

(Test 101)

Code No.: \_\_\_\_\_

Everyday Problems Test  
(Multiple Choice Format)

Test 101

**DO THIS TEST FIRST**

## INSTRUCTIONS FOR EVERYDAY PROBLEM TEST (MC)

The purpose of this test is to see how well you can read the kinds of things that many people think are important. The questions are based on selections taken from such things as labels, credit applications, and bus schedules.

Look over the questions following each selection to get an idea of the kind of information that you should be looking for. Each question in the test is followed by four suggested answers. Read each question and then decide which one of the four suggested answers is best. Circle the letter for the correct answer choice. There are 2 practice problems.

Please answer every question. There is no penalty for guessing. Just circle what you think is the best answer to each question.

Do not spend too much time on any one question. There are 42 questions in the test. You should have enough time to answer all the questions.

BEGINNING TIME \_\_\_\_\_

Answer these 2 example questions before beginning Question 1 on the next page.

Example Problem A refers to the recipe below:

SOUR MILK BISCUITS	
2 cups flour	2 tablespoons shortening
3 teaspoons baking powder	1/2 teaspoon soda
1 teaspoon salt	3/4 cup sour milk

Sift flour, baking powder, and salt together. Rub in shortening with finger tips. Mix soda and sour milk. Add slowly to first mixture and mix to a soft dough. Roll out on slightly floured board to 1/2 inch thickness. Cut with a biscuit cutter. Bake in quick oven (450 degrees F) 10 to 15 minutes.

Yield: 12 biscuits.

- A. Which ingredient is mixed with the sour milk?
- a. flour
  - b. shortening
  - c. soda
  - d. salt

The correct answer to A is answer c, "soda". Therefore, circle c on the answer sheet.

- B. If you wanted to make just 6 biscuits, how much flour would you use?
- a. 2 cups
  - b. 1 cup
  - c. 4 cups
  - d. 1 1/2 cups

The correct answer to B is answer b, "1 cup". Six biscuits would require only half the amount in the recipe given. Circle the answer "b".

TURN THE PAGE AND BEGIN

# Charts: Nutritional Information for Cereal

NUTRITION INFORMATION PER SERVING:				PERCENTAGE OF US RECOMMENDED DAILY ALLOWANCES (U.S. RDA)			
SERVING SIZE:		1 oz (2/3 cup)					
SERVINGS PER CONTAINER:		16					
		WITH 1/2 CUP VITAMINS A & D FORTIFIED SKIM MILK	WITH 1/2 CUP VITAMIN D FORTIFIED WHOLE MILK				
1oz CEREAL							
Calories	90	130	170	PROTEIN	4	10	10
Protein	2g	6g	6g	VITAMIN A	*	4	2
Carbohydrate	24g	30g	30g	VITAMIN C	25	25	25
Fat	0g	0g	4g	THIAMINE	25	30	30
Cholesterol	0mg	0mg	15mg	RIBOFLAVIN	4	15	15
Sodium	300mg	360mg	360mg	NIACIN	25	25	25
Potassium	170mg	380mg	360mg	CALCIUM	*	15	15
				IRON	25	25	25
				VITAMIN D	*	15	15
				VITAMIN B6	25	25	25
				FOLIC ACID	25	25	25
				VITAMIN B12	25	30	30
				PHOSPHORUS	15	30	30
				MAGNESIUM	10	10	10
				ZINC	25	25	25
				COPPER	6	6	6
				PANTOTHENIC ACID	*	4	4

\*CONTAINS LESS THAN 2 PERCENT OF THE U.S. RDA OF THESE NUTRIENTS

1. What % of the USDA of Vitamin A do you get in 1 oz. cereal without milk?
  - a. Less than 2%
  - b. Approximately 25%
  - c. Approximately 4%
  - d. Approximately 2%
  
2. How many calories are added to a serving of cereal if whole milk is used instead of skim milk?
  - a. 20
  - b. 30
  - c. 40
  - d. 50

## Directions: Use of Cough Medicine

**Indications:** Temporarily Relieves Cough Due to Minor Throat and Bronchial Irritation as May Occur with a Cold.

**DIRECTIONS:** Follow dosage below:  
Do Not Exceed 4 Doses in a 24-Hour Period.



**ADULT DOSE** (and children 12 years and over): 2 teaspoonfuls every 6 to 8 hrs.

**CHILD DOSE**



**6 yrs. to under 12 yrs.**  
1 teaspoonful every 6 to 8 hrs.



**2 yrs. to under 6 yrs.**  
1/2 teaspoonful every 6 to 8 hrs.

**Under 2—Consult Your Doctor.**

**Warnings—**A persistent cough may be a sign of a serious condition. If cough persists for more than 1 week, tends to recur, or is accompanied by fever, rash, or persistent headache, consult a doctor. Do not take this product for persistent or chronic cough such as occurs with smoking, asthma, emphysema, or if cough is accompanied by excessive phlegm (mucus) unless directed by a doctor.

