Q 1. Typical febrile convulsions
   A. Occur between 3 months and 5 years
   B. Are seen in 10% of children
   C. Have a genetic predisposition
   D. May be focal
   E. Should always be managed with rectal diazepam

Q 2. The following are true of cerebral palsy
   A. It can be difficult to diagnose during the first year of life
   B. It is commonly associated with faltering growth
   C. A low 5-minute Apgar score correlates well with development of cerebral palsy
   D. Seizures are most commonly seen in association with ataxic cerebral palsy
   E. Mental retardation is most commonly associated with dyskinetic cerebral palsy

Q 3. Regarding headaches
   A. Recurrent tension headaches are experienced by around 1 in 10 children
   B. Recurrent headaches are a common symptom of non-organic illness in children
   C. They are more commonly seen in adolescents than in preschool children
   D. They are more frequent in boys
   E. They may be secondary to sinusitis

Q 4. Typical absence seizures
   A. Are usually associated with developmental delay
   B. Last no longer than 1 minute
   C. Usually begin in school age children
5. A normal 6-month-old infant can
A. Transfer objects from one hand to the other
B. Release objects
C. Eat finger foods
D. Wave bye-bye
E. Sit well unaided

6. A normally developing 1-year-old
A. Has a pincer grasp
B. Can pull to stand
C. May bottom-shuffle
D. Can do circular scribbles
E. Can feed with a spoon

7. By 3 years of age, a normally developing child would be expected to
A. Kick
B. Jump
C. Stand on one leg
D. Hop
E. Ride a bicycle

8. The following skills are correctly age-matched in a normally developing child
A. Hop on one leg by 3 years
B. Build a bridge with 3 cubes by 2 years
C. Say 2-word sentences by 18 months
D. Say Daddy non-specifically by 9 months
E. Name colours by 2 years

9. The following primitive reflexes are present at 4 months
A. The palmar grasp
B. The plantar grasp
C. The Moro reflex
D. The asymmetric tonic neck reflex
E. The stepping reflex
Q 10. The following are true
   A. Cerebral palsy is associated with motor delay
   B. Autism is associated with a communication delay
   C. A lack of stimulation can result in global delay
   D. A child with an IQ of 20–50 has moderate learning disability
   E. Cleft palate if untreated can cause a communication delay

Q 11. The following are prenatal screening tests
   A. Chorionic villous sampling
   B. Nuchal ultrasound scan
   C. Amniocentesis
   D. Fetal anomaly ultrasound scan
   E. Percutaneous umbilical blood sampling

Q 12. The following conditions are diagnosable by fetal ultrasound at 20 weeks
   A. Gastroschisis
   B. Encephalocele
   C. Cleft lip
   D. Diaphragmatic hernia
   E. Polycystic kidneys

Q 13. Down’s syndrome babies
   A. Have hypertonia at birth
   B. Have hyperflexible joints
   C. Have overlapping of the fifth finger over the fourth
   D. Have a short tongue
   E. Have small ears

Q 14. Turner syndrome infants
   A. Have the karyotype 46,XO
   B. May have congenital lymphoedema
   C. Have a micropenis
   D. Have microphthalmia
   E. Have widely spaced nipples
Q 15. Regarding squints

A. The cover test is used to detect an alternating squint
B. Any squint present after 3 months of age should be referred to an ophthalmologist
C. Intermittent divergent squints can become constant with tiredness
D. A long-sighted child will have an accommodative convergent squint
E. Visual acuity must be assessed as part of squint assessment

Q 16. The following features would make one concerned that periorbital cellulitis had progressed to orbital cellulitis

A. Impaired colour vision
B. Proptosis
C. Fever
D. Normal acuity
E. Deafness

Q 17. Astigmatism

A. Can cause headaches
B. Can be corrected with glasses
C. Is a cause of amblyopia
D. Usually requires corrective surgery
E. Can manifest with the child holding books very close

Q 18. A child who has had a splenectomy

A. Will have a low platelet count
B. Is susceptible to infection with pneumococcus
C. Should have prophylactic penicillin for the first 2 months
D. Should have vaccination against diphtheria prior to splenectomy
E. Should have vaccination against meningococcus prior to splenectomy

Q 19. Iron deficiency anaemia

A. Is uncommon in infants
B. Is more likely to occur in premature infants
C. Is less common in formula-fed infants
D. Is associated with increased behavioural problems in toddlers
E. Is most commonly due to coeliac disease

Q 20. The commonest cause(s) of erythema multiforme in children is/are
A. Post-infection
B. Herpes simplex virus
C. Drugs
D. Streptococcus infection
E. Urticaria

Q 21. Port-wine stains
A. Are not usually apparent at birth
B. Are usually palpable
C. Are seen in about 5% of infants
D. May obscure vision if they involve the eyelid
E. Should be treated with the pulsed dye laser

Q 22. Regarding scabies infection in infants
A. It causes an asymptomatic papulo-vesicular rash
B. The rash typically affects the sides of the feet
C. The rash does not involve the scalp
D. The rash resolves within 1 week of treatment
E. Close contacts should be treated only if symptomatic

Q 23. Occult spinal dysraphism may present with the following midline lumbar skin features
A. Skin tags
B. Hypopigmentation
C. Lipoma
D. Port-wine stain
E. Hypertrichosis

Q 24. Phenylketonuria
A. Is a mucopolysaccharidosis
B. Causes cardiomyopathy
C. Causes developmental delay
D. Results from a deficiency in the enzyme to metabolize phenylalanine
E. Presents with an infant who is normal at birth

