Appendix:

READING

Test

Full Name :

Number :

Class :

INSTRUCTIONS TO CANDIDATES

Do not open this booklet until you are told to do so.

Write your name, number, and class on the answer sheet in the spaces provided.

There are thirty-two questions in this paper.

*Answer **all** questions.*

Mark your answers on the answer sheet.

*You may write on this question paper, but you must transfer your answers to the answer sheet **within the time limit**.*

INFORMATION FOR CANDIDATES

*You have **90** minutes to finish the test.*

Wrong answers will not affect your score.

Answers which do not appear on the answer sheet will not be taken into consideration.

This question paper consists of 12 printed pages.

Part 1

You are going to read four extracts which are concerned in some way with drug addiction and TV programmes. For questions **1-8**, choose the answer (**A**, **B**, **C** or **D**) which you think fits best according to the text. **(24 marks)**

Drug addiction and drug abuse

There is a subtle but important difference between drug abuse and addiction. Someone can abuse drugs without being addicted but the opposite is not true. Some experts have outlined different stages in the addiction process.

Stage one is the exploratory phase, stage two is the recreational, stage three is the abusive, and stage four is the dependent that is associated with the word addiction.

Drug addiction implies a loss of choice where the need is paramount. Drug abuse implies the implementation of a choice to abuse a substance. This choice is born out of a desire to use the substance to help ease circumstances or situation. It is one step further on the road to addiction because it is no longer being used for purely recreational reasons.

It is important to pay attention to drug abuse because it has within it the seeds of the compulsivity that leads to dependency and addiction. This is true in most cases though not in all. There are people who can abuse drugs but are impervious to becoming dependent.

Drug addiction means that drug abuse has become a compulsive need for which there is only one solution. At this point the person feels that there is no choice and that the urge is beyond their control. There are two kinds of addictions: physical and psychological. Often they occur simultaneously because the body is not naturally divided at mind and body.

1 It can be inferred from the text that

A it is possible to be addicted to drugs without abusing them.

B professionals do not deal with the distinction between drug abuse and drug addiction.

C drug addiction is the final step which is preceded by drug abuse.

D a drug dependent cannot be regarded as addicted to drugs.

2 The writer of the text concludes that

A every drug abuser results in addiction.

B a drug addict can control the feelings not to take drugs.

C psychological addiction precedes physical addiction.

D a psychological addict is also a physically addict.

Adapted version of the original text retrieved from Grodno State Medical University, www.grsmu.by/file/kafedry/inostr/uch_pas.doc

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Co-occurring disorders

Dual diagnosis, or co-occurring disorders, refer to drug addiction which is accompanied by an emotional or psychiatric illness. Either type of disorder is complex on its own; together, a dual diagnosis will affect the individual socially, spiritually, physically, and psychologically. The interaction of the different components of dual diagnosis can interact so that diagnosis, treatment and recovery are made more difficult.

In addition, accurately assessing the extent of emotional or psychological illness while drug or alcohol addiction are present can become very difficult for the healthcare provider, thereby making an effective treatment plan more difficult to compile. This does not mean however, that treatment for dual disorders is ineffective or unheard of. When treating such a disorder, it is necessary to focus on both issues. Only trying to fix one problem will most likely not result in improvement of either arena.

Perhaps one of the best forms of treatment for co-occurring disorders is what is known as integrated treatment where the patient receives treatment for both mental illness and substance abuse from the same clinician or from a team of clinicians. Basically, the team works together to make sure that the different interventions are brought together. This way the client will see no division between mental health and substance abuse treatment. This eliminates the confusion that can often occur when obtaining treatment in two different centres. In integrated treatment each client has his/her specific program. This way, the individual can move at his/her own pace, thereby resulting in a more effective treatment situation which will hopefully lead to long lasting recovery.

3 The writer indicates that a dual diagnosis

A is different from co-occurring disorders in terms of emotion.

B has an impact on the addicted person in a variety of ways.

