

The Social Construction of Health Practice Test (Sample)

Study Guide



Everything you need from our exam experts!

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Table of Contents

Copyright	1
Table of Contents	2
Introduction	3
How to Use This Guide	4
Questions	5
Answers	9
Explanations	11
Next Steps	17

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Introduction

Preparing for a certification exam can feel overwhelming, but with the right tools, it becomes an opportunity to build confidence, sharpen your skills, and move one step closer to your goals. At Examzify, we believe that effective exam preparation isn't just about memorization, it's about understanding the material, identifying knowledge gaps, and building the test-taking strategies that lead to success.

This guide was designed to help you do exactly that.

Whether you're preparing for a licensing exam, professional certification, or entry-level qualification, this book offers structured practice to reinforce key concepts. You'll find a wide range of multiple-choice questions, each followed by clear explanations to help you understand not just the right answer, but why it's correct.

The content in this guide is based on real-world exam objectives and aligned with the types of questions and topics commonly found on official tests. It's ideal for learners who want to:

- Practice answering questions under realistic conditions,
- Improve accuracy and speed,
- Review explanations to strengthen weak areas, and
- Approach the exam with greater confidence.

We recommend using this book not as a stand-alone study tool, but alongside other resources like flashcards, textbooks, or hands-on training. For best results, we recommend working through each question, reflecting on the explanation provided, and revisiting the topics that challenge you most.

Remember: successful test preparation isn't about getting every question right the first time, it's about learning from your mistakes and improving over time. Stay focused, trust the process, and know that every page you turn brings you closer to success.

Let's begin.

How to Use This Guide

This guide is designed to help you study more effectively and approach your exam with confidence. Whether you're reviewing for the first time or doing a final refresh, here's how to get the most out of your Examzify study guide:

1. Start with a Diagnostic Review

Skim through the questions to get a sense of what you know and what you need to focus on. Your goal is to identify knowledge gaps early.

2. Study in Short, Focused Sessions

Break your study time into manageable blocks (e.g. 30 - 45 minutes). Review a handful of questions, reflect on the explanations.

3. Learn from the Explanations

After answering a question, always read the explanation, even if you got it right. It reinforces key points, corrects misunderstandings, and teaches subtle distinctions between similar answers.

4. Track Your Progress

Use bookmarks or notes (if reading digitally) to mark difficult questions. Revisit these regularly and track improvements over time.

5. Simulate the Real Exam

Once you're comfortable, try taking a full set of questions without pausing. Set a timer and simulate test-day conditions to build confidence and time management skills.

6. Repeat and Review

Don't just study once, repetition builds retention. Re-attempt questions after a few days and revisit explanations to reinforce learning. Pair this guide with other Examzify tools like flashcards, and digital practice tests to strengthen your preparation across formats.

There's no single right way to study, but consistent, thoughtful effort always wins. Use this guide flexibly, adapt the tips above to fit your pace and learning style. You've got this!

Questions

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- 1. In labor force terms, what does 'out of the labor force' mean?**
 - A. Not employed and not looking for work**
 - B. Employed part-time**
 - C. Unemployed but seeking work**
 - D. Retired**

- 2. Autism Spectrum Disorders are a group of developmental brain disorders characterized by deficits in social interaction, verbal and nonverbal communication, and engagement in repetitive behaviors.**
 - A. They are a mood disorder**
 - B. They are unrelated to development**
 - C. They are a group of developmental brain disorders characterized by deficits in social interaction, communication, and repetitive behaviors**
 - D. They are defined by enhanced cognitive ability**

- 3. Anxiety disorders are the most common mental disorders in the United States, affecting about 18 percent of adults in a given year.**
 - A. True**
 - B. False**
 - C. 5 percent**
 - D. 28 percent**

- 4. In low-income countries, the availability of doctors and nurses is approximately what fraction of that in high-income countries?**
 - A. One-half**
 - B. One-quarter**
 - C. One-tenth**
 - D. One-third**

- 5. What factor do Bromet et al. speculate explains higher depression rates in wealthier nations?**
- A. Greater income inequality**
 - B. Better access to mental health care**
 - C. Lower life expectancy**
 - D. Urbanization**
- 6. The key feature of serious mental illness is that it results in serious functional impairment, which substantially interferes with one or more major life activities.**
- A. True**
 - B. False**
 - C. It refers to the diagnosis label only**
 - D. It relates to risk of self-harm only**
- 7. In 2008, what percentage of women questioned the quality of their healthcare?**
- A. 50 percent**
 - B. 25 percent**
 - C. 10 percent**
 - D. 75 percent**
- 8. How many states allow medical cannabis as of the writing?**
- A. Twenty-three states and the District of Columbia**
 - B. Fifteen states**
 - C. All fifty states**
 - D. None**
- 9. From a global perspective, which health issues do high-income nations tend to experience?**
- A. Non-communicable diseases such as cancer, heart disease, diabetes, and musculoskeletal disorders**
 - B. Infectious diseases such as malaria and tuberculosis**
 - C. Poor maternal and perinatal outcomes**
 - D. Acute respiratory infections predominately**

