

(Test 101)

Code No.: _____

Everyday Problems Test

(Open Ended Format)

Test 101 Part I

INSTRUCTIONS FOR EVERYDAY PROBLEM TEST (OE)

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. Then read the selection and write the answer on the lines below. There are 2 practice problems.

Please answer every question. There is no penalty for guessing. Just write 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.

DO NOT BEGIN UNTIL YOU ARE TOLD TO DO SO.

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?

Soda

The correct answer to A is answer "soda". Therefore, "soda" was written for you on the answer sheet.

B. If you wanted to make just 6 biscuits, how much flour would you use?

The correct answer to B is "1 cup" because 6 biscuits would require only half the amount in the recipe given. Write "1 cup" on the line provided.

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?

2. How many calories are added to a serving of cereal if whole milk is used instead of skim milk?

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?

4. Mr. Jones smokes and has a smoker's cough. What is the maximum number of doses he should take per day?

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?

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

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?

8. If you are married and decide to join NRP how much would your
partner have to pay?



Chart: Medicare Benefits Payment Schedule

Part A Medicare Benefits				
SERVICE	1988	1989	1990	1991
Inpatient Hospital Services:	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.
Skilled Nursing Facility Care	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?

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?

Directions: Stain Removal

Stain	How to remove from washable fabrics
FRUIT, FRUIT JUICES 	Method A: 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.
GREASE, OIL, TAR, FATS 	Method 1: 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. Method 2: 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?

12. Pretreatment is required before laundering for which 2 methods?

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?

14. If you travelled only within suburban areas, for a distance of 1 mile, how much would you pay?

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?

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?

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?

18. What helps to reduce the risk of making the bandage too snug?

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:

From Dial Telephones:

- within the 814 Area Code, dial:

0 + telephone number

- outside the 814 Area Code, dial:

**0 + Area Code
+ telephone number**

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

From Touch-tone Telephones:

- within the 814 Area Code, key

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

- 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?

20. On what type of phone will placing a long-distance call require talking to an operator?