C cannot be treated.

D may occurs only in case of drug addiction not alcohol addiction.

4 It can be concluded that

A the best way for the treatment of a dual diagnosis might be the treatment of the mental illness first.

B an integrated treatment cannot be conducted with a single clinician.

C in an integrated treatment the client's cooperation with the other patients is essential.

D an integrated treatment is based on the principle that there exists no distinction between mental health and substance abuse treatment.

Adapted version of the original text retrieved from,
http://www.addictionsearch.com/treatment_articles/article/cooccuring-disorders-another-name-for-dual-diagnosis_57.html

Media and Children

Families can use a number of tools to be selective about the kinds of TV programmes or movies they watch. There are some good websites that offer reviews or ratings about the content of movies, videos, and DVDs. Although the existing industry ratings can be a useful general guide for parents, the sites 'Common Sense Media', 'MediaWise Kidscore', and 'Kids in Mind' offer more detailed descriptions of content that can help parents select or discuss movies with their children. All of them are free, and information about the sponsoring organization and the methods they use to rate content are clearly described.

Why would parents use the websites presented above when the television industry already provides ratings for TV shows? These ratings could be used to help guide choices, and to programme V-chips that are in all recently made TV sets, but this assumes that the ratings are valid and reliable. One study found that a panel of parents, grandparents, and professionals often agreed with industry ratings of whether content was *inappropriate* for children (e.g., all "R-rated" movies and TV-MA rate television programmes), but they often disagreed on whether movies or programmes rated as being appropriate for children really were.

A more recent national survey found that only half of all parents think that most TV shows are accurately rated. Most of the parents who do use ratings found them at least somewhat useful, however, many parents do not know what the ratings mean. Given this discrepancy, the more detailed information provided by the websites described above allows parents to make their own judgements about whether a television programme or film is appropriate for their own children.

5 The list offered by the writer is different from the others

A since it gives a lengthy description of programmes.

B since it is free.

C because of the methods they use.

D as their ratings are accurate.

6 It can be concluded from the text that

A parents, grandparents, and professionals always agree with each other on industry ratings.

B half of the parents appear to believe in the accuracy of TV shows' ratings.

C parents in general are interested in ratings.

D TV ratings on their own are sufficient for parents to judge whether a programmes is suitable or not.

Adapted version of the original text retrieved from University of Illinois Extension,
http://web.extension.uiuc.edu/connecting/i1931_475.html

Watching full-length TV programmes on Internet increasingly popular

Watching a favourite show you missed on television on the Internet is increasingly popular, two recent studies show. Horowitz Associates found that 16 percent of high-speed Internet users watched at least one full-length TV program online during a week, double the number from last year. Horowitz just released its report: Broadband Content and Services 2007. The Nielsen Company found that 25 percent of the 1,599 Americans surveyed in October have watched full episodes of a TV program in the past three months. Both studies point to the increasing popularity of full-length streaming video on the Internet.

The Nielsen study notes that ABC.com (50 percent), NBC.com (41), CBS.com (37), and Fox.com (24) were the most watched, with other Internet-based alternatives YouTube (17) and iTunes (15) used less often. Horowitz notes that television is still the preferred delivery platform, with 70 percent of Internet users saying they watch TV online because they missed an episode on television. Some watch a show on TV, and then watched it again on the Internet. Others watched a program because someone recommended it. As NewTeeVee wrote today, the increase in watching full TV shows online bodes well for the networks' streaming strategies and for Hulu, a joint venture between NBC and News Corp.

7 It can be inferred from the text that

- **A** there is an increase in the number of studies investigating the popularity of watching TV programmes on the Internet.
- **B** only high-speed Internet users watch TV programmes on the Internet.
- **C** the main reason for watching a TV programme on the Internet is that you can watch it whenever you want.
- **D** the number of Internet users watching TV programmes on the Internet quadrupled last year's number.

