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Mid Term Examinations - October 2026

Date: 05/10/2026 **Time:** 11:45 AM - 01:15 PM

Course Code: BSY1103 **Course Name:** Health Psychology

Semester: First Semester **Max. Marks:** 50 **Weightage:** 50%

CO - Levels	CO1	CO2	CO3	CO4	CO5
Marks	10	20	20	20	20

ANSWER KEY

PART A: Answer Following Questions. 10 M

Q.N.	Questions	M	CO	BT
1	Taylor (2023) defines Health Psychology as "the field devoted to understanding psychological influences on how people stay healthy, why they become ill, and how they respond when they become ill."	2	CO1	BT1
2	The three doshas are Vata, Pitta, and Kapha. Functions: Vata controls movement/nervous system; Pitta controls digestion/metabolism; Kapha controls body structure/immunity.	2	CO1	BT1
3	It fails to account for psychological (e.g., stress, emotions) and social (e.g., family support) factors in disease recovery. It cannot explain why two individuals with identical biological diagnoses experience different health outcomes or treatment adherence.	2	CO1	BT1
4	Health-Promoting: Actions undertaken to enhance or maintain physical and mental wellbeing (e.g., regular exercise, balanced nutrition, adequate sleep). Health-Compromising: Actions that increase the risk of disease, disability, or premature death (e.g., cigarette smoking, excessive alcohol consumption, physical inactivity).	2	CO1	BT1
5	Perceived Susceptibility: An individual's personal belief regarding their risk or likelihood of contracting a specific disease or condition. Perceived Severity: An individual's evaluation of how serious or severe the consequences of contracting that disease would be.	2	CO1	BT1

PART B : Answer Any 1 Following Questions. 10 M

Q.N.	Questions	M	CO	BT
6	1. Biopsychosocial Breakdown (5 Marks): Biological: Hypertension, elevated blood pressure, physiological stress markers. Psychological: High workplace stress, sleep deprivation, fear/anxiety about illness, cigarette dependence. Social: High-pressure corporate work environment, potential lack of workplace support or work-life balance. 2. Psychological Intervention (5 Marks): Cognitive/Emotional: Cognitive Behavioral Therapy (CBT) or stress management training to address career anxiety and fear. Behavioral: Smoking cessation counseling and structured relaxation training (e.g., progressive muscle relaxation, deep breathing). Lifestyle Modification: Goal setting to establish sleep hygiene and structured exercise routines.	10	CO3	BT3

7	1. Behavioral Identification (4 Marks): Identifies the clustering of dietary neglect (skipping meals, fast food), sleep deprivation (5 hours/night), and sedentary routine driven by academic stress. 2. Health Promotion Plan (6 Marks): • Sleep Hygiene: Fixed bedtime schedule, eliminating screen time 1 hour before sleep to aim for 7–8 hours. • Nutrition: Meal planning to ensure daily balanced nutrition and avoiding skipped breakfasts. • Exercise: Integrating 30 minutes of daily moderate activity (e.g., brisk walking, yoga) to boost endorphins and relieve academic fatigue.	10	CO3	BT3

PART C: Answer Any 1 Following Questions. 10 M				
Q.N.	**Questions**	**M**	**CO**	**BT**
8	Cultural Determinants Analysis (5 Marks): In Indian collectivist culture, decisions are rarely individual; family and community influence choices. Religious and spiritual beliefs (prayer, yoga) serve as key coping mechanisms for stress and terminal/chronic illness. Family Support Analysis (5 Marks): Benefits: Provides emotional warmth, caregiving, financial relief, and encouragement to adhere to treatment. Challenges: Reduced patient autonomy, decision delays due to conflicting family opinions, and caregiver burn-out/burden.	10	CO5	BT4
9	Matarazzo's 4 Goals (5 Marks): (1) Promote Health, (2) Prevent Illness, (3) Improve Healthcare Systems/Policy, (4) Understand Biopsychosocial Causes/Correlates of Illness. Comparative Analysis (5 Marks): Biomedical: Focuses strictly on blood sugar levels, insulin prescription, and biological symptom control. Health Psychology Framework: Addresses lifestyle modification (diet/exercise promotion), stress management to lower cortisol, patient-doctor communication enhancement, and adherence counseling.	10	CO5	BT4

PART D: Answer Any 1 Following Questions. 10 M				
Q.N.	**Questions**	**M**	**CO**	**BT**
10	Correlational Survey (4 Marks): Measures self-reported mindfulness and blood pressure naturally. Strength: Easy for large samples. Limitation: Cannot prove cause-and-effect. Randomized Experiment (4 Marks): Assigns participants randomly to Mindfulness vs. Waitlist Control. Strength: Establishes causality. Limitation: Artificial setting, potential attrition. Ethical Considerations (2 Marks): Ensuring informed consent and offering the waitlist control group access to intervention after study completion.	10	CO4	BT2
11	Damage Mechanisms (5 Marks): Nicotine causes addiction and cardiovascular/respiratory pathology; excess alcohol causes liver dysfunction and depression; obesity leads to metabolic stress and Type 2 diabetes. Evaluation of Warnings vs. CBT (5 Marks): Informational warnings increase risk awareness but do not alter self-efficacy, emotional coping, or habit loops. CBT addresses underlying triggers, enhances self-efficacy, corrects maladaptive cognitive beliefs, and teaches active coping mechanisms necessary for long-term behavior maintenance.	10	CO4	BT2

PART E: Answer Any 1 Following Questions. 10 M				
Q.N.	**Questions**	**M**	**CO**	**BT**
12	TPB Overview (3 Marks): Asserts that behavioral intention is the most direct predictor of actual behavior. Component Application (7 Marks): Attitude: Positive evaluation of exercise (e.g., "Exercising will make me feel energetic"). Subjective Norms: Belief that valued others approve (e.g., "My friends and family encourage me to exercise"). Perceived Behavioral Control: Self-belief in ability/resources (e.g., "I have time and know how to exercise"). Outcome: High components = strong behavioral intention = initiating daily exercise.	10	CO2	BT2

ANSWER KEY

13	5 Stages (5 Marks): (1) Precontemplation, (2) Contemplation, (3) Preparation, (4) Action, (5) Maintenance. Smoking Cessation Progressions (5 Marks): Precontemplation: No awareness or intention to quit. Contemplation: Aware of risks, weighing pros and cons of quitting. Preparation: Making small plans (e.g., setting a quit date). Action: Actively stopping smoking, using coping tools. Maintenance: Sustaining smoke-free status long-term (>6 months) and preventing relapse.	10	CO2	BT2

ANSWER KEY