**Midterm to Module 2 on Professional (foreign) Language Name Group Date**

Q 1. **Fill the table**

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| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Prefix** | **Meaning** | **Example** | **Suffix** | **Meaning** | **Example** | **Root Word** |  **Meaning**  | **Example** |
| a-, an- | without |  | -able, -ible | can be done |  | acou- |  hear |  |
| ante- | before |  | -al, -ial | having the characteristics of |  | alges-  | pain |  |
| anti- | against |  | -ed | past-tense verbs (weak verbs) |  | audi-  | to hear |  |
| auto- | self |  | -en | made of |  | cente-  | to punctuate (a body cavity) |  |
| circum- | around |  | -er | comparative |  | febr- | fever |  |
| co- | with |  | -er, -or | one who |  | graph- | write, record |  |
| com- con- | with |  | -est | superlative |  | lact- | milk |  |
| contra- | against |  | -ful | full or full of |  | lingu- | tongue |  |
| de- | off |  | -ic | having characteristics of |  | ov- | egg |  |
| dis- | not |  | -ing | verb form (present participle and gerund) |  | ocul- | eye |  |
| en- | put into |  | -ion, -tion, -ation, ition | act or process |  | stasis | stopping of the normal flow of a fuid |  |
| ex- | out of |  | -ity, -ty | state of |  | ren | kidney |  |
| extra- | more than |  | -ive, -ative, itive | adjective form of a noun |  | ur- | urine |  |
| hetero- | different |  | -less | without |  | sect- | cut |  |
| homo- | same |  | -ly | adverb ending |  | toxic  | poisonous |  |
| hyper- | over, more |  | -ment | action or process |  | phot-  |  light |  |

**Q 2. Create general questions and questions with Wh- words to the text.**

**1. Reading Text . What is Epidemiology? What are the specific objectives of epidemiology?**

Epidemiology is the study of how disease is distributed in populations and the factors that influence or determine this distribution. Why does a disease develop in some people and not in others? The premise underlying epidemiology is that disease, illness, and ill health are not randomly distributed in human populations. Rather, each of us has certain characteristics that predispose us to, or protect us against, a variety of different diseases. These characteristics may be primarily genetic in origin or may be the result of exposure to certain environmental hazards. Perhaps most often, we are dealing with an interaction of genetic and environmental factors in the development of disease.

A broader definition of epidemiology than that given above has been widely accepted. It defines epidemiology as “the study of the distribution and determinants of health-related states or events in specified populations and the application of this study to control of health problems.” [1] What is noteworthy about this definition is that it includes both a description of the content of the discipline and the purpose or application for which epidemiologic investigations are carried out.

First, to identify the *etiology* or *cause* of a disease and the relevant risk factors—that is, factors that increase a person's risk for a disease. We want to know how the disease is transmitted from one person to another or from a nonhuman reservoir to a human population. Our ultimate aim is to intervene to reduce morbidity and mortality from the disease. We want to develop a rational basis for prevention programs. If we can identify the etiologic or causal factors for disease and reduce or eliminate exposure to those factors, we can develop a basis for prevention programs.

Second, to determine the extent of disease found in the community. What is the burden of disease in the community? This question is critical for planning health services and facilities, and for training future health care providers.

Third, to study the natural history and prognosis of disease. Clearly, certain diseases are more severe than others; some may be rapidly lethal while others may have longer durations of survival. Still others are not fatal. We want to define the baseline natural history of a disease in quantitative terms so that as we develop new modes of intervention, either through treatments or through new ways of preventing complications, we can compare the results of using such new modalities with the baseline data in order to determine whether us

new approaches have truly been effective.

Fourth, to evaluate both existing and newly developed preventive and therapeutic measures and modes of health care delivery. For example, does screening men for prostate cancer using the prostate-specific antigen (PSA) test improve survival in people found to have prostate cancer? Has the growth of managed care and other new systems of health care delivery and health care insurance had an impact on the health outcomes of their patients and on their quality of life?

Fifth, to provide the foundation for developing public policy relating to environmental problems, genetic issues, and other considerations regarding disease prevention and health promotion. For example, is the electromagnetic radiation that is emitted by electric blankets, heating pads, and other household appliances a hazard to human health? Are high levels of atmospheric ozone or particulate matter a cause of adverse acute or chronic health effects in human populations? Is radon in homes a significant risk to human beings? Which occupations are associated with increased risks of disease in workers, and what types of regulation are required?