

## ***Study Syllabus Quiz—Example multiple choice questions***

1. Which of the following judgments is required BEFORE a reader completes Sections 2A and 3A of the NIOSH form?

- A) Any pleural or parenchymal findings are consistent with pneumoconiosis
- B) The radiographic findings are not consistent with pneumoconiosis
- C) Radiographic changes are most likely due to pneumoconiosis
- D) It is necessary to establish whether or not a worker is entitled to compensation

2. Regarding the technical quality of a radiograph to be classified using the ILO system (Section 1, Film Quality):

- A) Assessing the technical quality of a radiograph is optional, but recommended
- B) Assessing the technical quality of a radiograph is required, but it is not necessary to specify the defect on the interpretation form
- C) if a technical defect is noted, it should be specified on the reading form
- D) Images of quality grade 2 have defects that are likely to affect the classification process

3. Regarding the naming conventions of the ILO system for small opacities due to dust:

- A) Rounded small opacities are labeled s, t, or u
- B) Irregular small irregular opacities are labeled p, q, or r
- C) The widths of “t” opacities and diameters of “q” opacities range from 1.5 to 3 mm
- D) The size of irregular small opacities is determined by their length

4. How are lung zones defined for reporting the profusion of small opacities?

- A) Each lung is divided into six zones
- B) Each lung is divided into upper, middle, and lower zones
- C) Lung zones are labeled A, B, and C from top to bottom
- D) Lung zones are labeled 1, 2, and 3 from top to bottom

5. When categorizing small-opacity profusions, which of the following is the correct way to determine the overall ILO profusion category?

- A) As the profusion category increases from 0 to 3, the number of opacities per unit area decreases
- B) The lung vessels are seen progressively more clearly as the profusion category increases
- C) If a reader indicates that the profusion category is 1/0, the reader seriously considered the category 0/0 ILO Standard but judged the radiograph to more closely resemble the category 1/1 ILO Standard
- D) The overall profusion category that is marked on the reading sheet should be mentally calculated as the average of all zones, including zones that are not affected by pneumoconiosis

6. Regarding the classification of large pneumoconiotic opacities:

- A) Classification A denotes an opacity whose greatest diameter exceeds 20 mm but is less than 60 mm
- B) Coalescence of small opacities is classified the same as type A large opacity, provided the small opacities are homogeneous in appearance
- C) A large opacity can be labeled C only if it occurs in the right upper zone
- D) Large opacities usually occur in the presence of a background of small opacities

7. In which of the following locations are localized plaques reported to LEAST occur from asbestos exposure?

- A) Both hemidiaphragms
- B) The lateral chest wall
- C) Along the mediastinum
- D) In the trachea and main bronchi

8. Concerning the classification of pleural plaques and diffuse pleural thickening:

- A) A pleural thickening of width category A ranges from 0 to 5 mm in width
- B) A face-on plaque is seen sharply along either the right or left lateral chest wall
- C) The width refers to the vertical length, or the sum of the lengths of the plaques present
- D) In any location where pleural calcification is noted, a plaque should also be recorded

## 9. Concerning the correct classification of costophrenic angle obliteration:

- A) It should be recorded when the angle is less obliterated than in the t/t - 1/1 Standard Radiograph
- B) Diffuse pleural thickening should be recorded as present in a hemithorax in the absence of associated obliteration of the costophrenic angle
- C) Costophrenic angle obliteration can be recorded either with or without associated diffuse pleural thickening of the chest wall
- D) Even marked costophrenic angle obliteration should be recorded provided it is clearly related to chest wall trauma

## 10. Which of the following is the correct use of obligatory symbols in classifying other abnormalities?

- A) Mesothelioma should be coded "mo"
- B) Calcified primary tuberculosis with a hilar calcification is properly coded "tb"
- C) A thickened minor fissure is coded "pi"
- D) Significant atelectasis is coded "at"

## 11. Which of the following judgments are required before a reader marks any of the 28 obligatory symbols in Section 4B of the ILO form?

- A) The radiographic findings are suggestive of the condition
- B) The radiographic findings are most likely due to the condition
- C) The radiographic findings are diagnostic of the condition
- D) The radiographic findings should be confirmed on CT

12. Which of the following should be recorded in Section 4 of the NIOSH Classification form?

- A) The name and address of the subject
- B) Additional descriptions of abnormalities or diseases noted on the face of the form
- C) ILO Standard radiographs that were reviewed in completing the form
- D) A description of the suspected cause of the pneumoconiotic opacities

13. If a reader notes significant non-pneumoconiotic abnormalities other than the obligatory symbols, what procedure should be followed?

- A) Do not mark a box; just describe findings on the back of the form
- B) Mark OD and add written comments about the abnormalities on the face of the form
- C) Mark PX and describe findings on the back of the form
- D) Mark OD and describe findings on the back of the form