3. What is the maximum number of teaspoons you should take in 24 hours?
- a. 2
  - b. 4
  - c. 6
  - d. 8
4. Mr. Jones smokes and has a smoker's cough. What is the maximum number of doses he should take per day?
- a. 0
  - b. 2
  - c. 4
  - d. 8

# Forms: Telephone Service Application

## Service Application

**INSTRUCTIONS** — Print all required information below.

TN:(814) \_\_\_\_\_

1. Name:

1st Free Listing: \_\_\_\_\_  
 Last First Mid. Int.

2. Service Address: Street \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

3. Location: Apt.#: \_\_\_\_\_ Or Room # \_\_\_\_\_

4. 2nd Free Listing:

\_\_\_\_\_ Last First Mid. Int.

5. Billing Address \_\_\_\_\_  
 If different from listed address

6. Local Usage Package (Check One):  Unlimited  Standard  Budget

7. Long Distance Company (Check One):  MCI  ATT  ITT  US Sprint

8. Touch Tone Line (Check One):  Yes  No

9. Requested Connection Date: \_\_\_\_\_

10. Can Be Reached Number: ( ) \_\_\_\_\_

Home Telephone No. ( )		Home Street Address	
City	State	Zip Code	

5. How many Directory Listings can you request for each new phone line without additional charge?

- a. 1
- b. 2
- c. 3
- d. 4

6. If you make many local calls, which usage option might be best for you?

- a. Budget
- b. Standard
- c. Unlimited
- d. AT&T

Form: N R P Membership Application

# I want to win with NRP !

I'd like to enroll as a  
member for:

- one year/\$5     three years/\$12.50  
 ten years/\$35

Name \_\_\_\_\_  
(please print)

Address \_\_\_\_\_ Apt. \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_

Zip \_\_\_\_\_ Date of birth    /    /

13AA

Check or money order enclosed, payable to NRP.  
(Please don't send cash.)

If you're an active or retired educator, 50 or over,  
check here to join

Membership also includes spouse. \$2.40 of dues is  
Maturity, 85¢ for NRP Bulletin.

7. If you buy a membership for the period from 1990 to 2000, how much would you pay?
- a. \$ 5
  - b. \$35
  - c. \$12.50
  - d. \$24
8. If you are married and decide to join NRP how much would your partner have to pay?
- a. \$ 0
  - b. \$ 5
  - c. \$10
  - d. \$25



## Chart: Medicare Benefits Payment Schedule

Part A Medicare Benefits				
SERVICE	1988	1989	1990	1991
<b>Inpatient Hospital Services:</b>	All but \$540 for first 60 days/benefit period.	All but \$560 deductible for an unlimited number of days/calendar year.	All but Part A deductible for an unlimited number of days/calendar year.	All but Part A deductible for an unlimited number of days/calendar year.
<b>Skilled Nursing Facility Care</b>	100% of costs for 1st 20 days (after a 3 day prior hospital confinement). All but \$67.50 a day for 21st-100th day.  Nothing beyond 100 days.	80% of Medicare reasonable costs for first 8 days per calendar year without prior hospitalization requirement.  100% of costs thereafter up to 150 days/calendar year.	80% for 1st 8 days/calendar year.  100% for 9th-150th day/calendar year.	80% for 1st 8 days/calendar year.  100% for 9th-150th day/calendar year.

