

(Test 101)

Code No.: _____

Everyday Problems Test

(Open Ended Format)

Test 101 Part II

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

Chart: Comparison of Cereal Brands

Product	Cost per oz	Calories	Sodium	Sensory comments:
READY TO EAT CEREALS:				
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?

22. If your doctor prescribes a diet low in salt and low in calories, which product should you definitely not purchase?

Form: Property Tax or Rent Rebate



PA-1000 (9-88)



PROPERTY TAX OR RENT REBATE PROGRAM

A. Please do not remove label. Make corrections on label if one is provided.		B. This Claim Form Must be Filed by		
Your Social Security No.	Spouse's Social Security No.	1. I am filing for a rebate as a: (check one) P. <input type="checkbox"/> Property Owner (include a copy of your receipt for 1988 property tax bills.) 2. I certify that I am: (check one) A. <input type="checkbox"/> A Claimant, age 65 or older as of December 31, 1988. 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. C. <input type="checkbox"/> A Widow or Widower, age 50 to 64 as of December 31, 1988. D. <input type="checkbox"/> Permanently disabled and age 18 to 64 during 1988. 3. Have you received property tax or rent rebate checks in the past? <input type="checkbox"/> Yes <input type="checkbox"/> No 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.		
Claimant's Last Name	First Name and Initial			
Home Address				
City or Post Office	State			Zip Code
Claimant's Birthdate	Claimant's Phone Number			County
Month Day Year	()			
Spouse's Birthdate	Spouse's First Name and Initial			Check here if Spouse is Deceased
Month Day Year				<input type="checkbox"/>

23. If you have not previously obtained a tax or rent rebate, what additional supporting information must you enclose with the form?

24. If your spouse has died, what is the earliest age you would be eligible for a rent or tax rebate?

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 SAVE 12% 3-Filter Bags	3-720330-00		Special 5.95	
	Kit B SAVE 19% 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 Acces- sory mail orders, we will for- ward 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?

26. What would your total bill be if you lived in Idaho and ordered an upholstery brush?

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?

28. If you have an accident in the middle of an intersection, but your car will run, what should you do with your car?

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?

30. You need to warm a crusty loaf of french bread. What type of container is recommended?

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?

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

Directions: Pay Phone Instructions

 			
<p>1 and 2 calls are handled by BELL OF PENNSYLVANIA where authorized. Elsewhere 1 calls are handled by US SPRINT COMMUNICATIONS and 2 calls by A.T.&T. Other long distance companies serving this area can be reached from this telephone by dialing the access code provided by them</p>			
<p>Local calls Deposit 25¢ before dialing Change not provided Coin Repair Service 611 Toll Free 800 Numbers ... 1 800 + Number</p>	<p>Station-to-Station calls Local Number Toll ... Within this Area Code 1 Number Toll ... Outside this Area Code .. 1 Area Code + Number</p>	<p>Calling Card, Collect, Person to Person calls Within this Area Code 1 Number Outside this Area Code 1 Area Code + Number</p>	<p>Directory Assistance Within this Area Code 1 555-1212 Outside this Area Code .. 1 Area Code + 555-1212 Dial 911 for Emergency Help</p>
<p>OPERATOR ASSISTED RATES APPLY TO TOLL CALLS FROM THIS PHONE</p>			

33. What number must you dial to charge a call to another area code to your credit card?

34. On what types of calls will you be charged for operator assistance?

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?

36. If you live in California, before what time can you call the Credit Department on Monday?

Form: Information about Prescription Drug Costs

AGING

PAC



• 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?

38. What might be the punishment for illegal use of the card?

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?

40. Your washer won't fill or agitate. However, the spin and drain cycles work properly. What is a likely problem?

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?

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

TIME COMPLETED _____

AMOUNT OF TIME STOPPED FOR INTERRUPTIONS _____