8 The number of people watching TV programmes on the Internet will

- **A** increase but they will also keep their habit of watching TV.
- **B** almost be the same in the following years.
- **C** be so high that it will eradicate TV viewers in a couple of years.
- **D** drop in the future.

Adapted version of the original text retrieved from,
http://www.last100.com/2007/12/06/watching-full-length-tv-programs-on-internet-increasingly-popular/

Part 2

You are going to read a short story. Seven paragraphs have been removed from the story. Choose from the paragraphs **A-H** the one which fits each gap **(9-15)**. There is one extra paragraph which you do not need to use. **(28 marks)**

Costing an arm and a leg

Whole, a riveting new documentary by Melody Gilbert is about an increasingly visible group of people who call themselves "amputee wannabes". Wannabes desperately wish to have their healthy limbs removed, and some have succeeded in having it done.

9 ______

My interest in amputee wannabes began several years ago. I was trying to understand why so many people have begun to use the tools of medicine for purposes other than curing illness. I noticed that in the same way that some people said they only felt like themselves after, say, getting sex-reassignment surgery, or even taking Prozac, many wannabes said they would not feel like themselves without an amputation.

10 ______

Gilbert's sensitive film allows wannabes to speak for themselves. Many are so articulate and likable that no matter how difficult you find it to understand their desire, you will come away from the film with sympathy for their strange predicament. Yet perhaps the most disturbing figures in *Whole* are the clinicians. Even as the wannabes admit how baffling they find their own desires, the mental health professionals in the film speak with absolute confidence.

11 ______

This claim is not so much false as incomplete. No formal research studies on treatments for wannabes have ever been undertaken. In fact, nobody really knows much about this condition. Only a handful of articles about it have been published, most of them small case studies in obscure medical journals.

12 ______

Dissenting voices of any kind are largely absent from *Whole*. In her eagerness to document the extraordinary stories her subjects tell, Gilbert has produced a film that uncritically accepts those stories at face value. The patients explain what this condition is and how it should be treated, and the clinicians obediently nod their agreement. The only sceptical voice in the film comes from Jenny. When Jenny decides she cannot stay married to a man who wants to cut his own leg off, her husband accuses her of being narrow-minded.

13 ______

When I first wrote about this condition in the *Atlantic*, I worried that more people might start to identify themselves as wannabes and seek out amputation. Anyone with a rudimentary familiarity with the history of psychiatry cannot help but be struck by the way that mental disorders come and go.

14 ______

First, the conditions are usually backed by a group of medical or psychological defenders whose careers or reputations depend on the existence of the disorder and who insist that the condition is real. Second, there is usually no hard data about the causes or the mechanism of the condition. Third, no independent lab tests or imaging devices are available to provide objective confirmation of the diagnosis, which is usually made solely on the basis of the narratives and behaviour of their patients.

15 ______

By all indications, the number of people identifying themselves as wannabes is growing. Robert Smith, the Scottish surgeon, has six more acceptable candidates for amputation. A popular wannabe listserv, whose membership was 1,400 two and a half years ago, has 3,670 subscribers today. A group of clinicians at Columbia University has set up a Web site to provide information about the condition. They are redefining it as "Body Integrity Identity Disorder." In the meantime, psychiatrists are no closer to understanding the condition, and they are proposing no therapy other than amputation.

A Conditions like social anxiety disorder, post-traumatic stress disorder, attention deficit-hyperactivity disorder, gender identity disorder, multiple personality disorder, anorexia, and chronic fatigue syndrome were once seen as rare or nonexistent, then suddenly they ballooned in popularity. This is not simply because people decided to "come out" rather than suffer alone. It is because all mental disorders, even those with biological roots, have a social component. While these new conditions are very different from one another, they share several important features.

B Finally, there is often a treatment for the condition even in the absence of knowledge about its causes and mechanism. The diagnosis of social anxiety disorder, for example, was driven by the development of profitable medications to treat it, such as antidepressant drugs.