9. In 1988, what was the amount of the deductible an individual paid for Inpatient Hospital Services?
- \$540
  - \$560
  - 80%
  - 60%
10. Mr. Jones entered a nursing home on January 1 of 1990. How much did Part A Medicare pay for his care in July 1990?
- 80%
  - 100%
  - All but \$67.50
  - Nothing



## Directions: Stain Removal

Stain	How to remove from washable fabrics
<b>FRUIT, FRUIT JUICES</b> 	<b>Method A:</b> Sponge with cold water. Soak in cold or warm water with enzyme pre-soak for at least 30 minutes. Launder with detergent and bleach safe for fabric. If stain remains, apply a paste of oxygen bleach and water. Add a few drops of ammonia and let stand for 15 minutes. Launder again.
<b>GREASE, OIL, TAR, FATS</b> 	<b>Method 1:</b> Use powder or chalk absorbents to remove as much grease as possible, pre-treat with detergent, non-flammable dry cleaning solvent, or liquid shampoo and launder in hottest water safe for fabric, using plenty of detergent. <b>Method 2:</b> Rub spot with lard and sponge with a non-flammable dry cleaning solvent. Launder in hottest water and detergent safe for fabric.

11. Which 2 cleaning procedures indicate very hot water should be used?
  - a. Only for cleaning juice stains
  - b. Removing juice stains and Method 1 for grease removal
  - c. Only Method 1 for grease removal
  - d. Methods 1 and 2 for grease removal
  
12. Pretreatment is required before laundering for which 2 methods?
  - a. Fat removal and second method for grease removal
  - b. First and second methods for grease removal
  - c. Fruit stains and first method for grease removal
  - d. Fruit stains and second method for grease removal.

## Chart: Taxi Rates

### SPEEDY TAXI

ZONE	FIRST 1/7 MILE	EACH ADDITIONAL 1/7 MILE
1	\$ 1.00	\$ 0.20
2	\$ 2.00	\$ 0.30
3	Flat Rate--\$ 7.00	

Note: All passengers ride for the price of one.

#### EXPLANATION OF FARE ZONES:

- 1 - All routes within downtown core.
- 2 - All routes within suburban areas, and between downtown core and suburban areas.
- 3 - All one-way travel to or from the Airport.

13. If two people are sharing a cab to the airport, how much would each person pay if they split the bill?
- a. \$1.00 for the first mile, and \$0.20 for each additional mile
  - b. \$7.00 for each of the two passengers
  - c. \$3.50 for each of the two passengers
  - d. \$2.00 for the first mile, and \$0.30 for each additional mile
14. If you travelled only within suburban areas, for a distance of 1 mile, how much would you pay?
- a. \$2.30
  - b. \$3.80
  - c. \$4.10
  - d. \$7.00

## Directions: Safe Turkey Thawing Instructions

### TURKEY THAWING DIRECTIONS

- To Cook Immediately:** Remove wrap. Place frozen turkey on rack in shallow pan. Cook uncovered in 325 degree oven for 1 hour. Remove neck and giblets. Immediately return to oven.
- To Cook Later the Same Day:** Leave in wrap. Thaw in frequently changed cold water (about 30 minutes per pound). Cook or refrigerate immediately.
- To Cook Later the Following Day:** Leave in wrap. Wrap frozen turkey in 2 or 3 layers of newspaper. Place on tray. Thaw at room temperature (about 1 hour per pound). Cook or refrigerate immediately
- To Cook Two Days Later:** Thaw wrapped turkey in refrigerator. (A large turkey may take up to 3 days.)

Important: Don't allow thawed turkey to stand at room temperature. Don't thaw commercially stuffed turkeys. Don't prepare stuffing and stuff turkey until ready to cook.

15. According to these directions, how long would it take to thaw a 12 lb. turkey using the cold water method?
- 6 hours
  - 8 hours
  - 12 hours
  - 24 hours
16. If you have no refrigeration in which to thaw an 18-pound turkey for tomorrow's dinner, how should you prepare the turkey for thawing?
- Cold water method
  - Cook immediately
  - Cook unwrapped
  - Cover with newspapers

## Directions: How to Use an Elastic Bandage

### ELASTIC BANDAGE

1. Unwind 12 to 18 inches at a time. Let bandage relax before wrapping. Start with unstretched bandage to avoid wrapping too tightly.
2. Wrap injured area, overlapping the previous layer by one-half to one-third at its width.
3. Smooth after each turn.
4. Use metal clips to fasten.
5. Check for comfort after wrapping. If it feels tight or uncomfortable, it should be removed and rewrapped.

17. What should you do if your bandage causes discomfort?
  - a. Remove it and talk to your doctor.
  - b. Remove it and wrap it again.
  - c. Assume that the bandage does not solve your problem.
  - d. Use 12 to 18 inches of bandage.
  
