Questions #1-12 refer to the article about a telehealth program to improve emotional health in individuals with multiple sclerosis by Tietjen and Breitenstein on pages 31-37.

1. Incidence of major depression in individuals with multiple sclerosis (MS) is:
   A. 20%.
   B. 35%.
   C. 50%.
   D. 65%.

2. Increased stress for individuals with MS is linked to:
   A. decreased MS symptoms.
   B. increased MS lesions as seen on magnetic resonance imaging.
   C. increased quality of life.
   D. decreased depression.

3. The American Academy of Neurology recommends the gold standard for treatment of depression for individuals with MS is:
   A. antidepressant agents.
   B. daily exercise of at least 15 minutes.
   C. psychotherapy.
   D. none, as no gold standard treatment exists for this population.

4. Motivational interviewing:
   A. began as an intervention for addiction treatment.
   B. has not been studied in individuals with chronic medical conditions.
   C. can increase behavior change by 25%.
   D. can decrease the need for supportive services.

5. Barriers to health promotion services for individuals with MS in rural areas include all of the following except:
   A. few MS-trained providers.
   B. lack of multidisciplinary MS centers.
   C. low rates of being uninsured or underinsured.
   D. physical distance from their MS provider, often a drive of several hours.

6. The intervention described in the current study comprised:
   A. weekly scheduled telephone calls.
   B. an initial in-person meeting followed by scheduled telephone calls.
   C. group therapy sessions.
   D. community outreach events.

7. Participants in the intervention were asked to choose a health promotion focus to manage:
   A. tobacco or alcohol cessation.
   B. cardiovascular or weight-bearing exercise.
   C. depression or anxiety.
   D. fatigue or stress.

8. The intervention was performed by a:
   A. MS-certified nurse.
   B. clerical staff assistant.
   C. physician.
   D. medical assistant.

9. The cost to the clinic per intervention participant was:
   A. $26.
   B. $41.
   C. $68.
   D. $95.
10. Participants suggested improvements to the program including:
A. check-ins being face-to-face rather than over the telephone.
B. being prescribed psychotropic medications.
C. firm instructions given by the clinic rather than motivational interviewing.
D. participation of clinic staff in health promotion activities.

11. The percentage of participants making progress toward their goals was:
A. 70%.
B. 80%.
C. 90%.
D. 100%.

12. A clinical implication of the project is a:
A. brief nursing intervention could provide patients with physical improvement.
B. telehealth program could add responsibility for nurse managers.
C. concern that patients will consider the calls as socialization.
D. limited option for integration into large clinical practices.

Questions #13-24 refer to the article about psychotropic medication use in individuals in Brazilian primary health care units by Filho et al. on pages 38-45.

13. A broad definition of common mental disorders (CMD) includes patients with:
A. psychotic symptoms.
B. depression exclusively.
C. anxiety disorders exclusively.
D. depressive, anxiety, and somatoform disorders.

14. The study design was:
A. longitudinal.
B. case report.
C. descriptive, cross-sectional.
D. quantitative correlation.

15. The tool used to identify the prevalence of CMD was the:
A. Brazilian version of the Self-Reporting Questionnaire (SRQ-20).
B. English version of the SRQ-20.
C. Brazilian General Health Questionnaire.
D. English General Psychiatric Assessment.

16. The most common drug class prescribed was:
A. antipsychotic.
B. antidepressant.
C. anxiolytic.
D. anticonvulsant.

17. A predictor of psychotropic medication use with CMD is:
A. concurrent somatic illnesses.
B. marital status.
C. monthly income.
D. level of education.

18. The rate of psychotropic medication use in the current study of 38.7% was:
A. the same as found in other Brazilian research.
B. lower when compared with other Brazilian research.
C. not explored with other Brazilian studies.
D. higher when compared with other Brazilian research.

19. The approximate percentage of patients in primary health centers with CMD is:
A. 20%.
B. 50%.
C. 65%.
D. 75%.

20. According to the current study, the consumption of psychotropic medications among women is:
A. not significant; however, previous studies suggest that women are more likely than men to use psychotropic medications.
B. significant.
C. not significant.
D. significant; however, previous studies suggest that men are more likely than women to use psychotropic medications.

21. According to the literature, the best treatment for CMD is:
A. use of psychotropic medication exclusively.
B. psychosocial interventions exclusively.
C. a combination of pharmacotherapy and psychosocial interventions.
D. psychosocial interventions exclusively early in the course of treatment.

22. The strongest predictor of psychotropic medication use is:
A. severity of CMD.
B. monthly family income.
C. medication compliance.
D. concurrent somatic illnesses.

23. A limitation of the current study was the:
A. study design.
B. location.
C. practice setting.
D. interventions.

24. The best word to describe the integration of the study results into nursing practice is:
A. research.
B. practice.
C. collaboration.
D. education.

Questions #25-36 refer to the article about nurses’ views on caring by King on pages 46-52.

25. Handelman (2008) says nurses who care for their companion animals enhance their skills of:
A. reasoning.
B. insight.
C. communication.
D. nurturing.

26. Walsh (2009) states that research reveals pet dogs are considered a:
A. bloodline relative.
B. parental substitute.
C. perceptive friend.
D. family member.

27. Hyson and Taylor (2011) posit that the art of caring relationships begins in:
A. families.
B. day care.
C. dating.
D. camping.
28. Ozaras and Abaan (2016) suggest that a building block of caring in nurse–patient relationships is:
   A. loyalty.
   B. empathy.
   C. sympathy.
   D. honesty.

29. The American Psychiatric Association (2013) reports that restlessness/pacing and hypervigilance in individuals and canines are often indicative of:
   A. depression.
   B. cognitive dysfunction.
   C. anxiety.
   D. compulsive disorders.

30. “My patient told me she was so alone at home...she knew the nurses would be with her when she came to the hospital.” This statement describes a similarity between caring for patients and pet dogs is considered:
   A. trust.
   B. companionship.
   C. caretaking.
   D. parenting.

31. One action indicative of a difference in caring for patients and pet dogs is:
   A. teaching.
   B. talking.
   C. feeding.
   D. coddling.

32. A therapeutic relationship that allows for another individual to be vulnerable in a session is considered:
   A. trust.
   B. love.
   C. bonding.
   D. caring.

33. The authors suggest future studies on human–animal alliance should include:
   A. male and female psychiatric nurses who own dogs.
   B. selection of a different qualitative study design.
   C. generalizing the study results to a specific diagnostic psychiatric group.
   D. replication using a more diverse sample.

34. Multiple references suggest that nurses’ relationships with their dogs is considered:
   A. emotional.
   B. rational.
   C. sensible.
   D. practical.

35. Stein-Parbury (2005) and Handelman (2008) suggest a skill that would benefit the psychiatric nurse–patient connection is:
   A. engaging in active listening.
   B. assessing non-verbal cues.
   C. resilience to stress.
   D. creating a therapeutic bond.

36. According to Epley, Waytz, and Cacioppo (2007), nurses believe that dogs understand their actions and communication, which is known as:
   A. acknowledging the value of pet therapy.
   B. ascribing dog behavior to human interactions.
   C. attributing human nature to animals.
   D. achieving a higher belief system.