C Kevin, a university lecturer and one of several wannabes featured in the film, had his leg amputated by Robert Smith, a surgeon in Scotland who has amputated the legs of two otherwise healthy people. George Boyer shot his own leg off with a shotgun. Others have used chain saws and homemade guillotines. Why? Nobody really knows, including the wannabes themselves, who often say they have had the desire since they were children. "It's obviously peculiar", admits Kevin. "But knowing it is peculiar and saying it is weird does not do away with the problem".

D You might think that clinicians would want to be certain that all options had been exhausted before recommending that patients have their arms or legs amputated, yet the clinicians in the film do not mention alternative treatments. The only person who expresses a hint of uncertainty is Robert Smith who wonders how the amputations he has performed will be perceived in 20 years.

E I published an article about wannabes for the *Atlantic Monthly* and another on the legality of such amputations with my colleague Josephine Johnston for the academic journal *Clinical Medicine*. It was after reading about wannabes in the *Atlantic Monthly* that Gilbert decided to make her film.

F As clinicians start to diagnose the disorder; the conditions themselves become part of popular discourse. Patients reinterpret their own psychological histories, and their behavior changes to match what is expected of people with the condition they believe they have. "I want you to accept that this condition exists," Baz says emphatically in the film, "and that the *only* way it can be sorted out is psychological treatment".

G Oddly, the film also glides past the sexual aspect of the condition and views it as a problem of identity, like gender identity disorder. In the few medical articles where the condition has been discussed, it is known as "apotemnophilia," because clinicians view it as a paraphilia—a displaced sexual desire like transvestism, voyeurism, and pedophilia. This is because many wannabes are attracted to the idea of themselves as amputees, and some are attracted to other amputees.

H The film features a social worker and clinical psychologist who have counselled Boyer in Florida, as well as Michael First, an academic psychiatrist at Columbia University, who has organized several meetings of wannabes and clinicians. First says that the purpose of these meetings is to "facilitate treatment" for the condition, by which he says he means surgical treatment. His apparent certainty that nothing short of amputation can help these people is underscored by ominous music and a screen shot that reads, "There are no medications or therapies known to help wannabes".

Adapted version of the original text retrieved from, http://www.slate.com/id/2085402/

Part 3

You are going to read a magazine article. For questions **16-22**, choose the answer (**A**, **B**, **C** or **D**) which you think fits best according to the text. **(28 marks)**

Test anxiety: What it is and how to cope with it

You walk into the exam room…confident that you know the material and can pull off a good grade. You're feeling a little nervous, but not any more than at other times in the past. The test arrives, your hand is a little shaky while you're writing your name down on the answer sheet. The first two questions go fine. Then you read the third question. It seems to be coming at you from about 45 degrees off from what you were expecting… Then it happens… Everything goes blank, and even the easy questions you know… You suddenly can't understand, let alone answer… Ten minutes before the test is about to end, you start to comprehend some of the questions. You answer some of the easy ones. Even the difficult ones suddenly start to make sense. But it doesn't matter anymore. Time's up…

Exam anxiety is a fairly common phenomenon that involves feelings of tension or uneasiness that occur before, during, or after an exam. Many people experience feelings of anxiety around exams and find it helpful in some ways, as it can be motivating and create the pressure that is needed to stay focused on studying. However, in some cases, anxiety can become so intense that it leads to disruptive symptoms that ultimately lead to a negative impact on one's performance. In these cases, it is important for students to attend to their symptoms and find a way to cope effectively, so that their schooling does not suffer any further.

As a first step, it is important to determine whether the anxiety is "true" test anxiety, or is due to a lack of adequate preparation. The student will need to ensure that he/she spends enough time studying, has adequate study strategies, attends class regularly, and understands the class material. If these issues have been addressed and he/she still continues to experience intense symptoms of anxiety, then it is likely that he/she is suffering from true (or classic) test anxiety, and will need to target his/her particular symptoms directly.