18. What helps to reduce the risk of making the bandage too snug?
  - a. Begin with a bandage that is not stretched.
  - b. Do not overlap the layers.
  - c. Stretch the bandage beforehand.
  - d. Using metal clips.

## Directions: Telephone Calling Card Instructions

### **Bell of CONCORD Calling Card calls**

You can dial Regional long distance calls from any telephone and have them charged on your regular monthly telephone bill.

#### **To place a Calling Card call:**

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##### **From Dial Telephones:**

- within the 814 Area Code, dial:

**0 + telephone number**

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- outside the 814 Area Code, dial:

**0 + Area Code  
+ telephone number**

When the Operator comes on the line, give your card number.

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##### **From Touch-tone Telephones:**

- within the 814 Area Code, key:

**0 + telephone number  
After the tone, key  
in your complete  
Calling Card number**

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- outside the 814 Area Code, key:

**0 + Area Code  
+ telephone number  
After the tone, key  
in your complete  
Calling Card number**

19. What numbers must you punch in when placing a call within the 814 area on a push button phone?
- 0 + Telephone Number
  - 0 + Area Code + Telephone Number + Card Number
  - 0 + Telephone Number + Card Number
  - 0 + Area Code + Telephone Number
20. On what type of phone will placing a long-distance call require talking to an operator?
- touch tone
  - push button
  - rotary phone
  - speaker phone

## Chart: Comparison of Cereal Brands

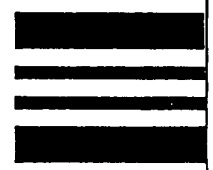
Product	Cost per oz	Calories	Sodium	Sensory comments:
<b>READY TO EAT CEREALS:</b>				
Fiber One	15	57	140	Thin "noodles" with bran
Puffed Wheat	25	95	2	Tough, very soggy
Uncle Sam	12	77	65	Rolled grain with tiny seeds
Nutri-Grain Nuggets	13	96	110	Hard, crunchy wheat nuggets
Shredded Wheat & Bran	18	97	5	Small wheat biscuits, soggy
Shredded Wheat	16	97	6	Large wheat biscuits, soggy
Shredded Wheat Spoon Size	16	99	4	Small Wheat biscuits, soggy
Cheerios	22	106	290	Oat O's, A bit salty, soggy

21. If you were concerned about both low cost and low calories, which product would be the best choice?
- Nutri-Grain Nuggets
  - Fiber One
  - Cheerios
  - Nabisco Shredded Wheat
22. If your doctor prescribes a diet low in salt and low in calories, which product should you definitely not purchase?
- Nutri-Grain Nuggets
  - Quaker Puffed Wheat
  - Cheerios
  - Nabisco Shredded Wheat Spoon Size

# Form: Property Tax or Rent Rebate



PA-1000 (9-88)



## PROPERTY TAX OR RENT REBATE PROGRAM

<p><b>A.</b> Please do not remove label. Make corrections on label if one is provided.</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%;">Your Social Security No.</td> <td style="width: 50%;">Spouse's Social Security No.</td> </tr> <tr> <td>Claimant's Last Name</td> <td>First Name and Initial</td> </tr> <tr> <td colspan="2">Home Address</td> </tr> <tr> <td>City or Post Office</td> <td>State                      Zip Code</td> </tr> <tr> <td>Claimant's Birthdate Month   Day   Year</td> <td>Claimant's Phone Number (      )</td> </tr> <tr> <td>Spouse's Birthdate Month   Day   Year</td> <td>Spouse's First Name and Initial</td> </tr> <tr> <td></td> <td>County</td> </tr> <tr> <td></td> <td>Check here <input type="checkbox"/> If Spouse is Deceased</td> </tr> </table>	Your Social Security No.	Spouse's Social Security No.	Claimant's Last Name	First Name and Initial	Home Address		City or Post Office	State                      Zip Code	Claimant's Birthdate Month   Day   Year	Claimant's Phone Number (      )	Spouse's Birthdate Month   Day   Year	Spouse's First Name and Initial		County		Check here <input type="checkbox"/> If Spouse is Deceased	<p><b>B.</b> This Claim Form Must be Filed by</p> <p>1. I am filing for a rebate as a: (check one)</p> <p>P. <input type="checkbox"/> Property Owner (include a copy of your receipt for 1988 property tax bills.)</p> <p>2. I certify that I am: (check one)</p> <p>A. <input type="checkbox"/> A Claimant, age 65 or older as of December 31, 1988.</p> <p>B. <input type="checkbox"/> A Claimant under 65 with spouse age 65 or older who resided in the same household as of December 31, 1988.</p> <p>C. <input type="checkbox"/> A Widow or Widower, age 50 to 64 as of December 31, 1988.</p> <p>D. <input type="checkbox"/> Permanently disabled and age 18 to 64 during 1988.</p> <p>3. Have you received property tax or rent rebate checks in the past?    <input type="checkbox"/> Yes    <input type="checkbox"/> No</p> <p>If "no," you must send proof of your age. If you are filing because you are disabled, you also must send proof of your permanent disability. Do not send original proof documents.</p>
Your Social Security No.	Spouse's Social Security No.																
Claimant's Last Name	First Name and Initial																
Home Address																	
City or Post Office	State                      Zip Code																
Claimant's Birthdate Month   Day   Year	Claimant's Phone Number (      )																
Spouse's Birthdate Month   Day   Year	Spouse's First Name and Initial																
	County																
	Check here <input type="checkbox"/> If Spouse is Deceased																

