1. Type 1 diabetes is defined/described as:
   a. secondary to certain conditions and syndromes
   b. insulin dependent
   c. impaired glucose tolerance test
   d. glucose intolerance during pregnancy
   e. non-insulin dependent

2. In performing a glucose tolerance test on a patient, the peak glucose level occurred after 3 hours. What is the tentative diagnosis?
   a. normal
   b. questionable diabetic
   c. diabetic
   d. impaired tolerance
   e. child diabetic

3. In the fasting state, diabetes may be tentatively considered as the differential diagnosis if the glucose level is greater than:
   a. 1100 mg/L
   b. 1260 mg/L
   c. 1600 mg/L
   d. 2000 mg/L
   e. 2500 mg/L

4. The liver is the major organ which can release glucose into the circulation during fasting because its cells contain:
   a. glucose oxidase
   b. glucose-6-isomerase
   c. glucose-6-convertase
   d. hexokinase
   e. glucose-6-phosphatase

5. The following glucose tolerance curve is representative of:
   *PLEASE NOTE, THE VALUES FOR THE Y-AXIS NEED TO BE MULTIPLIED BY 10
   a. hyperinsulinism
   b. hypoglycemia
   c. mild diabetes
   d. impaired glucose tolerance
   e. normal
6. Type II diabetes is defined/described as:
   a. secondary to certain conditions and syndromes
   b. insulin dependent
   c. impaired glucose tolerance test
   d. glucose intolerance during pregnancy
   e. non-insulin dependent

7. The glucose value of a normal 2 hour post-glucose tolerance test is:
   a. markedly elevated above fasting levels
   b. markedly below fasting levels
   c. within fasting normal limits
   d. slightly elevated above normal levels

8. What is the minimum serum glucose levels at which urine would be positive for the presence of glucose?:
   a. 1000 mg/L
   b. 1400 mg/L
   c. 1800 mg/L
   d. 2200 mg/L
   e. 2600 mg/L

9. Increased levels of insulin cause the glucose intake of cells to:
   a. increase
   b. decrease
   c. be blocked
   d. be maintained on a constant level
   e. remain unchanged

10. The most useful analyte for monitoring long-term (6 to 8 weeks) stability of blood glucose is:
    a. lactic acid
    b. urinary ketone bodies
    c. insulin
    d. blood pH
    e. glycosylated hemoglobin
11. tumor in islet cell of pancreas
12. epinephrine produced by a pheochromocytoma
13. Cushing’s disease

a. hyperglycemia
b. hypoglycemia
c. normal

Use the following Key to answer Questions 14-19:

a. 1,2, and 3 are correct
b. 1 and 3 are correct
c. 2 and 4 are correct
d. only 4 is correct
e. all are correct

14. Which of the following are hyperglycemic agents?
   1. glucagen
   2. epinephrine
   3. cortisol
   4. thyroxine

15. What is/are the most likely presentation/s of a type I diabetic in an out-of-control situation?:
   1. ketoacidosis
   2. hyperosmolar coma
   3. hypoinsulinemic
   4. non-ketotic

16. What is/are the most likely presentation/s of a type II diabetic in an out-of-control situation?:
   1. ketoacidosis
   2. hyperosmolar coma
   3. hypoinsulinemic
   4. non-ketotic

17. Which of the following are most useful for monitoring glucose control in a known diabetic?:
   1. growth hormone
   2. serum insulin
   3. urinary ketones
   4. urinary glucose

18. The most frequent complications of chronic diabetes are:
   1. retinopathy
   2. nephropathy
3. neuropathy
4. microangiopathy

19. Which of the following are the major complications of diabetes?:
   1. angiopathy
   2. male impotence
   3. nephropathy
   4. pheochromocytoma

Answer:
1. b (p. 590)
2. c (p. 596, 597)
3. b (p. 596)
4. e (p. 587)
5. c (p. 590, 596)
6. e (p. 590-591)
7. c (p. 596-597)
8. c (p. 598)
9. a (p. 589)
10. e (p. 598)
11. b (p. 595)
12. a (p. 589)
13. a (p. 590)
14. e (p. 589)
15. b (p. 590, 594)
16. c (p. 590-594)
17. d (p. 597)
18. e (p. 593-595)
19. a (p. 593-595)