

Practice Quiz Pack 07

Sexual-Gender & Disruptive-Conduct (Ch 13-14)

Printable practice set. Questions first, full answer key at the end of each chapter.

Chapter 13 — Sexual Dysfunctions & Gender Dysphoria

Practice Questions

Overview and general criteria

1. Which principle is central to the diagnosis of gender dysphoria?
 - A. Being transgender or gender-diverse is itself a mental disorder
 - B. It applies only to adults
 - C. It requires a medical condition
 - D. The diagnosis names the distress of gender incongruence, not the identity itself
2. Most sexual dysfunctions require a minimum duration of:
 - A. 6 months
 - B. 2 weeks
 - C. 1 month
 - D. 2 years
3. For sexual dysfunctions that use an occasion-frequency criterion, such as erectile disorder, the problem must occur on approximately:
 - A. At least once
 - B. About 75 to 100 percent of sexual occasions
 - C. About 10 percent of occasions
 - D. Only during stress
4. The two 'course' and 'context' specifiers for sexual dysfunctions are:
 - A. Mild versus severe only
 - B. Nocturnal versus diurnal
 - C. Lifelong versus acquired, and generalized versus situational
 - D. Primary versus secondary
5. DSM-5 merged the former female desire and arousal disorders into:
 - A. Female Sexual Interest/Arousal Disorder
 - B. Female Orgasmic Disorder
 - C. Genito-Pelvic Pain/Penetration Disorder
 - D. Gender dysphoria
6. DSM-5 merged vaginismus and dyspareunia into:
 - A. Genito-Pelvic Pain/Penetration Disorder
 - B. Female Orgasmic Disorder
 - C. Erectile Disorder
 - D. Female Sexual Interest/Arousal Disorder
7. The former diagnosis 'gender identity disorder' was renamed in DSM-5 to:
 - A. Gender dysphoria
 - B. Gender variance
 - C. Transsexualism
 - D. Sexual identity disorder
8. A named non-substance/medication-induced sexual dysfunction can be diagnosed even when its symptoms are fully attributable to a medication or another medical condition. True / False
9. Clinically significant distress is required for a sexual dysfunction diagnosis. True / False
10. A sexual dysfunction present since first sexual activity is specified as _____.

Sexual dysfunctions by phase

11. Male Hypoactive Sexual Desire Disorder is characterized by:
 - A. Difficulty achieving an erection
 - B. Early ejaculation
 - C. Pain with penetration
 - D. Persistently deficient sexual thoughts, fantasies, and desire
12. Erectile Disorder belongs to which phase of the sexual response?
 - A. Arousal
 - B. Desire
 - C. Orgasm
 - D. Pain

- 13.** Premature (early) ejaculation is a disorder of the:
- Desire phase
 - Orgasm phase (ejaculation timing)
 - Arousal phase
 - Pain phase
- 14.** Delayed Ejaculation is characterized by:
- Ejaculation within one minute
 - Deficient desire
 - A marked delay in, or inability to achieve, ejaculation
 - Pain with penetration
- 15.** Female Orgasmic Disorder is a disorder of the:
- Desire phase
 - Arousal phase
 - Pain phase
 - Orgasm phase
- 16.** Genito-Pelvic Pain/Penetration Disorder involves difficulties with:
- Vaginal penetration, pelvic pain, fear of pain, or pelvic floor tension
 - Erection
 - Desire only
 - Ejaculation timing
- 17.** A man has had, for the past year, persistent difficulty obtaining an erection sufficient for intercourse on nearly every occasion, causing distress, with no medical or medication cause. Best diagnosis?
- Male Hypoactive Sexual Desire Disorder
 - Erectile Disorder
 - Delayed Ejaculation
 - Premature Ejaculation
- 18.** A woman reports, for over six months, markedly reduced interest in sex, absent sexual fantasies, reduced initiation and receptivity, and absent arousal on nearly all occasions, with distress and no substance, medical, or relationship cause. Best diagnosis?
- Female Orgasmic Disorder
 - Genito-Pelvic Pain/Penetration Disorder
 - Female Sexual Interest/Arousal Disorder
 - Erectile Disorder
- 19.** For at least 6 months, on almost every occasion of vaginal intercourse, a man ejaculates within about 1 minute of vaginal penetration, earlier than he wishes, with significant distress and the relevant exclusions satisfied. Best diagnosis?
- Delayed Ejaculation
 - Erectile Disorder
 - Male Hypoactive Sexual Desire Disorder
 - Premature (Early) Ejaculation
- 20.** A woman experiences marked pain and pelvic floor tightening with attempted penetration, with fear of pain, for over six months. Best diagnosis?
- Genito-Pelvic Pain/Penetration Disorder
 - Female Orgasmic Disorder
 - Female Sexual Interest/Arousal Disorder
 - Gender dysphoria
- 21.** Female Sexual Interest/Arousal Disorder combines what were previously separate desire and arousal diagnoses. True / False
- 22.** Match each dysfunction (left) to the principal clinical domain used in this teaching framework (right).
- | | |
|--|------------|
| 1. Male Hypoactive Sexual Desire Disorder | A. Arousal |
| 2. Erectile Disorder | B. Pain |
| 3. Premature Ejaculation | C. Desire |
| 4. Genito-Pelvic Pain/Penetration Disorder | D. Orgasm |
- 23.** A dysfunction that occurs only with a specific partner or situation is specified as 'generalized.' True / False
- 24.** Which is the best reason to withhold a named (non-induced) sexual dysfunction diagnosis despite a sexual complaint?
- The person is distressed
 - The problem is fully explained by severe relationship distress or a medication
 - The problem has lasted a year

