Self-Evaluation Quiz

The questions in this self-evaluation quiz are based on the articles in this issue of the journal. Each of the questions or statements is followed by five possible answers or completions. Select all of the correct answers to each of the questions and circle the corresponding letters. The answers appear on the inside front cover of this issue.

As an organization accredited for continuing medical education, the American Academy of Pediatrics certifies that this continuing medical education activity, when used and completed as directed, meets the criteria for two hours of credit in Category 1 of the Physician's Recognition Award of the American Medical Association and two hours of PREP credit.

To earn two hours of Category 1 credit and two hours of PREP credit for this quiz, you must currently be enrolled in PREP or subscribing to PEDIATRICS IN REVIEW. You will receive two quiz reply cards this year along with a letter acknowledging your enrollment or subscription. Each card provides space to answer the questions from five issues of the journal. Please use CARD #1 for responses to the questions in the July through November issues and CARD #2 for the December through April issues. To receive proper credit, both cards MUST be returned by June 30, 1987.

We invite your specific comments about the relevance of each of the articles and any other comments you wish to make about the journal. You may enclose your comments with your quiz reply cards, or send them directly to: PEDIATRICS IN REVIEW, American Academy of Pediatrics, 141 Northwest Point Road, PO Box 927, Elk Grove Village, IL 60007.

1. Which one of the following is not a true statement about tic disorders?
   A. At some time, 10% to 25% of all children will have a transient tic disorder.
   B. The diagnosis of simple transient tic can only be made retrospectively.
   C. The diagnosis of tic disorders is entirely clinical.
   D. Tics most commonly begin in the preschool and early school years.
   E. Because of different prognostic and treatment implications, it is important to differentiate between a chronic motor tic disorder and Tourette syndrome.

2. At least 20% of children with tic disorders also have:
   A. More complex movements that have a compulsive quality.
   B. Highly specific EEG abnormalities.
   C. Positive family history.
   D. Attention deficit disorder.
   E. Learning disability.

3. An 8-year-old girl has had a motor tic disorder for more than 1 year involving two different muscle groups. Which of the following, if repetitive and otherwise unexplained, would be considered vocal tics consistent with the diagnosis of Tourette syndrome?
   A. Sniffling.
   B. Coprolalia.
   C. Throat clearing.
   D. Belching.
   E. Screams.

4. Which one of the following is not a true statement pertaining to the treatment of tic disorders:
   A. Pharmacotherapy is the only consistently effective treatment.
   B. Approximately one half of patients treated with drugs will have moderate or severe side effects.
   C. Children with simple tics should be treated with a drug to help prevent the development of a chronic tic disorder.
   D. Drug treatment decisions should be based more upon the degree of social disability than upon the specific characteristics of the disorder.
   E. Psychostimulate drugs should be avoided in children with tic disorders.

5. Which one of the following is least likely to be a true statement?
   A. Development promoting preschool programs for nonphysically handicapped children growing up in "environmental risk" situations are "cost-effective."
   B. By using known "risk factors" one can identify a group that includes less than 20% of the general population from which will come more than 80% of future handicapped children.
   C. Nurse home visiting programs for "environmentally at risk" mothers are beneficial to both the parents and society.
   D. Demographic factors such as mother's level of education, numbers of changes in residence, etc., are better predictors of later school achievement than are test results obtained at 3 or 4 years of age.
   E. It is cumulative experience over time that shapes development rather than the presence or absence of a short-term "critical period" experience.

6. A 1-year-old boy can crawl and has a bilateral pincer grasp, but he does not pull up to a standing position or use any meaningful words. Which of the following associated findings would indicate that he should be referred now for a comprehensive assessment?
   A. Mild dysmorphic features.
   B. Visual handicap.
   C. Hearing handicap.
   D. Dysfunctional environment.
   E. Refer even if good supportive home situation.

7. A comprehensive assessment of a developmentally delayed child should include which of the following?
   A. Review of the medical and genetic history.
   B. General and neuromotor physical examination.
   C. Assessment of temperament.
   D. Detailed look at family's life situation.
   E. Assessment of developmental strengths and weaknesses.

8. Which one of the following is least likely to be a true statement?
   A. Recurrent viral infections are the most common causes of apparent persistent cough in children.
   B. Recurrent posttussive vomiting of green or yellow phlegm strongly suggests asthma.
   C. Most children in whom chronic or recurrent bronchitis is diagnosed actually have asthma.
   D. Historical characterization of a cough is often misleading.
   E. Cough beginning in early infancy suggests a congenital anomaly, cystic fibrosis, or chlamydial infection.

9. Which one of the following is not typical for psychogenic cough?
   A. Cough first started with a viral respiratory infection.
   B. Short, dry, spasmodic cough.
   C. Cough persists through the night.
   D. Honking ("Canada goose") cough.
   E. Anxious parent-child interaction.

10. Clues to reactive airway disease (cough-variant asthma) include all but which one of the following? The cough:
    A. Occurs in a child with other signs of atopy (eg, atopic dermatitis).
    B. Worsens during pollen seasons.
    C. Increases with exposure to irritants.
    D. Improves with bronchodilator therapy.
    E. Improves with exercise.
### AAP Continuing Education Calendar

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<th>Event Description</th>
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<td>Current Concepts in Pediatric Medicine (with the San Diego Children's Hospital)</td>
<td>San Diego, California</td>
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<td>March 5–7</td>
<td>Pediatric Advances</td>
<td>Poipu Beach, Kauai, Hawaii</td>
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<td>April 3–5</td>
<td>Advances in Dermatology/Immunology</td>
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<td>May 8–14</td>
<td>Spring Session</td>
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<td>May 21–23</td>
<td>Pediatric Advances (with the AAP Pennsylvania Chapter)</td>
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<td>June 4–6</td>
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<td>June 19–21</td>
<td>Pediatric Advances</td>
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<td>October 31–November 5</td>
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<td>1988</td>
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These programs feature subject matter which is coordinated with the PREP curriculum and are eligible for PREP credits.

For further information, contact: CME, Department of Education, American Academy of Pediatrics, PO Box 927, Elk Grove Village, IL 60009-0927. (800) 433-9016. In Illinois (800) 421-0589.