

The Social Construction of Health Practice Test (Sample)

Study Guide



Everything you need from our exam experts!

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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. Which statement best describes the impact of toxic masculinity on men's health seeking?**
 - A. Encourages emotion expression and help-seeking**
 - B. Rigid norms discourage emotion expression and help-seeking, leading to poorer health outcomes**
 - C. Has no impact on health**
 - D. Improves physical health outcomes**

- 2. Which policy or infrastructure scenario illustrates how disability can be socially constructed?**
 - A. Inaccessible buildings create barriers.**
 - B. Providing universal design features eliminates disability entirely.**
 - C. Medical interventions cure disability.**
 - D. Personal motivation is the sole factor in accessing services.**

- 3. From a social constructionist perspective, which statement describes power dynamics in patient-practitioner interactions?**
 - A. Patients hold complete authority over all decisions.**
 - B. There is no power differential in these interactions.**
 - C. Clinicians' beliefs are always patient-centered.**
 - D. Practitioners hold epistemic authority; patient knowledge may be discounted, and labels shape legitimacy.**

- 4. Which programs are the two main publicly funded U.S. healthcare programs?**
 - A. Medicare and Medicaid**
 - B. Private employer-based plans**
 - C. The Indian Health Service**
 - D. The Veterans Health Administration**

- 5. What is medicalization? Which of the following is an example?**
 - A. Childbirth shifting from home to hospital.**
 - B. A broken leg treated with a cast.**
 - C. A common cold managed with rest.**
 - D. Vaccination reduces risk of disease.**

- 6. How does medicalization affect the responsibility for health management?**
- A. It shifts focus toward medical professionals and individuals, often downplaying social determinants and policy roles.**
 - B. It places all responsibility on the state.**
 - C. It eliminates individual responsibility.**
 - D. It leaves responsibility entirely to insurance companies.**
- 7. ADHD is commonly treated with stimulant drugs such as Ritalin, and there is debate over whether the condition is overdiagnosed.**
- A. False**
 - B. True**
 - C. It is never overdiagnosed**
 - D. It affects only adults**
- 8. 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.**
- 9. Which statement best defines Talcott Parsons' concept of the sick role?**
- A. A biological condition with no social norms.**
 - B. A personal attitude toward illness.**
 - C. A social role that excuses illness from normal duties but requires seeking help and trying to get well.**
 - D. A legal status that mandates hospital admission.**
- 10. What is demedicalization?**
- A. The process by which sick behavior is criminalized.**
 - B. The process by which medical treatments are invented.**
 - C. The process by which medical conditions become more severe.**
 - D. The process by which sick behavior is normalized again.**

Answers

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

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Explanations

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1. Which statement best describes the impact of toxic masculinity on men's health seeking?

- A. Encourages emotion expression and help-seeking**
- B. Rigid norms discourage emotion expression and help-seeking, leading to poorer health outcomes**
- C. Has no impact on health**
- D. Improves physical health outcomes**

Rigid norms around what it means to be a man place value on stoicism and self-reliance, framing vulnerability and asking for help as weaknesses. This discourages men from expressing emotions and seeking medical or mental health support, so symptoms are often ignored or postponed until crises. As a result, health outcomes tend to be poorer because problems aren't addressed early, treatment is delayed, and risky coping behaviors may occur. That makes the statement describing these norms as discouraging emotion expression and help-seeking, leading to poorer health outcomes the best description of the impact. The other options don't fit because toxic masculine norms do not typically promote emotion expression or help-seeking, and they are associated with worse rather than better health outcomes.

2. Which policy or infrastructure scenario illustrates how disability can be socially constructed?

- A. Inaccessible buildings create barriers.**
- B. Providing universal design features eliminates disability entirely.**
- C. Medical interventions cure disability.**
- D. Personal motivation is the sole factor in accessing services.**

Disability as a social construction means that disability arises from the way society and its spaces are organized, not just from a person's impairment. Inaccessible buildings illustrate this best because the barrier comes from the environment itself—stairs without ramps, narrow doorways, lack of elevators, or confusing signage. These design and policy choices create limitations for people with mobility, vision, or other needs, making functioning depend on whether the environment accommodates them. The impairment may exist, but disability becomes real when the surrounding world fails to be accessible. This shows how policy and infrastructure can construct disability by shaping who can participate. By contrast, ideas that universal design will eliminate disability entirely overpromise what design can achieve; medical cures and blaming personal motivation focus on the individual rather than the social and environmental barriers that create disability.

3. From a social constructionist perspective, which statement describes power dynamics in patient-practitioner interactions?

- A. Patients hold complete authority over all decisions.**
- B. There is no power differential in these interactions.**
- C. Clinicians' beliefs are always patient-centered.**

D. Practitioners hold epistemic authority; patient knowledge may be discounted, and labels shape legitimacy.

Power dynamics in patient-practitioner interactions, from a social constructionist standpoint, hinge on clinicians holding epistemic authority—the ability to define what counts as legitimate medical knowledge—and on how patient knowledge can be discounted. Diagnostic labels and classifications do more than describe illness; they shape which explanations are credible, whose experiences are believed, and what treatments are considered legitimate. This creates an asymmetry where the clinician's expertise and the legitimacy conferred by labels steer the interaction, often marginalizing patient perspectives. That perspective aligns with the statement that practitioners hold epistemic authority, patient knowledge may be discounted, and labels shape legitimacy. In contrast, equal power, exclusive patient authority, or universally patient-centered clinician beliefs don't reflect how knowledge and legitimacy are constructed in medical practice.