D. The person is married

25. DSM-5 combined vaginismus and dyspareunia into genito-pelvic pain/_____ disorder.

26. A man develops erectile difficulty shortly after starting a new antidepressant, resolving when it is changed. Best diagnosis?

- A. Erectile Disorder
- B. Male Hypoactive Sexual Desire Disorder
- C. Substance/medication-induced sexual dysfunction
- D. Gender dysphoria

27. The orgasm-phase dysfunctions include all of the following EXCEPT:

- A. Delayed Ejaculation
- B. Premature Ejaculation
- C. Female Orgasmic Disorder
- D. Erectile Disorder

28. Female arousal problems are captured within Female Sexual Interest/Arousal Disorder rather than a separate arousal disorder. True / False

29. Which specifier pair indicates whether a dysfunction has been present since the beginning of sexual life?

- A. Lifelong versus acquired
- B. Generalized versus situational
- C. Mild versus severe
- D. With versus without pain

30. A man reports persistently low sexual desire and few sexual thoughts for a year, causing distress, with normal testosterone and no medication effect. Best diagnosis?

- A. Erectile Disorder
- B. Male Hypoactive Sexual Desire Disorder
- C. Delayed Ejaculation
- D. Gender dysphoria

Gender Dysphoria

31. Gender dysphoria is defined by:

- A. Any gender nonconformity
- B. A sexual dysfunction
- C. A marked incongruence between experienced/expressed gender and assigned gender, for at least 6 months, with clinically significant distress or impairment
- D. A paraphilia

32. Being transgender or gender-diverse is, by itself, a mental disorder in DSM-5-TR. True / False

33. The minimum duration for gender dysphoria is:

- A. 1 month
- B. 2 weeks
- C. 2 years
- D. 6 months

34. For children, gender dysphoria requires at least how many of eight indicators?

- A. Six, including a strong desire to be another gender or an insistence that one is another gender
- B. Two
- C. One
- D. All eight

35. For adolescents and adults, gender dysphoria requires at least how many of six indicators?

- A. Four
- B. Two
- C. Six
- D. One

36. Which is an indicator used in the adolescent/adult criteria for gender dysphoria?

- A. A fear of heights
- B. Recurrent binge eating
- C. A strong desire to be rid of, or to have, certain sex characteristics, and to be treated as another gender
- D. Loud snoring

37. DSM-5 renamed gender identity disorder to gender dysphoria to shift the focus from identity to distress and reduce stigma. True / False

