

CAMBRIDGE IELTS 6 - TEST 4 - READING

READING PASSAGE 1

Question 1-7:

1. v (para A, first 4 lines: “A few months ago Kim Schaefer, sales representative of a major global pharmaceutical company, walked into a medical centre in New York to bring information and free samples of her company’s latest products. That day she was lucky – a doctor was available to see her. ‘The last rep offered me a trip to Florida. What do you have?’
2. iv (para B, line 2-7: “given day, what Schaefer can offer is typical for today’s drugs rep – a car trunk full of promotional gifts and gadgets, a budgets that could buy lunches and dinners for a small country, hundreds of free drug samples and the freedom to give a physician \$200 to prescribe her new product to the next six patients who fit the drug’s profile. And she also has a few \$1,000 honoraria to offer in exchange for doctors’ attendance at her company’s next educational lecture.”)
3. iii (para C, last 2 lines: “work, so are doctors to blame for the escalating extravagance of pharmaceutical V marketing? Or is it the industry's responsibility to decide the boundaries?”)
4. ix (para D, first 3 lines: “The explosion in the sheer number of salespeople in the field – and the amount of funding used to promote their causes — forces close examination of the pressures, influences and relationships between drug reps and doctors. Salespeople provide”)
5. i (para E, last 3 lines: “umbrellas, and golf balls. Money well spent? It’s hard to tell. ‘I’ve been the recipient of golf balls from one company and I use them, but it doesn’t make me prescribe their medicine,’ say one doctor. ‘ I tend to think I’m not influenced by what they give me”)
6. vii (para F, last 5 lines: “year. Though few comprehensive studies have been conducted, one by the University of Washington investigated how drug sample availability affected what physicians prescribe. A total of 131 doctors self-reported their prescribing patterns – the conclusion was that the availability of samples led them to dispense and prescribe drugs that differed from their preferred drug choice.”)
7. x (para G, line2-4: “than they do in research and development. And patients are the ones who pays – in the form of sky-rocketing prescription prices – foe every pen that’s handed out, every free theatre ticket, and every steak dinner eaten.”)

Question 8-13:

8. NO (para B, line 2-4: “given day, what Schaefer can offer is typical for today’s drugs rep – a car trunk full of promotional gifts and gadgets, a budgets that could buy lunches and

dinners for a small country, hundreds of free drug samples and the freedom to give a physician \$200 to”)

9. YES (para C, first 4 lines: “Selling pharmaceuticals is a daily exercise in ethical judgement. Salespeople like Schaefer walk the line between the common practice of buying a prospect's time with a free meal, and bringing doctors to prescribe their drugs. They work industry highly criticized for its sales and marketing practices, but find themselves in the middle”)
10. NO (para D, last 3 lines: “face-to-face-selling, salespeople have essentially become specialists in one drug or group of drugs – a tremendous advantage in getting attention of busy doctors in need of quick information”)
11. YES (para E, line 3-5: “warm and sunny places, and an inundation of promotional gadgets. Rarely do patients watch a doctor write with a pen that isn’t emblazoned with a drug name, or see a nurse use a tablet not bearing a pharmaceutical company’s logo”)
12. NOT GIVEN
13. YES (para G, line 4-6: “theatre ticket, and every steak dinner eaten. In the end the fact remains that pharmaceutical companies have every right to make a profit and will continue to find new ways to increase sales.”)

READING PASSAGE 2

Question 14-18:

14. B – men and women (para 3, last 3 lines: “a National Literacy Crusade. By 1985, about 300,000 illiterate adults from all over the country, any of whom had never attended primary school, had learnt how to read, write and use numbers.”)
15. F – maternal literacy (para 1, the first 2 lines: “Children in developing countries are healthier and more likely to survive past the age of five when their mothers can read and write. Experts in public health accepted this idea decades ago”)
16. C – an international research team (para 2, line 3: “Now a long-term study carried out in Nicaragua has eliminated these factors by showing that”)
17. J – family wealth (para 2, first 2 lines: “Most literate women learnt to read in primary school, and the fact that a woman has had an education may simply indicate her family’s wealth or that it values its children more highly.”)

