy"**

**Exam card no. 22**

1. Definition of the concepts of "lifestyle" and "healthy lifestyle".
2. Personality and its structure. Accentuation of character.

**Head. Ph.D. Associate Professor**

**Tuaeva I.B**

# ANSWERS TO TEST TASKS

вопрос	ответ	вопрос	ответ	вопрос	ответ	вопрос	ответ	вопрос	ответ
1.	2	55.	1,3,4	109.	2	163.	3	217.	4
2.	2	56.	1,2,4	110.	3	164.	3	218.	2
3.	1,3,5	57.	1,3	111.	4	165.	3,4,5	219.	3
4.	1	58.	4	112.	1	166.	3	220.	4
5.	1	59.	3	113.	1,2,3,4,5	167.	1	221.	3
6.	1	60.	3	114.	3	168.	2	222.	2
7.	3	61.	1	115.	1	169.	3,5	223.	2
8.	4	62.	2	116.	1	170.	1,4,6	224.	1
9.	3	63.	2,3,5	117.	1	171.	3	225.	2
10.	1,2	64.	2	118.	3	172.	2	226.	3
11.	2	65.	2	119.	2	173.	3	227.	3
12.	2	66.	2	120.	1,3	174.	3	228.	1,2
13.	5	67.	1	121.	2	175.	1	229.	1
14.	4	68.	3	122.	1,3	176.	5	230.	3
15.	3	69.	1	123.	2	177.	2	231.	1,3,4
16.	1	70.	2	124.	3	178.	4	232.	4
17.	3	71.	2	125.	4	179.	6	233.	1
18.	2	72.	2,3	126.	2,4	180.	3	234.	1,4,3,2,5
19.	2	73.	3	127.	1,2,3,4	181.	Резистент Источ. Тревога	235.	3
20.	3	74.	3	128.	2	182.	1	236.	1
21.	1,2,3,4,5	75.	1	129.	4	183.	2	237.	4
22.	1	76.	2	130.	8	184.	1,3	238.	1
23.	2	77.	1,2,3,4	131.	1	185.	Стрессор	239.	2
24.	2	78.	1,2,3,4	132.	2	186.	3	240.	2,4
25.	2	79.	1	133.	Суперэго	187.	4	241.	1,2,3,4
26.	1	80.	1,2	134.	потребностей	188.	Гипотала мус	242.	3
27.	1,2,3,4	81.	2	135.	2	189.	Тревоги	243.	4
28.	2	82.	4	136.	3	190.	Стрес-ть	244.	2
29.	3	83.	2	137.	4	191.	2	245.	1
30.	5	84.	1	138.	5	192.	1	246.	3
31.	3	85.	2	139.	6	193.	1	247.	4
32.	3	86.	5	140.	7	194.	2	248.	4
33.	1,2	87.	1,2,3,4	141.	1	195.	3	249.	1
34.	1	88.	1,2,3,4	142.	2	196.	3	250.	3
35.	1	89.	4	143.	3	197.	4	251.	1
36.	4	90.	2	144.	1	198.	2,4,5	252.	4
37.	4	91.	3	145.	3	199.	3	253.	2
38.	5	92.	3	146.	2	200.	2	254.	2
39.	2	93.	1	147.	3	201.	3	255.	3
40.	3	94.	1	148.	1,3,2	202.	2	256.	1,2,3
41.	2	95.	1,3	149.	1,2,3	203.	3	257.	2
42.	2	96.	4	150.	1,3	204.	3	258.	1
43.	2	97.	3	151.	1	205.	2	259.	1
44.	3,8	98.	2	152.	4	206.	1	260.	3
45.	3	99.	2	153.	2	207.	2	261.	1,2
46.	3	100.	1,2,3	154.	1,2,3,4	208.	2	262.	1
47.	3	101.	1	155.	3	209.	3	263.	1
48.	1	102.	1,3,4	156.	1,2,4	210.	4	264.	1
49.	3	103.	2	157.	3	211.	4	265.	1
50.	1	104.	1,3,4	158.	1,2,4	212.	2	266.	2,3,4,5
51.	2	105.	3	159.	1,2,3	213.	3	267.	1
52.	4	106.	1	160.	3	214.	2	268.	1,4
53.	1,3	107.	4	161.	1	215.	1,3,4	269.	1,3
54.	3	108.	1	162.	4	216.	3	270.	2