**HEALTH AND HUMAN DEVELOPMENT - 2019**

Unit 3 Outcome 1, Task 1a – Structured Questions

**Teacher Advice**

This task has been developed within the scope of the Study Design and **has been designed to be easily divided into two tasks worth 25 marks each (see below for where the SAC is divided into two parts).** **To complete the SAC in one part (worth 50 marks), simply delete the cover sheet for part 2.**

The relevant dot points from the Study Design for this task are:

***Key knowledge***

* Concepts of health and wellbeing (including physical, social, emotional, mental and spiritual dimensions) and illness, and the dynamic and subjective nature of these concepts
* Benefits of optimal health and wellbeing and its importance as a resource individually, nationally and globally
* Prerequisites for health as determined by the WHO including peace, shelter, education, food, income, a stable eco-system, sustainable resources, social justice and equity

Q 1 – 4

* Indicators used to measure and understand health status: incidence, prevalence, morbidity, burden of disease, disability-adjusted life year (DALY), life expectancy, health-adjusted life expectancy (HALE), mortality (including maternal, infant and under 5) and self-assessed health status **This dot point may be assessed in both 25 mark tasks.**
* Health status of Australians and the biological, sociocultural and environmental factors that contribute to variations between population groups including:

– males and females

– Indigenous and non-Indigenous

Q 5 – 9

– high and low socioeconomic status

– those living within and outside of Australia’s major cities

* The contribution to Australia’s health status and burden of disease of smoking, alcohol, high body mass index, and dietary risks (under-consumption of vegetables, fruit and dairy foods; high intake of fat, salt and sugar; low intake of fibre and iron).

***Key skills***

* Explain the dynamic and subjective nature of the concepts of health and wellbeing and illness
* Describe interrelationships between dimensions of health and wellbeing
* Explain the individual and collective importance of health and wellbeing as a resource

Q 1 – 4

* Describe global benefits of the pursuit of optimal health and wellbeing
* Identify the WHO’s prerequisites for health and explain their links to improved health outcomes
* Describe and apply indicators used to measure health status **This dot point may be assessed in both 25 mark tasks.**
* Use data to describe and evaluate the health status of Australians
* Analyse patterns in morbidity and mortality in Australia over time

Q 5 – 9

* Analyse health information to explain factors that contribute to variations in health status between population groups.

**Student preparation**

Students should be adequately prepared with regards to all relevant key knowledge and key skills dot points before sitting the task. Teachers should read through SAC tasks prior to students completing the task to ensure all relevant content has been addressed.

As well as having an understanding of key knowledge points and the ability to carry out the key skills, students should be able to explain or define all words within the dot points.

When presented with data, the data should be used at some stage in the related answers. This shows a greater level of understanding of data as opposed to making generalised comments.

If a question asks for similarities or differences between population groups, students should make reference to both groups in their answer.

Students should be aware of the difference between health status and factors affecting health status. If a question is about health status, students should link their answer back to a health status indicator or a particular condition. For example, socioeconomic status is an example of a sociocultural factor, not an aspect of health status.

When students are asked to link to health and wellbeing, the dimensions (physical, social, emotional, mental and / or spiritual) should form the basis of the response.

**Creating one 50 mark task**

This SAC has been created to allow simple conversion into 1 x 50 mark task - simply delete the cover sheet for Part 2.

**Time**

This SAC has been developed to be completed in a 60 minute timeframe. Teachers may want to add reading time to simulate the end-of-year examination. It can also be split into two tasks (worth 25 marks each) if smaller tasks are preferable. If so, these tasks should be completed in a 30 minute timeframe.

**Materials**

Students only require a pen to complete this task.

**Conditions**

This task should be completed under test conditions. It has been written to reflect the end-of-year examination and provides valuable practice for the skills required to succeed in the examination.

Students should not have access to any notes, mobile phones, calculators or any other electronic device.

**HEALTH AND HUMAN DEVELOPMENT**

Unit 3 Outcome 1, Task 1a (Part 1)

Structured Questions

Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_



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• Students are NOT permitted to bring into the assessment room: blank sheets of paper and/or white out liquid/tape.