Q 25. In an infant with gastro-oesophageal reflux
A. Sudden infant death syndrome is a recognized sequela
B. Due to cow’s milk sensitivity, the milk of choice is soya-based
C. An examination of a bag urine or MSU is not necessary
D. There is a 90–95% chance of complete resolution by 2 years of age
E. A reflux index (time below pH of 4) of 5% is considered to lie within the normal range

Q 26. The following can cause cirrhosis in childhood
A. Post stem cell transplant veno-occlusive disease
B. α-1-antitrypsin disease
C. Acute viral hepatitis
D. Autoimmune hepatitis
E. Biliary atresia with Kasai performed at 80 days of age

Q 27. Breast-fed infants
A. Have fewer episodes of otitis media than formula-fed infants
B. Have increased host defence proteins in the gastrointestinal tract
C. Have a lower incidence of respiratory infections than formula-fed infants
D. Have lower levels of secretory IgA than formula-fed infants
E. Have a higher incidence of gastrointestinal illness than formula-fed infants

Q 28. The following are features of an innocent childhood murmur
A. Changes with altered position of the child
B. Radiation to the neck
C. It becomes more pronounced with fever
D. There is never a diastolic component
E. The murmur is harsh
Q 29. In cardiac failure in an infant
A. It may present with chest infections
B. Hepatomegaly is generally present
C. The lungs often sound clear on auscultation
D. Feeding is usually normal
E. Peripheral oedema is present

Q 30. In an infant with suspected congenital heart disease the most useful initial investigation(s) would be
A. ECG
B. Chest X-ray (CXR)
C. Echocardiogram
D. Cardiac catheterization
E. Blood pressure analysis

Q 31. Urinary tract infection
A. Can present with sepsis in an infant
B. Is more common in boys than girls
C. Is associated with urinary tract abnormality in approximately 50% of cases
D. Is never asymptomatic in children
E. Is most commonly due to Streptococcus infection

Q 32. Nocturnal enuresis
A. Is seen in 10% of normal 5-year-olds
B. Is usually of organic cause
C. Requires neurological examination as routine
D. May be managed using anticholinergics
E. Is usually successfully resolved with psychological therapy in children over 5 years

Q 33. Perthes disease
A. Most commonly presents in adolescent boys
B. Is usually bilateral
C. May present with knee pain
D. Causes unequal leg length
E. Is not visible on plain X-ray
Q 34. Systemic onset juvenile idiopathic arthritis
   A. Does not involve the joints
   B. May mimic the symptoms of malignancy
   C. Is a cause of hepatosplenomegaly
   D. May cause pleuritis
   E. Affects girls more than boys

Q 35. Kawasaki disease
   A. Is a polyarteritis
   B. Causes coronary artery aneurysms in up to 5% of untreated children
   C. Causes a thrombocytopenia
   D. Is managed with intravenous immunoglobulin if coronary artery aneurysms develop
   E. Requires echocardiography only if there are cardiac signs or symptoms

Q 36. Congenital dislocation of the hip
   A. Is associated with polyhydramnios
   B. Should be screened for in all breech infants
   C. Has an incidence of 1 in 10,000 births
   D. Is more common in boys
   E. May occur secondary to spina bifida

Q 37. The following may cause a painless limp in a child
   A. A short limb
   B. Osteomyelitis
   C. Slipped upper femoral epiphysis
   D. Irritable hip
   E. Perthes disease

Q 38. The following hearing tests are appropriately age-matched
   A. Performance testing – 1 year
   B. Speech discrimination testing – 2–4 years
   C. Distraction testing – 6 months
   D. Pure tone audiometry – birth
   E. Otoacoustic emissions – 9–24 months
Q 39. Cystic fibrosis is the most likely diagnosis in a child with

A. Severe wheeze and failure to thrive
B. Nasal polyps
C. Recurrent chest infections and malabsorption
D. Intussusception
E. Right heart failure

Q 40. Asthma

A. Is more common in boys
B. Presents by the age of 3 years in 80% of cases
C. Usually resolves by early adulthood
D. Is associated with exercise-induced wheeze in 50% of cases
E. Results in hypercapnoea in a mild attack

Q 41. The following features in a 2.5-year-old child would indicate the possibility of autism

A. Developmental stasis
B. Early language development
C. Repetitive play
D. Echolalia
E. Late development of number recognition

Q 42. The following are features of bulimia

A. Fear of becoming obese
B. Laxative abuse
C. Teeth enamel erosion
D. Salivary gland enlargement
E. Electrolyte abnormalities

Q 43. Night terrors in infancy

A. Occur during REM sleep
B. Are readily recalled on waking
C. Tend to occur near to morning
D. Are associated with sweating
E. Last about half an hour
Q 44. Amniocentesis can lead to prenatal detection of
A. Microcephaly
B. Trisomy 18
C. Spina bifida cystica
D. Congenital infection
E. Trisomy 13

Q 45. The following conditions can cause decreased maternal serum \( \alpha \)-fetoprotein
A. Multiple pregnancy
B. Open spina bifida
C. Fetomaternal haemorrhage
D. Trisomy 21
E. Polycystic kidney disease

Q 46. The following are true of body temperature in a term newborn
A. Shivering is important to maintain body heat
B. Sweating is used to regulate temperature
C. Brown fat is used to maintain body heat
D. Hypothermia may indicate sepsis
E. Ambient humidity will decrease evaporative losses

Q 47. The following are true regarding sudden infant death syndrome
A. It is most common during the neonatal period
B. Overheating is a risk factor
C. It is less common if the infant sleeps in the parents’ bedroom
D. It is significantly more common in babies whose mothers smoked during pregnancy
E. The coroner is legally bound to hold an inquest

Q 48. The following would be cause for concern in a 24-hour baby check
A. A bulging anterior fontanelle
B. Erythema toxicum neonatorum
C. Cyanosis of the tongue
D. A red reflex
E. Peeling of the hands