18. F – maternal literacy (para 2, last 2 lines: “teaching reading to poor adult women, who would otherwise have remained illiterate, has a direct effect on their children’s health and survival”)

Question 19-24:

19. NOT GIVEN

20. NO (para 5: “The investigations’ finding were striking. In the late 1970s, the infant mortality rate for the children of illiterate mothers was around 110 deaths per thousand live births. At this point in their lives, those mothers who later went on to learn to read had similar level of child mortality (105/1000). For women educated in primary school, however, the infant mortality rate was significantly lower, at 80 per thousand.”)

21. YES (para 5, first 2 lines: “The investigations’ finding were striking. In the late 1970s, the infant mortality rate for the children of illiterate mothers was around 110 deaths per thousand live births. At this point in”)

22. YES (para 6: “In 1985, after the National Literacy Crusade has ended, the infant mortality figures for those who remained illiterate and for those educated in primary school remained more or less unchanged. For those women who learnt to read through the campaign, the infant mortality was 84 per thousand, an impressive 21 points lower than for those women who were still illiterate. The children of the newly-literate mothers were also better nourishes than those of women who could not read.”)

23. NO (para 5, last 2 lines: “mortality (105/1000). For women educated in primary school, however, the infant mortality rate was significantly lower, at 80 per thousand.”)

24. NOT GIVEN

Question 25-26:

25. C (para 8, line 2-6: “need to know where to direct their resources. Sandiford says that there is increasing evidence that female education, at any age, is ‘an important health intervention in its own right’. The results of the study lend support to the World Bank’s recommendation that education budgets in developing countries should be increased not just to help their economies, but also to Improve child health.”)

26. E (para 9: “‘We’ve known for a long time that maternal education is important,’ says John Cleland of the London School of Hygiene and Tropical Medicine. ‘But we thought that even if we started educating girls today, we’d have to wait a generation for the pay-off. The Nicaraguan study suggests we may be able to bypass that’”)

READING PASSAGE 3

Question 27-30:

27. iv (para A, line 3-5: “being excluded from social groups. A survey I conducted with Irene Whitney found that in British primary schools up to a quarter of pupils reported experience of bullying, which in about one in ten cases was persistent.”)
28. vi (para B, first 2 lines: “Bullying is clearly unpleasant, and can make the child experiencing it feel and depressed. In extreme cases it can even lead to suicide, though this is thankfully”)
29. v (para C, last 4 lines: “teachers to deal with bullying. Perhaps as a consequence, schools would often the problem. ‘There is no bullying at this school’ has been a common refrain, certainly untrue. Fortunately more schools are n ' ow saying: ‘There is not much bullying here, but when it occurs we have a clear policy for dealing with it”)
30. vii (para D, first 3 lines: “Three factors are involved in this change. First is an awareness of the severity problem. Second, a number of resources to help tackle bullying have become available in Britain. For example, the Scottish Council for Research in E
line 8: “Third, there is evidence that these materials work, and that schools can achieve something”)

Question 31-34:

31. B (para A, line 4-6: “that in British primary schools up to a quarter of pupils reported experience of bullying, which in about one in ten cases was persistent. There was less bullying in secondary schools, with about one in twenty-five suffering persistent bullying”)
32. D (para B, last 3 lines: “rare. Victimised pupils are more likely to experience difficulties with interpersonal relationships as adults, while children who persistently bully are more likely to grow up to be physically violent, and convicted of anti-social offences.”)
33. D (para C, first 3 lines: “until recently, not much was known about the topic, and little help was available to teachers to deal with bullying. Perhaps as a consequence, schools would often the problem. ‘There is no bullying at this school’ has been a common refrain”)
34. A (para D, line 10-12: “in schools, monitored by a research team. In Norway, after an intervention campaign was introduced nationally, an evaluation of forty-two schools suggested that, over a two-year period, bullying was halved.”)

Question 35-39:

35. policy
36. (explicit) guidelines
(para E, first 2 lines: “Evidence suggested that a key step is to develop a policy on bullying, saying clearly what is meant by bullying, and giving explicit guidelines on what will be done if it”)
37. (School) curriculum (para E, part 2, first 2 lines: “Other actions can be taken to back up the policy. There are ways of dealing with the topic through the curriculum, using video, drama and literature”)
38. victims (para E, part 3, first 2 lines: “there are also ways of working with individual pupils, or in small group. Assertiveness training for pupils who are liable to be victims is worthwhile, and”)
39. playful fighting (para E, part 4, first 2 lines: “Work in the playground is important, too. One helpful step is to train lunchtime supervisors to distinguish bullying from playful fighting, and help them break up”)

Question 40: D