• No calculator is allowed in this assessment.

**Materials supplied**

• Question and answer booklet.

• Additional space is available at the end of the booklet if you need extra paper to complete an answer. Ensure any extra space used is labelled clearly with the question number.

**Instructions**

• Write your **name** and **student number** in the space provided above on this page.

• All written responses must be in English.

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**devices into the assessment room.**

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**Question 1** (9 marks)

Health and wellbeing and illness, are concepts that are considered to be both dynamic and subjective.

1. Briefly explain the difference between health and wellbeing and illness. 2 marks

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1. Using examples, briefly explain physical health and wellbeing as a subjective concept. 3 marks

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1. Briefly explain social health and wellbeing as a dynamic concept. 2 marks

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1. Using examples, explain how physical and social health and wellbeing are interrelated. 2 marks

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**Question 2** (9 marks)

A stable eco-system is a prerequisite for health according to the WHO.

1. Identify two other prerequisites for health according to the WHO. 2 marks

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1. Select one of the prerequisites identified in part a, and explain why it is considered a prerequisite for

health. 2 marks

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1. i. Briefly explain what is meant by an eco-system. 1 mark

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ii. Outline two ways that a stable eco-system can promote health status. 4 marks

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**Question 3** (4 marks)

1. Explain what is meant by optimal health and wellbeing. 1 mark

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1. Discuss why optimal health and wellbeing is important as a resource for individuals. 3 marks

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**Question 4** (3 marks)

The following table shows infant mortality rates over time for both Indigenous and non-Indigenous Australians.

Source: Adapted from AIHW 2017, Aboriginal and Torres Strait Islander health performance framework.

1. Briefly explain what is meant by infant mortality rate as a measure of health status. 1 mark

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1. Using data, outline the overall change in infant mortality for Indigenous and non-Indigenous

Australians between 1998 and 2015. 2 marks

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**HEALTH AND HUMAN DEVELOPMENT**

Unit 3 Outcome 1, Task 1a (Part 2)

Structured Questions

Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_



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**Instructions**

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**Question 5** (7 marks)

Source: Adapted from AIHW 2017, Aboriginal and Torres Strait Islander health performance framework.

1. Identify one biological and one sociocultural factor and explain how each may have contributed to the difference in infant mortality rates between Indigenous and non-Indigenous Australians in 2015. 4 marks

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1. Briefly explain what is meant by health status. 1 mark

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1. Besides differences in infant mortality rates, outline two variations in health status between

Indigenous and non-Indigenous Australians. 2 marks

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**Question 6** (6 marks)

Dietary risks, including low intake of iron and alcohol misuse, have significant impacts on health status and burden of disease in Australia.

1. Briefly explain how low intake of iron contributes to the burden of disease in Australia. 2 marks

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1. Besides low intake of iron and alcohol misuse, identify two dietary risks common in Australia and

explain how each contributes to health status. 4 marks

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**Question 7** (2 marks)

Briefly outline the difference between incidence and prevalence as measures of health status.

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**Question 8** (6 marks)

Life expectancy is a health status indicator that shows variations in health status between those in high and low socioeconomic (SES) groups.

1. Briefly explain life expectancy. 1 mark

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1. Briefly describe the relationship between life expectancy and socioeconomic status. 1 mark

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1. Identify two environmental factors and explain how each may contribute to the relationship identified

in part b. 4 marks

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**Question 9** (4 marks)

Those living outside major cities have higher rates of alcohol use than those living in major cities.

Making reference to various conditions, explain how this difference could contribute to variations in health status between these groups.

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**END OF QUESTION AND ANSWER BOOKLET**

**Extra space for responses**

**Clearly number all responses in this space.**

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**Answer Guide**

Please note that these answers are a guide only and do not represent every possible correct answer.