Although anxiety can affect each person in different ways, there are several symptoms that are quite common. Some of these are emotional, which include feelings of fear, disappointment, anger, depression, or helplessness. Other symptoms are more behavioural, ranging from fidgeting or pacing to substance abuse or other self-destructive behaviours. There are also physiological symptoms, which include fast heartbeat, feelings of nausea, headaches, lightheadedness, sweating, and other disruptions in bodily functions. Finally, many people experience cognitive symptoms, such as negative thinking about oneself, racing thoughts, loss of memory, and "blanking" out.

Some of the strategies for coping with exam anxiety are quite practical and relatively easy to implement, such as avoiding caffeine, arriving early to the exam, avoiding people who speak negatively, meeting with the professor to discuss class material, getting a good night's sleep, and reading exam directions carefully. Students will also need to ensure that they are practicing good time management skills and managing their stress on a daily basis through exercise, good nutrition, social support, enjoyable activities, and balance in their lives.

One of the most important components in dealing with exam anxiety is stopping a negative spiral from occurring, which can happen when one sign of anxiety (e.g., trembling hands, negative thoughts about one's performance) leads to a "chain of negative thoughts and images…each feeding on the one before and giving rise to another…". This can lead to an increase in one's anxiety level to the point where he/she can no longer perform at an acceptable level. There are many strategies that can be used to interrupt this cycle, such as breathing deeply; relaxing tense muscles; repeating positive, reassuring statements to oneself; taking a short break from the exam situation; and visualizing oneself doing well.

Exam anxiety can be treated very effectively by continually practicing the above strategies. As some of these may be difficult to learn on one's own, Student Counselling Services provide individual counselling, as well as Exam Anxiety and Relaxation workshops, to aid in this process. For more information, please call Student Counselling Services or visit our office in the Student Union's Building.

Adapted version of the original text retrieved from University of Alberta, http://www.expressnews.ualberta.ca/article.cfm?id=2338

16 What does the writer imply in the introduction paragraph?

- **A** One can be unsuccessful due to insufficient study.
- **B** Difficult questions can never be answered due to insufficient time allocated.
- **C** When you are confused it is almost impossible to continue the exam.
- **D** Failure can be triggered by a difficult question.

17 What does the writer say about exam anxiety in the second paragraph?

- **A** Pre exam anxiety is more common than post exam anxiety.
- **B** The merits of anxiety outweigh the defects.
- **C** Exam anxiety should not be dealt with seriously to get rid of it.
- **D** Successful students do not feel exam anxiety.

18 What does the writer imply about the roots of anxiety?

- **A** Anxiety may not be related with insufficient preparation.
- **B** Anxiety is mainly related with study strategies.
- **C** There is a correlation between anxiety and class attendance.
- **D** A true exam anxiety sufferer has trouble in understanding the class material.

19 It is clear from the text that

- **A** common symptoms of anxiety do not occur together in one person.
- **B** cognitive symptoms exist in case of insufficient preparation.
- **C** emotional symptoms are the rarest ones.
- **D** depression may be an indicator of anxiety.

20 What can't be said about the strategies for coping with exam anxiety?

- **A** In order to work, strategies need to be practiced.
- **B** They are transmitted by interaction with other people.
- **C** Avoiding caffeine does not help develop appropriate strategies.
- **D** Interacting with other people increases anxiety.

21 What does the writer say in the penultimate paragraph about negative spirals?

- **A** Trembling hands may result in failure in the exam.
- **B** The level of anxiety is stable in a negative spiral.
- **C** A negative spiral always results in failure in the exam.
- **D** Breathing deeply prevents a negative spiral occurring.

22 The writer concludes that

- **A** it is not essential to consult counselling services to treat anxiety.
- **B** taking drugs is superior to getting professional help.
- **C** none of the methods is completely successful.
- **D** addicted people cannot be prevented suffering from exam anxiety.