23. If you have not previously obtained a tax or rent rebate, what additional supporting information must you enclose with the form?
- a. Send a copy of your tax statement
  - b. Send a copy of your rent bill
  - c. Send proof of your age
  - d. Send copy of your utility bill
24. If your spouse has died, what is the earliest age you would be eligible for a rent or tax rebate?
- a. 50 years
  - b. 64 years
  - c. 65 years
  - d. over 65 years

# Form: Order Blank for Sweeper Accessories

Offer good in the United States only.

Allow 4 - 6 weeks for delivery. Prices subject to change.

PRODUCT DESCRIPTION	PART. NUMBER	QTY.	PRICE EACH	TOTAL AMOUNT
Filter Bag	720330-00		2.25	
Upholstery Brush	130632-00		2.75	
Crevice Tool	134862-01		2.75	
Dirt & Dust Collector				
Kit A <b>SAVE 12%</b> 3-Filter Bags	3-720330-00		Special 5.95	
Kit B <b>SAVE 19%</b> Cleaning Attachment Kit 1 - Crevice Tool 1 - Upholstery Brush 3 - Filter Bags	1-134862-01 1-130632-00 3-720330-00		Special 9.95	
For Your Convenience and future Dustbuster Accessory mail orders, we will forward an additional order form with delivery of any purchases made.	SUBTOTAL		\$	
	LOCAL SALES TAX (Except ID, ME, NV, ND, SD, VT, WY)		\$	1.00
	SHIPPING/HANDLING		\$	1.50
	TOTAL AMOUNT		\$	

25. If you need several filter bags, what part number should you order to get a special price?
- 720330-00
  - 130632-00
  - 134862-01
  - 3-720330-00
26. What would your total bill be if you lived in Idaho and ordered an upholstery brush?
- \$4.25
  - \$5.25
  - \$5.95
  - \$7.00



## Directions: Procedure if Involved in an Accident

1. Stop your car at or near the accident scene. If you can, move your car off the road so you do not block traffic.
2. Call the police if anyone is hurt or dies. Also call the police if any vehicle is so badly damaged that it must be towed. If the drivers of the cars are hurt and cannot notify the police, then others in the accident must call for help.
3. Get the following information from the other driver or drivers involved in the accident:
  - a) Names and addresses.
  - b) Telephone numbers.
  - c) Driver license numbers.
  - d) Registration numbers.
  - e) Their insurance company names and policy numbers, or
  - f) Information about financial responsibility.
4. Get the names and addresses of:
  - a) People involved in the accident.
  - b) Witnesses of the accident.
  - c) Injured people.

27. What monetary information should you get from a person involved in an accident if he/she doesn't have insurance?
  - a. Sources of income
  - b. The name of lawyer
  - c. The insurance company name
  - d. Their next of kin
  
28. If you have an accident in the middle of an intersection, but your car will run, what should you do with your car?
  - a. Leave it where it is
  - b. Move it out of traffic
  - c. Have it towed
  - d. Drive to the police station

## Charts: Guide to Microwave-safe Cookware

ITEM	GOOD USE	GENERAL NOTES
TV dinner trays (aluminum)	Frozen dinners or homemade dinners	No deeper than 3/4 inch. Food will receive heat from top surface only. Foil covering must be removed
Microwave roasting racks	Cooking roasts and chickens, squash and potatoes.	Special racks available for cooking bacon.
Wooden spoons, skewers, and straw baskets	Stirring puddings and sauces; for shish kabobs, appetizers, warming breads	Can withstand microwaves for short cooking periods. Be sure no metal fittings on wood or straw.
Paper plates, cups, napkins	Heating hot dogs, drinks, rolls, appetizers, sandwiches	Absorbs moisture from baked goods and freshens them. Paper plates and cups with wax coatings should not be used.