1. a. Students receive a mark for showing an understanding of each concept for a total of two marks. For example:
* Health and wellbeing relates to the state of a person’s physical, social, emotional, mental and spiritual existence whereas illness relates to how a person experiences disease and injury.
* Health and wellbeing is often considered a positive concept relating to an equilibrium where the individual feels healthy, happy, capable and engaged. Illness, on the other hand, more commonly relates to a negative concept of ill-health.
1. Students receive one mark for explaining physical health and wellbeing as a subjective concept and a further two marks for using two examples to illustrate this concept. Answers worth three marks include:
* Physical health and wellbeing means different things to different people. For example, for an elderly person, it might mean having chronic conditions well managed. For a young person, it might mean not being sick at all.
* The meaning and importance of physical health and wellbeing can be influenced by an individual’s feelings and personal experiences. For example, one person may place greater emphasis on not being sick and another might place greater emphasis on having a high level of physical fitness.
1. Students receive two marks for making two points relating to social health and wellbeing as a dynamic concept. Answers worth two marks include:
* Social health and wellbeing can change quickly. It can be optimal at one point in time and then events such as relationship breakdown or moving away from home can cause the quality of relationships to decline quickly.
* Social health and wellbeing can change over time. A person may have few friends and then join a social club and develop a number of new friendships, enhancing the relationships they have with others.

d. Students receive one mark for showing how physical health and wellbeing can impact social health and wellbeing and another mark for showing how social health and wellbeing can impact physical health and wellbeing. For example:

* A person who is not sick (physical) is more able to leave their home and spend time with friends and family which can enhance the quality of relationships (social). Those who are socially connected are more likely to discuss issues such as accessing health care with friends. This can mean that they are more likely to access doctors in times of need which can reduce physical symptoms of disease by having conditions treated which enhances physical health and wellbeing.
* A person with strong friendship networks may spend time socialising whilst participating in activities that promote physical fitness such as playing sport. Participating in physical activity can promote fitness and energy levels which can make socialising with friends and family more achievable.
1. a. Students receive one mark for each WHO prerequisite they correctly identify for a total of two marks. Answers are:
* Peace
* Shelter
* Education
* Food
* Income
* Social justice
* Sustainable resources
* Equity

b. Students receive two marks for explaining why their selected prerequisite is important for health. Note that students should go beyond stating what the prerequisite relates to and make a link to the improvement of health (which can relate to health status or health and wellbeing). Answers worth two marks include:

* Peace - peace can mean that there is no armed conflict which can reduce stress as people are not as afraid of being killed. They can also fulfil their daily tasks which can provide a sense of purpose (spiritual).
* Shelter – shelter provides protection from the outside elements which can reduce stress and anxiety, promoting mental health and wellbeing. It also provides a place for restful sleep which can increase energy levels and enhance physical health and wellbeing.
* Education – increases the ability of people to earn an income which can be used for health promoting resources such as food and health care. Education increases the ability of people to work in a field of their choice which can enhance their sense of purpose in life and promote spiritual health and wellbeing.
* Food – adequate food intake promote the functioning of the body which promotes physical health and wellbeing. It also provides energy which increases the ability of people to socialise which promotes social health and wellbeing.
* Income – can be used for food which produces energy (physical). It can be used for recreation which can reduce stress (mental). It can be used to provide education which can assist in developing a sense of purpose in life (spiritual) as educated people are more equipped to work productively. It can develop resilience by being used for counselling and other support services (emotional). Income can be used to socialise with friends such as going out for dinner which can enhance social connections (social).
* Social justice – social justice increases feelings of security within the community as people are not discriminated against. This can promote feelings of connectedness to the community which promotes spiritual health and wellbeing.
* Sustainable resources - can provide ongoing access to clean water which enhances physical health and wellbeing as the person is more likely to be adequately hydrated and less likely to contract infectious diseases.
* Equity – this can reduce anxiety which promotes mental health and wellbeing. If people are treated fairly, they are more likely to feel connected to their community (spiritual). Equity means that all people would be able to access resources such as health care which reduces the impact of disease (physical).

c.i. Students receive one mark for explaining what an eco-system relates to. Examples include:

* An eco-system is a community that consists of all of the living and nonliving components of a particular area.
* An eco-system is a combination of the different components of a particular area and includes plants, animals, water systems and terrain.

ii. Two marks are awarded for each link that is made between a stable eco-system and health status. Answers worth two marks include:

* A stable ecosystem means people can access clean water and food which assists in fighting off pathogens. This reduces the incidence of infectious diseases such as cholera which improves morbidity and mortality rates.
* A stable ecosystem can provide places for relaxation which can reduce levels of stress and anxiety in the community. This can reduce the impact of mental illnesses such as anxiety and depression which improves morbidity rates.
* A stable eco-system provides food for the community. This means that children are more likely to be able to fight off infectious diseases due to being adequately nourished. This reduces the U5MR from diseases such as malaria and measles.
1. a. Students receive one mark for explaining what optimal health and wellbeing relates to:

Optimal health and wellbeing refers to the highest level of health and wellbeing an individual can realistically attain.

b. Three marks are awarded for three points relating to why optimal health and wellbeing is important as a resource for individuals. Students can provide one reason in more detail or more reasons with less detail. Answers worth three marks include:

* Optimal health and wellbeing increases the ability of individuals to live free from pain and concentrate on activities that improve their lives such as studying, working and socialising. This increases the ability of people to earn an income which can be used for resources such as food and health care. This means that people are more likely to lead full, healthy lives.
* Optimal health and wellbeing means that people will spend less money on health care and medication. This money can then be used for other activities such as leisure and social pursuits. This can promote spiritual health and wellbeing as people are more likely to experience peace and harmony in their lives.
* Optimal health and wellbeing means there is less disease in the community. This reduces the need of family members to care for those living with ill-health. This can reduce stress and anxiety among individuals as they have more time to complete activities that promote their own health and wellbeing such as exercising and relaxing.

1. a. Students are awarded one mark for briefly explaining the infant mortality rate as a measure of health status. Students should explain the infant mortality rate as opposed to infant mortality to receive a mark. For example:

Infant mortality rate refers to the number of deaths (usually per 1000 live births) occurring between birth and the first birthday.

b. Students receive one mark for outlining the overall change in infant mortality rates for Indigenous Australians and another mark for non-Indigenous Australians. Data and the correct unit of measurement must be used to be eligible for marks. An answer could be:

For Indigenous Australians, the infant mortality rate decreased from around 14 deaths per 1000 live births to around 6 deaths per 1000 live births between 1998 and 2015. For non-Indigenous Australians, the rate decreased from just over 4 deaths per 1000 live births to around 3 deaths per 1000 live births in the same period of time.

1. a. Students receive one mark each for correctly identifying a relevant biological and sociocultural factor and a further two marks for linking each to the higher infant mortality rate among Indigenous Australians compared to non-Indigenous Australians for a total of four marks. Answers worth two marks include:

Biological

* Birth weight - Indigenous babies are more likely to be born with a low birth weight compared to the rest of the population. This can increase the risk of infectious diseases and infant mortality among this group.
* Body weight – Higher rates of obesity among Indigenous Australians can contribute to higher rates of complications during pregnancy and childbirth which can lead to higher infant mortality rates compared to non-Indigenous Australians.

Sociocultural

* Access to health care - Indigenous Australians are more likely to experience cultural barriers to health care when compared to the rest of the population. This can mean that conditions go untreated which can increase the proportion of people assessing their health as fair or poor.
* Education / health literacy – Indigenous Australians have lower levels of education compared to non-Indigenous Australians. This can mean that Indigenous mothers may not have the same level of knowledge in relation to health care for their infants. This can mean that conditions go undiagnosed, contributing to higher rates of infant mortality.
* Socioeconomic status – Indigenous Australians have an overall lower socioeconomic status than non-Indigenous Australians. This can increase the risk of malnutrition during pregnancy, contributing to low birth weight babies and higher rates of infant mortality.
* Early life experiences – Indigenous women are more likely to smoke during pregnancy than non-Indigenous women. This can increase the risk of low birthweight babies and respiratory conditions which contribute to higher rates of infant mortality.