10. A defining feature of healthcare systems in peripheral and semi-peripheral countries is:

- A. Strong public administration and universal access.**
- B. Extensive private sector involvement with no basic infrastructure.**
- C. A lack of basic healthcare administration and infrastructure.**
- D. Universal coverage guaranteed by international aid.**

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Answers

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1. A
2. C
3. A
4. C
5. A
6. A
7. B
8. A
9. A
10. C

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Explanations

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1. In labor force terms, what does 'out of the labor force' mean?

- A. Not employed and not looking for work**
- B. Employed part-time**
- C. Unemployed but seeking work**
- D. Retired**

In labor force terms, the idea being tested is who counts as part of the labor force. The labor force includes people who are currently employed and those who are unemployed but actively seeking work. Out of the labor force means you're neither employed nor actively looking for work. Not employed and not looking for work is the broad, standard description of this group, which covers students, retirees, homemakers, and others not seeking employment. Retirement is one reason someone might be out of the labor force, but the defining description is the absence of employment and of job-search activity.

2. Autism Spectrum Disorders are a group of developmental brain disorders characterized by deficits in social interaction, verbal and nonverbal communication, and engagement in repetitive behaviors.

- A. They are a mood disorder**
- B. They are unrelated to development**
- C. They are a group of developmental brain disorders characterized by deficits in social interaction, communication, and repetitive behaviors**
- D. They are defined by enhanced cognitive ability**

Autism spectrum disorders are neurodevelopmental conditions, meaning they originate in early brain development and affect how a person socializes, communicates both verbally and nonverbally, and engages in patterns of behavior. This description captures the hallmark features used to identify autism: persistent challenges in social interaction, difficulties with communication, and restricted, repetitive behaviors or interests. It's not a mood disorder, it's not unrelated to development, and cognitive ability can vary widely rather than being universally enhanced, so the statement that they are a developmental brain disorder characterized by those deficits best fits what autism is.

3. Anxiety disorders are the most common mental disorders in the United States, affecting about 18 percent of adults in a given year.

A. True

B. False

C. 5 percent

D. 28 percent

The statement is true. Anxiety disorders collectively affect a large share of adults in the United States in any given year—roughly 18%—which is higher than the 12-month prevalence of most other mental health conditions, including depressive disorders. This popularity of anxiety disorders comes from the broad range of conditions they cover—generalized anxiety, panic disorder, social anxiety, specific phobias, and related kinds—each contributing to the overall rate. Because these disorders can begin early and often persist or recur, they remain the most commonly diagnosed mental health category in U.S. epidemiological data.

4. In low-income countries, the availability of doctors and nurses is approximately what fraction of that in high-income countries?

A. One-half

B. One-quarter

C. One-tenth

D. One-third

Global health workforce availability varies dramatically by country income level. In many low-income countries, the number of doctors and nurses per person is far below that in high-income countries, reflecting a substantial shortage of health workers. The best choice captures this large disparity by saying health workers are about one-tenth as available in low-income countries as in high-income ones. Put differently, if high-income countries have roughly a couple of doctors per 1,000 people, low-income countries often have around a tenth of that density. This order-of-magnitude gap explains why the one-tenth figure is the most accurate representation. The other fractions would imply much smaller differences that don't align with the well-documented workforce shortages in low-income settings.

5. What factor do Bromet et al. speculate explains higher depression rates in wealthier nations?

- A. Greater income inequality**
- B. Better access to mental health care**
- C. Lower life expectancy**
- D. Urbanization**

Income inequality and its impact on mental health is the idea behind this question. Bromet and colleagues argue that higher depression rates in wealthy nations can be explained by greater income inequality. When large gaps exist between the rich and the poor, people experience psychosocial stress from social comparisons, weaker social cohesion, and a sense of relative disadvantage. This stress and erosion of social support can increase the risk of depressive symptoms, even though the country is affluent overall. So, the mechanism isn't about a lack of resources, but about how unequal distribution of those resources affects people's everyday social experience. The other factors listed don't capture this explanatory pathway as directly: better access to care could help treatment but wouldn't by itself raise prevalence, while life expectancy or urbanization aren't the core drivers Bromet et al. highlight.