29. What container is recommended for baking a potato?
- Paper plate
  - TV dinner tray
  - Microwave roasting rack
  - Wooden skewer
30. You need to warm a crusty loaf of french bread. What type of container is recommended?
- Straw basket
  - TV dinner tray
  - Paper plate
  - Roasting rack

# Form: Patient Medical History

ALL INFORMATION IS CONFIDENTIAL

INITIAL/ANNUAL PATIENT HISTORY

## MEDICAL HISTORY

DO YOU NOW HAVE OR HAVE YOU EVER HAD:	YES	NO
A. Dizziness/blurred vision/severe or migraine headaches		
B. Epilepsy/convulsive seizures (fits)		
C. Nervous breakdown/fatigue/depression/emotional problems		
D. Lung problems/asthma/coughing blood/mucus		
E. Nagging cough or hoarseness		
F. Thyroid problems		
G. Heart problems/rheumatic fever/chest pains/shortness of breath		
H. High blood pressure/stroke/high blood fat/cholesterol		
I. Blood clots in legs/varicose veins (swollen veins)/numbness		
J. Liver problems (jaundice, mononucleosis, hepatitis)		
K. Gall bladder problems		
L. Indigestion or difficulty in swallowing		
M. Obesity/weight gain/weight loss (How much in how long? )		
N. Nutritional problems/bone or joint disease		
O. Kidney/bladder/urination problems or infections		
P. Change in bowel or bladder habits		
Q. Colitis/polyps in colon or rectum/bleeding from rectum/frequent black stool		



31. If you are frequently tired and sad, on what line of the form should you indicate this?

- a. A
- b. C
- c. F
- d. N

32. If you frequently have heartburn after eating, on what line of the form should you indicate this?

- a. F
- b. L
- c. M
- d. N

# Directions: Pay Phone Instructions

 			
<p><b>03</b> and <b>12</b> calls are handled by BELL OF PENNSYLVANIA where authorized. Elsewhere <b>03</b> calls are handled by US SPRINT COMMUNICATIONS and <b>12</b> calls by A.T.&amp;T. Other long distance companies serving this area can be reached from this telephone by dialing the access code provided by them.</p>			
<p><b>Local calls</b>                  Deposit 25¢ before dialing                  Change not provided  <b>Coin Repair Service</b> ...                  ..... 611  <b>Toll Free 800 Numbers</b>                  ... <b>12</b> 800 + Number</p>	<p><b>Station-to-Station calls</b>  <b>Local</b> ..... Number  <b>Toll</b> ... Within this Area Code                  ..... <b>12</b> Number  <b>Toll</b> ... Outside this Area Code                  .. <b>12</b> Area Code + Number</p>	<p><b>Calling Card, Collect, Person to Person calls</b>                  Within this Area Code .....                  ..... <b>03</b> Number                  Outside this Area Code .....  <b>03</b> Area Code + Number</p>	<p><b>Directory Assistance</b>                  Within this Area Code ...                  ..... <b>12</b> 555-1212                  Outside this Area Code ...  <b>12</b> Area Code + 555-1212  <b>Dial 911</b>  <b>for Emergency Help</b></p>
<p><b>OPERATOR ASSISTED RATES APPLY TO TOLL CALLS FROM THIS PHONE</b></p>			

33. What number must you dial to charge a call to another area code to your credit card?
- 0 + Number
  - 0 + Area code + Number
  - 1 + Area code + 555-1212
  - 1 + Area code + Number
34. On what types of calls will you be charged for operator assistance?
- Local calls
  - Collect calls
  - Toll calls
  - 800 calls

## Directions: Catalog Mail-order Information

### **CUSTOMER SERVICE.**

To check on your order call our Customer Service Department 1-800-992-9010. We will be happy to answer any questions about your order. Our Customer Service Department is open Monday-Saturday, 8:30 a.m.-6 p.m. (Eastern Standard Time).

