**HEALTH AND HUMAN DEVELOPMENT - 2019**

Unit 3 Outcome 1, Task 1b

Structured Questions – Data Analysis

**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 – 5

* 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 6 – 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 – 5

* 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 6 – 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 1b (part 1)

Structured Questions – Data Analysis

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



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• 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.

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**Question 1** (6 marks)

The following graph shows the average income (per person) globally from 1970 to 2016 in US dollars at constant prices. ‘Constant prices’ mean that inflation has been taken into account so data from different years can be compared fairly.

Source: Adapted from World Bank data, 2019.

1. Using data, briefly describe the change in average income over time according to the graph. 2 marks

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1. Briefly explain how improvements in health and wellbeing may have contributed to the change

outlined in part a. 2 marks

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1. Explain why adequate income is a prerequisite for physical health and wellbeing. 2 marks

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**Question 2** (7 marks)

1. Briefly explain what is meant by mental health and wellbeing. 1 mark

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1. Using examples, explain why mental health and wellbeing is considered subjective and dynamic. 4 marks

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1. Briefly explain how optimal mental health and wellbeing acts as a resource globally. 2 marks

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**Question 3** (4 marks)

Briefly explain how:

1. Social and mental health and wellbeing are interrelated. 2 marks

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1. Physical and spiritual health and wellbeing are interrelated. 2 marks

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**Question 4** (4 marks)

Two prerequisites for health according to the WHO are shelter and peace.

1. Explain how adequate shelter can promote health and wellbeing 2 marks

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1. Explain how peace can promote health status. 2 marks

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**Question 5** (4 marks)



Source: Adapted from healthdata.org, 2019.

1. Explain what is meant by:
2. Health-adjusted life expectancy 1 mark

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1. Life expectancy 1 mark

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1. Using data, identify the difference in HALE and life expectancy between males and females. 2 marks

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**HEALTH AND HUMAN DEVELOPMENT**

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

Structured Questions – Data Analysis

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**Question 6** (7 marks)

Source: Adapted from healthdata.org, 2019.

‘Time lived in ill-health’ is one way of measuring the non-fatal impact of ill-health.

1. Identify another health status indicator that can be used to measure non-fatal disease, injury or

disability. 1 mark

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1. Outline the difference in the amount of time males and females live in ill-health according to the

graph. 2 marks

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1. Briefly explain two reasons that may contribute to the difference identified in part b. 4 marks

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**Question 7** (6 marks)

The following graph shows the proportion of daily smokers in Australia in 2017-18 according to socioeconomic status (SES).

Source: ABS, 2019.

1. Using data, outline the relationship between SES and the proportion of people who smoke daily. 2 marks

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1. Making reference to specific diseases, explain how smoking can contribute to variations in:
2. health status between the highest and lowest socioeconomic groups. 2 marks

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1. burden of disease between the highest and lowest socioeconomic groups 2 marks

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**Question 8** (7 marks)

Those living outside of Australia’s major cities have higher mortality rates due to a range of conditions compared to those living in Australia’s major cities.

1. Briefly explain what is meant by ‘mortality rate’. 1 mark

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1. Identify one biological, one sociocultural and one environmental factor and explain how each can

contribute to the differences in mortality between those living in and outside of Australia’s major

cities. 6 marks

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**Question 9** (5 marks)

The following table shows the recommended maximum intake and the average intake for sodium (a key component of salt) in Australia for selected age groups in 2011-12.

|  |  |  |
| --- | --- | --- |
|  | **Recommended maximum intake (mg)** | **Average intake (mg)** |
| **Age-group** | **Males** | **Females** | **Males** | **Females** |
| **14-18** | 2,300 | 2,300 | 3,117 | 2,399 |
| **19-30** | 2,300 | 2,300 | 3,120 | 2,303 |
| **31-50** | 2,300 | 2,300 | 2,915 | 2,154 |
| **51-70** | 2,300 | 2,300 | 2,510 | 1,972 |
| **71 and over** | 2,300 | 2,300 | 2,217 | 1,773 |

1. Draw a conclusion about sodium intake for males compared to females. 1 mark

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1. Explain two ways that over-consumption of salt can contribute to burden of disease in Australia. 4 marks

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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 one mark for describing the change in average income over time and another mark for the correct use of data. For example:

The average income increased from around US$ 4 500 per person in 1970 to around US$ 8 500 in 2016.

b. Students receive two marks for briefly explaining how improvements in health and wellbeing could contribute to an increase in average income. Answers worth two marks include:

* Improvements in health and wellbeing can mean that people are more physically able to work. This increases productivity globally and means that people can earn a higher income.
* With improved health and wellbeing, less money is required for health care. These savings can be invested in developing industries which can increase employment and average incomes.

c. Students receive two marks for including two points relating to why adequate income is a prerequisite for physical health and wellbeing. Students can make one link with more discussion or two brief links. Answers worth one mark include:

* Income can be used to treat injuries which promotes physical health and wellbeing.
* Income can mean that people can afford nutritious food which provides energy.