b. Students receive one mark for briefly explaining health status. Answers worth one mark include:

* An individual’s or a population’s overall health, taking into account various aspects such as life expectancy and morbidity rates.
* Health status reflects the level of health and wellbeing experienced by an individual or group and is measured using indicators such as self-assessed health status and mortality rates.

c. Students receive one mark for each difference in health status they outline for a total of two marks. A detailed explanation is not required here, but students should make reference to both groups. Examples include:

* Lower life expectancy among Indigenous Australians compared to non-Indigenous Australians.
* Indigenous Australians are more likely to assess their health as fair or poor compared to non-Indigenous Australians.
* Indigenous Australians have higher mortality rates than non-Indigenous Australians.
* Non-Indigenous Australians have a lower U5MR than Indigenous Australians.
* Higher rates of diabetes / asthma / mental disorders / injuries / kidney disease etc among Indigenous Australians compared to non-Indigenous Australians.
1. a. Students receive one mark for explaining how low iron intake contributes to disease and another mark for linking it to burden of disease in Australia. Note that low intake of iron does not contribute to many deaths in Australia and answers should therefore link to either DALY or YLD:

Low intake of iron can contribute to iron-deficiency anaemia, a condition characterised by low levels of haemoglobin, tiredness and weakness. This contributes to YLD in Australia, especially among women of child-bearing age.

b. Students receive one mark for each dietary risk they identify and another two marks for linking each to health status for a total of four marks. High body mass index can occur as a result of dietary risks, but is not a dietary risk itself. Student responses should be phrased as risk factors to be eligible for marks (for example, ‘high salt intake’ as opposed to ‘salt intake’). Students should receive a maximum of three marks if they ‘double dip’ (i.e. use two similar explanations for each dietary risk). For example, under-consumption of fruit and vegetables both contribute to low fibre intake, weight gain and associated conditions such as cardiovascular disease. If students use these two dietary risks and use a similar link for each, only three marks should be awarded. Answers worth two marks include:

* under-consumption / low intake of vegetables – vegetables are high in fibre and low intake can contribute to feelings of ongoing hunger. This can lead to overeating, weight gain and an increased prevalence of conditions such as cardiovascular disease.
* under-consumption / low intake of fruit – fruit is high in antioxidants. Low intake can therefore mean that free radicals can harm body tissues and contribute to cancer. Cancer can lead to premature death and lower life expectancy.
* under-consumption / low intake of dairy foods – Dairy foods are high in calcium. Low intake can therefore mean that bones are not as strong as they should be which can lead to higher rates of osteoporosis.
* high intake of fat – high fat intake can lead to weight gain. Weight gain can increase the prevalence of type 2 diabetes which can lead to premature death.
* high intake of salt – salt increases blood pressure by increasing blood volume. This can increase the rate of heart attack and stroke which can decrease life expectancy.
* high intake of sugar – sugar can provide fuel for bacteria in the mouth which produce acid and can lead to dental decay. This increases the rate of dental caries.
* low intake of fibre – fibre assists in cleansing the digestive tract. Lack of fibre can therefore increase the risk of conditions such as colorectal cancer and contribute to increased rates of mortality.
1. Students must explain the difference between incidence and prevalence for two marks. For example:

Incidence refers to the number or proportion of new cases of a particular condition during a given time period whereas prevalence refers to the total number or proportion of cases of a particular condition at a given time.

1. a. Students must briefly explain life expectancy for 1 mark:

Life expectancy relates to the number of years a person can expect to live. It is the number of years remaining to a person at a particular age if mortality rates don’t change.

b. Students are not expected to know data relating to life expectancy between high and low socioeconomic groups, but should be aware of the relationship between the two concepts. An answer worth one mark could be:

As socioeconomic status increases, so does life expectancy.