Part 4

You are going to read a magazine article. For questions **23-30**, name the places by referring to the text. One place may be used more than once. **(20 marks)**

A glorious experience

The summer of 2000 will forever be for me a season to cherish and a time to remember. It was a glorious and spellbinding period. Beginning May 22, 2000 I travelled to ten countries, including Germany, Namibia, Zimbabwe, Zambia, the Netherlands, Australia, Trinidad, Guyana, Curacao (Netherlands Antilles), Barbados, and Costa Rica, not returning to the United States until the last week of August. I lectured in eight of these countries (nine if you count Curacao) and learned a great deal in all of them. It was a whirlwind of experiences, many of which I am only just now beginning to digest. In this current essay I will provide some background, first hand observations, and insight concerning my travel experiences in Zimbabwe. In fact, of all of my summer travels, only Australia, a country to which I actually led a tour group, surpassed Zimbabwe in terms of length of stay and depth of experience.

With the completion of my Africa Day lecture series in Namibia on May 28, 2000, I caught an Air Namibia flight from Windhoek, Namibia to Victoria Falls, Zimbabwe. After a journey of a little less than two hours, my mission was accomplished. I quickly secured my visa, and stood for the first time on Zimbabwean soil. It was wintertime in Zimbabwe, and the weather was dry and cool. The country was beautiful, the people seemed friendly, and I had the sense of great personal satisfaction that I had realized another dream of a lifetime.

Like Namibia, but even more so, I had wanted to go to Zimbabwe from way back. In fact, after Egypt, Zimbabwe was my favoured African travel destination. Indeed, the ruins of its stupendous stone cities built by the Shona people of northeast Zimbabwe had intrigued me for a long time. In addition to the historical, archaeological, and political aspects of the trip, however, and on a more personal note, my first name, Runoko, given to me as a university student a long time ago, is in fact a Zimbabwean name.

Zimbabwe, in southeast Africa, is a country of more than eleven million people. More than 95% of its citizens are Black. Most of them, more than seventy percent, are Shona, followed numerically by the Ndebele. Whites and Asians constitute less than five percent of the total population. English is the official language followed by Shona and Sindebele. Most of the Whites are of English origin with more than half of them coming to the country after 1945. There are probably less than 100,000 White people, total, in Zimbabwe today. The country of Zimbabwe finally achieved its independence from White minority rule in 1980.

Geographically, Zimbabwe is bordered by South Africa to the south, Botswana to the west, Mozambique to the east, and Zambia to the north. The capital of Zimbabwe is Harare, in the northeast, a city of more than a million people. The second largest city is Bulawayo with a population of about 700,000 people, mostly Ndebele. Most of my time in Zimbabwe was spent in and around Bulawayo.

The School of African Awareness was the principal sponsor and coordinator of my trip to Zimbabwe. As such, the SAA organized my housing, transportation, lecture schedule, and overall itinerary. The essential goal of the SAA, a non-governmental and non-profit organization launched in Bulawayo, Zimbabwe on Africa Day, May 25, 1997, is to "address issues pertaining to African cultural awareness and self-help and self-reliance. Its main focus is to disseminate information to all those committed to the well being of Africa and its people."

My lectures in Zimbabwe began less than twenty-four hours after my arrival in the country. After securing a taxi and being driven for several hours from Victoria Falls to Bulawayo (where I consumed a hot meal, and caught a night's rest), I spoke the following day at the United College of Teachers. Here, on this day, on which I gave the first of several talks at the college, I spoke to a single class of prospective teachers. Interestingly enough, the college did not even have a history component, and the only reason the lecture materialized at all was through the tireless efforts of Mr. Sibanda. Both the students and the teacher were very receptive, however, and I did a broad-ranging slide-presentation that focused on the African presence globally, ancient and modern. I was to repeat the presentation with minor variations with great success during the course of my stay in Zimbabwe. I tried to inspire the students with the history of African people, and make them proud of themselves. A key component to the success of each presentation was the period allotted to questions and answers that followed every talk. It was a real struggle though, for I was fighting what I perceived to be the strong belief that to embrace Africa was to embrace backwardness, while to embrace Europe was to embrace modernity. Almost all of the students wore western style clothes, consisting of shirts and ties for the men, skirts and nylon stockings for the women. A good deal of the women students wore their hair straightened. These were some of the not so pleasant realities of the trip. I suppose that I, like others, have a kind of idealized vision of what Africa and Africans should be, and it is admittedly disappointing when the vision does not materialize. However, there were those Africans, in the minority just like me, who were, in fact, struggling to realize that vision, and identifying and building with this minority made all of the hard work worthwhile.