Answers worth two marks include:

* Adequate income means that people have money to spend on resources such as nutritious food. This increases levels of energy and assists in maintaining immune system function which can reduce the risk of contracting infectious diseases such as the flu.
* An adequate income can give people more choices in life. They are more able to choose how they spend their leisure time and can reduce the amount of time they have to spend working. This can provide greater opportunities to spend time with family and friends which promotes relationships and social health and wellbeing.
1. a. Students receive one mark for briefly explaining what is meant by mental health and wellbeing. Note that this explanation doesn’t have to be exactly the same as previous definitions of mental health and wellbeing, provided it conveys the same understanding. Answers worth one mark include:
* Mental health and wellbeing relates to the state of a person’s mind or brain and relates to the ability to think and process information.
* Mental health and wellbeing relates to a person’s mood and thought processes and includes aspects such as self-esteem, confidence and levels of stress and anxiety.

b. Students receive one mark for showing an understanding of each concept (i.e. subjective and dynamic) and another mark for using an appropriate example to illustrate each relating to mental health and wellbeing for a total of four marks. For example:

Subjective

* Mental health and wellbeing means different things to different people. For example, a person with severe mental health issues may see optimal mental health and wellbeing as having their condition adequately managed. For another person, it might mean having positive thought patterns.
* The meaning of mental health and wellbeing can be influenced by an individual’s feelings and personal experiences. For example, one person may place greater emphasis on maintaining low levels of stress and another might place greater emphasis on having high self-esteem.

Dynamic

* Mental health and wellbeing can change quickly. It can be optimal at one point in time and then events such as workplace demands can alter it quickly by increasing levels of stress.
* Mental health and wellbeing can change over time. A person may experience depression and then after treatment with medication or counselling, their mental health and wellbeing may improve.

c. Students receive two marks for briefly explaining how optimal mental health and wellbeing acts as a resource globally. Answers worth two marks include:

* Optimal mental health and wellbeing on a global scale means that more people are able to participate in the society in which they live by working or gaining an education, instead of being withdrawn. This means that more people can contribute to the economy of their country which can promote global trade and assist in reducing poverty worldwide.
* When people experience optimal mental health and wellbeing, they are more likely to be satisfied with their lives. This can reduce tensions between countries and assist in preventing conflict, which promotes health outcomes such as increasing life expectancy and reducing the risk of injuries.
* Optimal mental health and wellbeing can mean that people feel more confident and have more faith in themselves. This can contribute to the development of new industries as people are willing to take a chance. This can assist in promoting trade around the world and contributing to economic development.
1. a. Students receive one mark for making a link from social to mental health and wellbeing and another mark for making a link from mental to social health and wellbeing. Answers worth two marks include:
* A person with strong social networks is more likely to have people they can talk to when they are feeling down. This can assist in dealing with problems which can reduce feelings of stress and anxiety. When people are experiencing high self-esteem, they are more likely to want to socialise which can enhance relationships with friends and family.
* A person who is feeling confident (mental) is more likely to make friends in new situations such as when starting a new job or playing for a new sports team, which enhances social health and wellbeing. A person who has strong social networks may have more opportunities for physical activity (such as going for walks with friends) which can release endorphins and elevate mood, enhancing mental health and wellbeing.

b. Students receive one mark for making a link from physical to spiritual health and wellbeing and another mark for making a link from spiritual to physical health and wellbeing. Answers worth two marks include:

* A person who is physically fit (physical health and wellbeing) has a greater ability to work towards their purpose in life which promotes spiritual health and wellbeing. If an individual is working towards their purpose in life, they are more likely to look after their body by eating well and exercising, so they have the energy to work towards their goals.
* When a person feels connected to the world in which they live (spiritual), they are more likely to participate in community activities such as organised sport. This can promote physical activity and increase levels of fitness (physical). A person who is fit is likely to have more energy which can mean that they are more able to work towards their purpose in life which promotes spiritual health and wellbeing.
1. a. Students receive two marks for explaining how shelter can promote health and wellbeing. Students can make one point with more detail or two brief points. Answers worth two marks include:
* Shelter can promote privacy from others and safety from the elements. This can assist in promoting a sense of calm which enhances mental health and wellbeing.
* Shelter can provide a place to study by providing artificial light. This improves education outcomes and can promote a sense of purpose in life (spiritual) as people can work towards a career that they want to do.
* Shelter can provide a place for children to socialise with their siblings and friends when the weather is not conducive to being outdoors. This can promote relationships which improves social health and wellbeing.
* Shelter can protect people from pathogens such as mosquitos. This can reduce the risk of contracting infectious diseases such as malaria which promotes physical health and wellbeing.