1. One mark is awarded for each environmental factor that is identified and a further two marks for linking each to the lower life expectancy experienced by low socioeconomic status groups (or the higher life expectancy experienced by higher socioeconomic groups). Answers worth two marks include:
* Environmental tobacco smoke – lower socioeconomic groups are more likely to smoke tobacco inside the home. Exposure to tobacco smoke can increase the risk of respiratory conditions and cancer among non-smokers which can contribute to premature death and lower life expectancy.
* Proximity to fast food outlets – lower socioeconomic neighbourhoods are often targeted by fast food outlets more than higher socioeconomic areas. This can increase the consumption of foods that are energy dense which can contribute to weight gain and conditions that can cause premature death and lower life expectancy such as cardiovascular disease and some cancers.
* Quality of recreation facilities – the quality of recreation facilities is often poorer in low SES areas compared to high SES areas. This can mean that those in low SES areas do not have as many opportunities for physical activity which can lead to weight gain and premature death from conditions such as type 2 diabetes. This contributes to lower life expectancy among these groups.
* Housing quality – housing quality is often poorer in low SES areas compared to high SES areas. This can increase the risk of injuries such as electrocution from faulty wiring, contributing to lower life expectancy.
* Work environments – those in low SES groups often work in more dangerous working environments such as factories, than those in high SES groups. This can lead to higher rates of injury deaths and lower life expectancy.
1. Students receive one mark for each disease they link to alcohol use and another mark for a link to health status for a total of four marks. Answers worth two marks include:
* Alcohol contains energy and contributes to higher levels of obesity for those living outside major cities compared to those living in major cities. Obesity can contribute to cardiovascular disease which is a leading cause of mortality in Australia.
* Alcohol is filtered through the liver and excess consumption can contribute to liver disease. Liver disease can contribute to premature death and lower life expectancy among those living outside major cities compared to those living in major cities.
* Alcohol increases the risk of injuries by impairing people’s judgement and motor control. Higher intake among those living outside major cities contributes to more injuries than those in major cities leading to higher mortality and morbidity rates.

**HEALTH AND HUMAN DEVELOPMENT - 2019**

Unit 3 Outcome 1, Task 1a (Part 1) – Structured Questions

**Marking sheet**

Student Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

|  |  |  |  |
| --- | --- | --- | --- |
| **Question** | **Marks available** | **Marks awarded** | **Comments** |
| 1.a. | 2 |  |  |
| 1.b. | 3 |  |  |
| 1.c. | 2 |  |  |
| 1.d. | 2 |  |  |
| 2.a. | 2 |  |  |
| 2.b. | 2 |  |  |
| 2.c.i. | 1 |  |  |
| 2.c.ii. | 4 |  |  |
| 3.a. | 1 |  |  |
| 3.b. | 3 |  |  |
| 4.a. | 1 |  |  |
| 4.b. | 2 |  |  |
| TOTAL | 25 |  |  |

Overall comments\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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**NOTE: This assessment is a school-based assessment. It is therefore a preliminary result only. The total result for all School Assessed Coursework in the study will be statistically moderated against the GAT and the end-of-year examination results.**

**HEALTH AND HUMAN DEVELOPMENT - 2019**

Unit 3 Outcome 1, Task 1a (Part 2) – Structured Questions

**Marking sheet**

Student Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

|  |  |  |  |
| --- | --- | --- | --- |
| **Question** | **Marks available** | **Marks awarded** | **Comments** |
| 5.a. | 4 |  |  |
| 5.b. | 1 |  |  |
| 5.c. | 2 |  |  |
| 6.a. | 2 |  |  |
| 6.b. | 4 |  |  |
| 7. | 2 |  |  |
| 8.a. | 1 |  |  |
| 8.b. | 1 |  |  |
| 8.c. | 4 |  |  |
| 9. | 4 |  |  |
| TOTAL | 25 |  |  |

Overall comments\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Teacher\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**NOTE: This assessment is a school-based assessment. It is therefore a preliminary result only. The total result for all School Assessed Coursework in the study will be statistically moderated against the GAT and the end-of-year examination results.**