6. The key feature of serious mental illness is that it results in serious functional impairment, which substantially interferes with one or more major life activities.

- A. True**
- B. False**
- C. It refers to the diagnosis label only**
- D. It relates to risk of self-harm only**

Serious mental illness is defined by substantial impairment in functioning, not just the presence of a diagnosis. When a mental health condition significantly interferes with major life activities—such as work or school, relationships, and daily self-care—it meets the threshold for seriousness. This emphasis on functional impact helps distinguish choosing to seek treatment from the mere existence of symptoms. The statement is true because the defining feature is the degree to which functioning is disrupted, not simply having a diagnosis label or concerns about self-harm.

7. In 2008, what percentage of women questioned the quality of their healthcare?

- A. 50 percent**
- B. 25 percent**
- C. 10 percent**
- D. 75 percent**

Understanding patient voice and how people judge care Quality in health care is not just about the objective steps taken by clinicians. It's also about how patients experience interactions, what they expect from care, and whether they feel empowered to speak up. In 2008, about a quarter of women reported questioning the quality of their healthcare. This tells us that a notable but not majority portion of patients felt the need to push back or express concerns, reflecting how social dynamics, communication with providers, and personal experiences shape whether people voice doubts. The other percentages would imply much higher or much lower levels of questioning, which isn't as consistent with how patient feedback tends to spread in real-world settings. So the 25 percent figure best captures a modest yet meaningful level of patient engagement with care quality.

8. How many states allow medical cannabis as of the writing?

- A. Twenty-three states and the District of Columbia**
- B. Fifteen states**
- C. All fifty states**
- D. None**

Medical cannabis status is set by states, not by federal law, and the number of states with programs changes over time. At the time described, there were medical cannabis programs in 23 states plus the District of Columbia, which is why that option best matches the snapshot being tested. The other choices don't fit because not all states had medical cannabis, none did, and fifteen is a lower count than what was reported in that period. This illustrates how policy on medical cannabis varies across jurisdictions while remaining illegal federally.

9. From a global perspective, which health issues do high-income nations tend to experience?

- A. Non-communicable diseases such as cancer, heart disease, diabetes, and musculoskeletal disorders**
- B. Infectious diseases such as malaria and tuberculosis**
- C. Poor maternal and perinatal outcomes**
- D. Acute respiratory infections predominately**

The main idea is that as countries develop and incomes rise, the pattern of health problems shifts from infectious and acute conditions to chronic non-communicable diseases. In high-income nations, people live longer, lifestyles and aging increase risk factors such as smoking, obesity, and physical inactivity, and health systems emphasize long-term management of chronic conditions. This makes non-communicable diseases like cancer, heart disease, diabetes, and musculoskeletal disorders the primary health burden. Infectious diseases such as malaria and tuberculosis are more characteristic of lower-income settings where transmission is higher and health resources are more limited. Poor maternal and perinatal outcomes are also more common where access to quality maternity care is constrained, and acute respiratory infections tend to be more dominant in places with crowded conditions or weaker vaccination and primary care. So the focus on chronic, non-communicable diseases best reflects the global pattern for high-income nations.

10. A defining feature of healthcare systems in peripheral and semi-peripheral countries is:

- A. Strong public administration and universal access.**
- B. Extensive private sector involvement with no basic infrastructure.**
- C. A lack of basic healthcare administration and infrastructure.**
- D. Universal coverage guaranteed by international aid.**

In peripheral and semi-peripheral countries, health systems are often characterized by weak administrative capacity and underdeveloped infrastructure. The defining feature is a lack of basic healthcare administration and infrastructure, including limited governance, insufficient funding, shortages of trained health workers, and inadequate facilities and supply chains. This combination makes it hard to deliver essential services and achieve reliable access to care. While private provision or international aid may exist, they don't compensate for the absence of foundational health system capacity, which is what sets these regions apart from core countries with stronger public administration and universal access.

Next Steps

Congratulations on reaching the final section of this guide. You've taken a meaningful step toward passing your certification exam and advancing your career.

As you continue preparing, remember that consistent practice, review, and self-reflection are key to success. Make time to revisit difficult topics, simulate exam conditions, and track your progress along the way.

If you need help, have suggestions, or want to share feedback, we'd love to hear from you. Reach out to our team at hello@examzify.com.

Or visit your dedicated course page for more study tools and resources:

<https://socialconstructionofhealth.examzify.com>

We wish you the very best on your exam journey. You've got this!

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