b. Students receive two marks for explaining how peace can promote health status. Students can make one point with more detail or two brief points. Answers worth two marks include:

* Peace can mean that there is no armed conflict which can reduce the incidence of injuries and improve life expectancy as fewer people are being killed prematurely.
* A peaceful society increases the ability of people to go to work which can mean that money is available to access resources such as adequate food. This promotes immune system function which can reduce the risk of children contracting infectious diseases which can reduce the U5MR.
* A peaceful society means that infrastructure such as hospitals are less likely to be destroyed. This means that people can access the care that they need for conditions such as cardiovascular disease which can reduce morbidity and mortality rates from these conditions.
* Peace can assist in reducing levels of anxiety as people are not as concerned about themselves or their loved ones being killed or injured. This can reduce the prevalence of mental health issues and decrease morbidity rates.
1. a. i. Students must explain health adjusted life expectancy for 1 mark. For example:

Health adjusted life expectancy (HALE) refers to the number of years a person can expect to live in full health (free from disease and injury) based on current rates of ill health and mortality.

ii. 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 receive one mark for identifying the difference in HALE between males and females and another mark for identifying the difference in life expectancy between males and females. Note that data must be used at some stage in the response to be eligible for two marks. Answers worth two marks include:

* The HALE for males was 71.8 years compared to 74.1 years for females. Males had a life expectancy of 80.5 years compared to 84.6 years for females.
* The HALE and life expectancy were higher for females than for males. HALE was 2.3 years higher for females and the life expectancy was 4.1 years higher for females.

1. a. Students receive one mark for identifying an indicator that is used to measure a non-fatal aspect of health status. Note that although measures such as DALY and HALE include non-fatal components, they also reflect fatal outcomes. Students should be encouraged to use their best answer and as a result, answers such as DALY and HALE should not receive marks. Answers include:
* Incidence (of disease or injury)
* Prevalence (of disease or injury)
* Years lost due to disability (YLD)
* Morbidity rate
* Self-assessed health status

b. Students receive one mark for outlining how much time each sex spends living in ill-health for a total of two marks. Students should be encouraged to use data. An answer could be:

Males spend an average of 8.7 years in ill-health whereas females spend an average of 10.5 years in ill-health.

c. Students receive two marks for each reason they briefly explain that may contribute to females spending more time living in ill-health than males for a total of four marks. If students provide a reason with no explanation, one mark can be awarded. Answers worth two marks include:

* Females live longer than males on average. This means there is more time for chronic conditions to have an impact, contributing to more years lived in ill-health than males.
* Females are more likely to access health care than males. This can mean that conditions are more likely to be diagnosed, contributing to the difference in the amount of time lived in ill-health between the sexes.
* Due to hormonal factors, females are more likely to experience conditions such as osteoporosis than males. This is a long-term condition that contributes to the larger amount of time spent living in ill-health for females.
* Females are more likely to experience mental and behavioural problems than males. These conditions can affect people for a long period of time which can contribute to more time spent living with ill-health for females.
1. a. Students receive one mark for outlining the relationship between SES and the proportion of daily smokers and another mark for the correct use of data, for example:

As SES increases, the rate of daily smokers decreases. For example, around 22% of the lowest SES group smoked, compared to around 7% of the highest SES group.

b. i. Students receive two marks for making a link between smoking and differences in health status between the highest and lowest SES groups. Note that a specific disease should be included to be eligible for full marks. Students should make reference to both groups (the lowest and highest SES groups) to ensure a comparison is made. Answers worth two marks include:

* Smoking can contribute to respiratory diseases, especially if pregnant women smoke. This can lead to higher prevalence of asthma in the lowest SES group compared to the highest SES group.
* Smoking can cause a fault in cells as they divide, contributing to many types of cancers. This can lead to higher rates of cancer among the lowest SES group compared to the highest SES which can contribute to higher rates of premature death and lower life expectancy.

ii. Students receive two marks for making a link between smoking and differences in burden of disease between the highest and lowest SES groups. Note that a specific disease should be included to be eligible for full marks. Students should make reference to both groups (the lowest and highest SES groups) to ensure a comparison is made. Ensure that students do not double dip between parts i. and ii. Using different conditions will ensure that they do not double dip. Answers worth two marks include:

* Smoking increases the risk of cardiovascular disease by increasing the rate of atherosclerosis. This can lead to more heart attacks and stroke in the lowest SES group compared to the highest SES group which can lead to premature death and more YLL.
* Tobacco smoke is a trigger for asthma attacks among asthma sufferers. As low SES groups are more likely to smoke than high SES groups, children in this group may be more exposed to second hand smoke, increasing the number of asthmas attacks that sufferers experience, contributing to more YLD.
1. a. Students receive one mark for explaining what mortality rate relates to, for example:
* The mortality rate is the number of people who die in a given period, usually expressed per 100 000 people.
* Mortality rate relates to the rate at which people die on average in a population.