To inquire about your Charge Account, call our Credit Department 1-800-225-8204. Our Credit Department is open Monday-Saturday 8:30 a.m.-6 p.m. (Eastern Standard Time).

**RETURNS AND EXCHANGES.** If you are not satisfied with an item, please enclose it with our packing slip (noting the reason for return on the back) and ship it insured to: Lalbots Customer Returns, 175 Kenneth Welch Drive, Lakeville, MA 02348.

35. If you want information on the date that your purchase was mailed, what phone number should you dial?
- a. 1-800-992-9010
  - b. 1-800-225-8204
  - c. 1-800-225-9010
  - d. 1-800-764-2000
36. If you live in California, before what time can you call the Credit Department on Monday?
- a. 6:00 pm
  - b. 8:30 pm
  - c. 4:00 pm
  - d. 3:00 pm

## Form: Information about Prescription Drug Costs



• PHARMACEUTICAL ASSISTANCE CONTRACT FOR THE ELDERLY

### SPECIAL INSTRUCTIONS FOR PAC CARDHOLDERS

- 1** Keep the card in your possession at all times. Do not send the card through the mail if using mail order prescription services. Do not leave your card with your pharmacist.
- 2** If your card is lost or stolen or you change your address, call the PAC toll free number 1-800-225-7223.
- 3** You may be responsible for the cost of any charges if this card is used improperly or fraudulently to obtain prescription medicines.
- 4** If you know that a PAC Card is being used fraudulently, immediately call 1-800-992-2433.
- 5** If you have questions regarding the income verification process, call 1-800-527-1326.

37. Which number should you call if you move to a new residence?
- a. 1-800-992-2433
  - b. 1-800-527-1326
  - c. 1-800-225-7223
  - d. 1-800-225-7322
38. What might be the punishment for illegal use of the card?
- a. You may be liable for resulting expenses.
  - b. You may not be eligible for a new card.
  - c. You may be charged with fraud.
  - d. Your income may be validated.

# Chart: Washing Machine Trouble Shooting List

Check these points **BEFORE** you call for service.

**IF YOUR WASHER**

WON'T AGITATE OR FILL	WON'T SPIN OR DRAIN	STOPS	POSSIBLE REASON— DO THIS TO CORRECT
●	●	●	Replace fuse. Reset circuit breaker.
●	●	●	Turn Control past "OFF", pull out.
●	●		Straighten hoses. Eliminate kinked hoses.
	●		Off Balance Load. Turn Control OFF. Redistribute clothes evenly. Restart Control.
	●		Suds Lock—caused by too much suds. Rewash without detergent. Use correct amount of low-sudsing detergent.
●			Hose Filter Screens plugged. Remove hoses from faucets. Clean screens and reinstall hoses.

39. Stretching hoses, or removing bends in hoses could solve which 2 problems?
- Stops, and won't spin or drain
  - Stops and won't agitate or fill
  - Won't agitate or fill, and won't spin or drain
  - Stops only
40. Your washer won't fill or agitate. However, the spin and drain cycles work properly. What is a likely problem?
- Kink in hoses
  - Filter screens are clogged
  - Load is off balance
  - Fuse needs replacing

# Form: Regular / Intermittent Car Service Check List

DATE/ MILEAGE	DUE FOR SERVICE (Mileage)	LUBE/ CHECK FLUIDS	CHANGE OIL & FILTER	EXHAUST SYSTEM	STEERING, TIE RODS, BOOTS	BRAKE HOSES & LINES	TRANSMISSION OIL	AIR CLEANER	ENGINE TUNE UP
	11250	R	R						
	15000	R	R	I	I	I			
	18750	R	R						
	22500	R	R	I	I	I			
	26250	R	R						
	30000	R	R	I	I	I	R	R	I
	33750	R	R						
	37500	R	R	I	I	I			
	45000	R	R	I	I	I		R	

R = REGULAR SERVICE    I = INTERMITTENT SERVICE

41. Which services would your car need at all service checks?

- a. Exhaust system, steering, brake hoses & lines
- b. Lubrication, oil and filter change
- c. Engine tune up, change oil and filter
- d. Lube job and exhaust check

42. At what mileage will your car require the most service (regular and intermittent)?

- a. 15,000
- b. 22,000
- c. 30,000
- d. 45,000

TIME COMPLETED \_\_\_\_\_

AMOUNT OF TIME STOPPED FOR INTERRUPTIONS \_\_\_\_\_