4. Which programs are the two main publicly funded U.S. healthcare programs?

- A. Medicare and Medicaid**
- B. Private employer-based plans**
- C. The Indian Health Service**
- D. The Veterans Health Administration**

This item tests your knowledge of the two largest publicly funded health care programs in the United States and how they differ from other programs. Medicare and Medicaid are the two main publicly funded programs. Medicare provides coverage primarily for people 65 and older (and certain younger people with disabilities), and it is federally run. Medicaid covers low-income individuals and families and is funded jointly by federal and state governments, with eligibility and benefits that vary by state. Together, they form the backbone of public health coverage in the U.S. The other options are not the two main publicly funded programs: private employer-based plans are funded privately by employers and employees; the Indian Health Service serves American Indians and Alaska Natives but does not constitute the broad, major public program for the general population; and the Veterans Health Administration serves veterans and is publicly funded, but it is not one of the two primary programs responsible for general health coverage across the population.

5. What is medicalization? Which of the following is an example?

- A. Childbirth shifting from home to hospital.**
- B. A broken leg treated with a cast.**
- C. A common cold managed with rest.**
- D. Vaccination reduces risk of disease.**

Medicalization is the process by which activities or experiences that were not originally framed as medical problems come to be understood and treated as medical issues, with medicine, doctors, and medical settings taking a central role. Choosing childbirth shifting from home to hospital fits this idea because giving birth is a natural life process that historically occurred in homes with midwives and family, but increasingly becomes regulated, monitored, and managed in hospital settings with obstetricians, technologies, and specific medical interventions. This change reflects how social norms, risk management, and medical authority redefine birth as a medical event rather than just a natural life passage. The other examples don't illustrate this shift. A broken leg treated with a cast is a straightforward medical treatment for an injury, not a redefinition of a non-medical life event as medical. A common cold managed with rest is self-care and not about expanding medical control over everyday life. Vaccination reduces disease risk and is a public health intervention, not the process of turning a non-medical experience into a medical issue governed by medical institutions.

6. How does medicalization affect the responsibility for health management?

- A. It shifts focus toward medical professionals and individuals, often downplaying social determinants and policy roles.**
- B. It places all responsibility on the state.**
- C. It eliminates individual responsibility.**
- D. It leaves responsibility entirely to insurance companies.**

Medicalization shifts how we frame health problems, turning many non-medical issues into medical ones that are managed within the clinical system. This reframe places responsibility primarily on the medical professionals delivering care and on individuals who are expected to participate in diagnoses, treatments, and adherence to medical guidance. In this view, health management is about medical interventions and personal health behaviors, rather than addressing broader social determinants like poverty, housing, education, or the need for public policies. So the responsibility is redistributed toward doctors and patients, with less emphasis on policy-level or societal factors. The other options don't fit because responsibility isn't handed entirely to the state, medicalization doesn't erase individual responsibility, and insurers aren't the sole bearers of responsibility.

7. ADHD is commonly treated with stimulant drugs such as Ritalin, and there is debate over whether the condition is overdiagnosed.

A. False

B. True

C. It is never overdiagnosed

D. It affects only adults

Stimulant medications, including methylphenidate (Ritalin), are a standard frontline treatment for ADHD because they reliably reduce core symptoms such as inattention, hyperactivity, and impulsivity, helping many people function better at school, work, and in daily life. At the same time, there is ongoing debate about overdiagnosis—some researchers and clinicians argue that ADHD diagnoses and stimulant prescribing have risen beyond what the disorder's prevalence would alone explain, due to shifting criteria, increased awareness, or concerns about mislabeling normal childhood behavior. This combination—effective stimulant treatment and substantial discussion about overdiagnosis—makes the statement true. The other options don't fit: ADHD is not limited to adults, and the claim would be false if suggesting stimulants aren't commonly used or that overdiagnosis isn't a concern.

8. 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.

9. Which statement best defines Talcott Parsons' concept of the sick role?

- A. A biological condition with no social norms.
- B. A personal attitude toward illness.
- C. A social role that excuses illness from normal duties but requires seeking help and trying to get well.**
- D. A legal status that mandates hospital admission.

Parsons' idea is that illness is a social role with set expectations for how a person should behave. The sick person is granted temporary exemption from normal duties, and they're not blamed for being ill. In return, there's an obligation to seek appropriate medical help and to do what's needed to get well. This captures the balance between being excused from responsibilities and actively engaging with treatment to recover. This differs from the other options because simply describing biology ignores social norms, a personal attitude focuses on mindset rather than social behavior, and a legal status implies a formal mandate rather than a set of normative expectations about conduct and treatment-seeking.

10. What is demedicalization?

- A. The process by which sick behavior is criminalized.
- B. The process by which medical treatments are invented.
- C. The process by which medical conditions become more severe.
- D. The process by which sick behavior is normalized again.**

Demedicalization is when something that was once treated as a medical issue is reinterpreted as not being a medical problem, returning to a normal or non-medical understanding. This means the behavior or condition is no longer framed around illness, medical labels, or treatment, and social or moral explanations take precedence. So describing sick behavior as being normalized again fits perfectly, because it captures the shift away from medical categorization back toward everyday norms. The other options describe different processes: criminalizing sick behavior involves legal punishment rather than changing medical status; inventing medical treatments is medicalization; and a condition becoming more severe concerns clinical progression, not the removal of medical labeling.

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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