b. Students receive one mark for each relevant factor they identify and a further mark for linking it to higher mortality rates outside major cities compared to those in major cities for a total of six marks. Reference to both groups should be made for full marks. Examples include:

Biological

* Body weight – those living outside major cities have higher rates of obesity than those in major cities. This contributes to conditions such as type 2 diabetes that can lead to premature death and increases mortality rates.
* Birth weight – those in major cities are less likely to have low birth weight babies than those living outside major cities. Low birth weight is a risk factor for conditions such as diabetes and cardiovascular disease later in life which can lead to premature death and contribute to higher mortality rates.
* Blood pressure – rates of hypertension are higher among those living outside major cities than in major cities. This increases the risk of stroke and heart attack which increases morality rates compared to those in major cities.

Sociocultural

* Education – lower levels of education (including health literacy) for those living outside of Australia’s major cities can mean that people are not as aware of how to maintain a healthy body weight compared to those living in major cities. This can contribute to overweight and obesity which increases mortality rates by increasing the risk of premature death from cardiovascular disease.
* Food insecurity (ensure students do not discuss geographical access if they use food security as a sociocultural factor) – food often costs more for those living outside Australia’s major cities, particularly for those in remote areas. This can increase reliance on energy dense, processed foods which can contribute to obesity and related conditions such as type 2 diabetes. This increases mortality rates due to these causes more so than in major cities.
* Unemployment – rates of unemployment are higher outside major cities than they are in major cities. This can contribute to higher rates of mental health conditions and mortality rates from self-harm and suicide.

Environmental

* Work environment – those living outside major cities often experience more dangerous working environments than those in major cities. Farming machinery for example, can lead to higher rates of injury deaths among those outside major cities which contributes to higher mortality rates.
* Road conditions – roads are more likely to be unmade outside major cities compared to major cities. This can lead to higher rates of car crashes than those in major cities where roads are often in better condition. This can contribute to more injury deaths and higher mortality rates.
* Lack of access to health care – those living outside Australia’s major cities can find it more difficult to access health care such as doctors and hospitals as they are too far away, compared to those in major cities. This can mean that conditions such as cancer and cardiovascular disease may go untreated and lead to higher rates of premature deaths and higher mortality rates than those in major cities where health care is often easier to access.
1. a. Students receive one mark for drawing a conclusion about sodium intake for males compared to females. For example:
* On average, males consume more sodium than females in each age group shown.
* Males have a higher average intake than females in every age group shown.

b. Students receive two marks for each link they make between salt consumption and burden of disease for a total of four marks. If students link salt intake to weight gain, they should not receive a mark. Examples worth two marks include:

* Salt intake increases blood volume as fluid is drawn out of the cells. This increases blood pressure which can increase YLL from premature death due to heart attack and stroke.
* Over-consumption of salt causes calcium to be lost from the blood stream and bones. This increases the risk of fractures and osteoporosis which contributes significantly to YLD in Australia.
* Salt increases blood pressure which puts a strain on the kidneys. Over time, this can contribute to kidney disease which is a cause of DALY in Australia.

**HEALTH AND HUMAN DEVELOPMENT - 2019**

Unit 3 Outcome 1, Task 1b (Part 1) – Structured Questions – Data Analysis

**Marking sheet**

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

|  |  |  |  |
| --- | --- | --- | --- |
| **Question** | **Marks available** | **Marks awarded** | **Comments** |
| 1.a. | 2 |  |  |
| 1.b. | 2 |  |  |
| 1.c. | 2 |  |  |
| 2.a. | 1 |  |  |
| 2.b. | 4 |  |  |
| 2.c. | 2 |  |  |
| 3.a. | 2 |  |  |
| 3.b. | 2 |  |  |
| 4.a. | 2 |  |  |
| 4.b. | 2 |  |  |
| 5.a.i. | 1 |  |  |
| 5.a.ii. | 1 |  |  |
| 5.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 1b (Part 2) – Structured Questions – Data Analysis

**Marking sheet**

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

|  |  |  |  |
| --- | --- | --- | --- |
| **Question** | **Marks available** | **Marks awarded** | **Comments** |
| 6.a. | 1 |  |  |
| 6.b. | 2 |  |  |
| 6.c. | 4 |  |  |
| 7.a. | 2 |  |  |
| 7.b.i. | 2 |  |  |
| 7.b.ii. | 2 |  |  |
| 8.a. | 1 |  |  |
| 8.b. | 6 |  |  |
| 9.a. | 1 |  |  |
| 9.b. | 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.**