In addition to the talks that I gave, I toured the city of Bulawayo extensively, visiting both its townships and

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its most plush neighborhoods. With the various talks, private meetings, public discussions, TV, radio, and newspaper interviews, every day was a busy one, and I remained fully occupied throughout the course of the trip. Among the most important of the sessions in which I participated were full meetings with the Bulawayo Affirmative Action Committee and the Informal Traders Association. Through these sessions, I was able to gain some kind of understanding concerning the local and national political scenes, and gather some insight into Zimbabwe's economic life. I was also fortunate enough to visit one of the white-owned farms being occupied by the war veterans. These Africans, veterans of Zimbabwe's independence struggle against colonial rule, seemed resolute about holding onto the lands that they are currently occupying. Although they were sorely disappointed when I told them about the manner in which the western media was portraying their actions, their morale was high, and got even higher when I told them of the overwhelming moral support that they enjoyed from African-Americans in general.

One of the great highlights of the entire Zimbabwe trip came on a day that I didn't lecture and was driven far from the confines of Bulawayo. In an emotional ceremony held within the centrality of several villages, attended by the local elders and community residents, and augmented by dancers and drummers, I was warmly received, and officially acknowledged as an African finally returned home. I was presented with a magnificent wooden staff, and told that I had finally found my family. It was a wonderful episode, and an experience never to be forgotten. I was so moved emotionally, that when asked to speak at the ceremony, I respectfully, but firmly, declined, as I knew that I would have broken down, and wept like a child.

23 The country to the east of Zimbabwe is
A Mozambique C South Africa
B Zambia D Bostwana

24 The largest city in Zimbabwe is
A Victoria Falls C Harare
B Bulawayo D Windhoek

25 The latest city that the writer was in before visiting Zimbabwe is
A Bulawayo C Victoria Falls
B Harare D Windhoek

26 The first city that the writer had been in Zimbabwe is
A Harare C Windhoek
B Victoria Falls D Bulawayo

27 The city where the writer first delivered a talk in Zimbabwe is
A Bulawayo C Victoria Falls
B Harare D Windhoek

28 The city where The School of African Awareness started its facilities is
A Victoria Falls C Harare
B Windhoek D Bulawayo

29 The writer's native country is
A Egypt C the United States
B the Netherlands D Zimbabwe

30 The country in which the writer stayed the least on a summer travel is
A Australia C Egypt
B the Netherlands D Zimbabwe

Adapted version of the original text retrieved from the Global African Presence, http://www.cwo.com/~lucumi/zimbabwe.html

Full Name :

Number :

Class :

PART 1 (24 marks)															
1				2				3				4			
A	B	C	D	A	B	C	D	A	B	C	D	A	B	C	D
5				6				7				8			
A	B	C	D	A	B	C	D	A	B	C	D	A	B	C	D

PART 2 (28 marks)						
9	10	11	12	13	14	15

PART 3 (28 marks)																											
16				17				18				19				20				21				22			
A	B	C	D	A	B	C	D	A	B	C	D	A	B	C	D	A	B	C	D	A	B	C	D	A	B	C	D

PART 4 (20 marks)															
23				24				25				26			
A	B	C	D	A	B	C	D	A	B	C	D	A	B	C	D
27				28				29				30			
A	B	C	D	A	B	C	D	A	B	C	D	A	B	C	D