38. A 'post-transition' specifier for gender dysphoria indicates that:

- A. The person has no distress

- B. The diagnosis is in children only
 - C. A sexual dysfunction is present
 - D. The person lives full-time in the experienced gender and has undergone, or is preparing to undergo, at least one gender-affirming medical procedure or treatment, such as hormones or surgery
- 39.** A specifier for gender dysphoria notes the co-occurrence of a:
- A. Difference (disorder) of sex development
 - B. Sleep disorder
 - C. Learning disorder
 - D. Tic disorder
- 40.** One reason the gender dysphoria diagnosis is retained is to support access to gender-affirming care. True / False
- 41.** A key difference between the children's and the adolescent/adult criteria for gender dysphoria is:
- A. Only children can be diagnosed
 - B. The number and content of required indicators (six of eight for children; two of six for adolescents/adults)
 - C. Adults need no distress
 - D. Children need a medical condition
- 42.** Gender dysphoria requires clinically significant distress or impairment, not merely gender nonconformity. True / False
- 43.** The 2022 Text Revision made notable updates to gender dysphoria in the area of:
- A. Adding a manic episode criterion
 - B. Removing the diagnosis entirely
 - C. Terminology, toward more precise and respectful language
 - D. Requiring surgery
- 44.** A respectful, accurate summary of the gender dysphoria diagnosis is that it:
- A. Classifies all gender-diverse people as ill
 - B. Requires a sexual dysfunction
 - C. Applies only after surgery
 - D. Identifies distress associated with gender incongruence, without pathologizing being transgender or gender-diverse
- 45.** Gender dysphoria requires a marked _____ between experienced gender and assigned gender.
- 46.** A 7-year-old assigned male consistently, over the past year, insists she is a girl, strongly prefers girls' clothing and roles, rejects stereotypically boys' toys, and is distressed by her male anatomy, meeting six of the eight indicators. Best diagnosis?
- A. Gender dysphoria in children
 - B. A sexual dysfunction
 - C. No diagnosis is possible in children
 - D. Oppositional defiant disorder
- 47.** A 22-year-old assigned female experiences, for two years, a strong and persistent sense of being male, deep discomfort with female sex characteristics, and a strong desire to be treated as male, with significant distress. Best diagnosis?
- A. A paraphilic disorder
 - B. Gender dysphoria in adolescents and adults
 - C. Female Sexual Interest/Arousal Disorder
 - D. No diagnosis
- 48.** A gender-diverse adolescent who is comfortable and not distressed necessarily meets criteria for gender dysphoria. True / False

Differentials and integration

- 49.** Which is the single best discriminator between a primary sexual dysfunction and a medication-induced one?
- A. The person's age
 - B. The time of day
 - C. Whether the problem is fully explained by, and temporally tied to, a substance or medication
 - D. Marital status
- 50.** Gender dysphoria is distinct from the paraphilic disorders because it concerns:
- A. Only sexual arousal patterns
 - B. A sexual dysfunction
 - C. A sleep problem
 - D. Distress about gender incongruence, not atypical sexual interests
- 51.** A sexual dysfunction and gender dysphoria address fundamentally different clinical issues. True / False
- 52.** Which change belongs to DSM-5 (2013) rather than the 2022 Text Revision?

- A. Merging the female desire and arousal disorders and renaming gender identity disorder to gender dysphoria
 B. Adding suicidal behavior codes
 C. Refreshing prevalence text
 D. Updating culture-related text
- 53.** Which approach reflects accurate, respectful clinical framing?
 A. Diagnosing all gender-diverse people with a disorder
 B. Recognizing gender diversity as a normal human variation, and diagnosing gender dysphoria only when its incongruence criteria and clinically significant distress or impairment are present
 C. Treating any low sexual desire as a disorder
 D. Ignoring medical causes of sexual dysfunction
- 54.** Match each diagnosis (left) to its core focus (right).
 1. Erectile Disorder
 2. Female Orgasmic Disorder
 3. Genito-Pelvic Pain/Penetration Disorder
 4. Gender Dysphoria
 A. Orgasm phase in women
 B. Distress from gender incongruence
 C. Arousal phase (erection)
 D. Pain and penetration difficulty
- 55.** Which feature is required for a diagnosis of a sexual dysfunction in DSM-5-TR?
 A. A manic episode
 B. Psychosis
 C. Clinically significant distress in the individual
 D. Onset after age 60
- 56.** Gender _____ names the distress that can accompany gender incongruence, rather than the identity itself.

Answer Key

- **1: D.** The diagnosis names the distress, not the identity.
- **2: A.** About six months.
- **3: B.** About 75 to 100 percent of occasions.
- **4: C.** Lifelong/acquired and generalized/situational.
- **5: A.** Female Sexual Interest/Arousal Disorder.
- **6: A.** Genito-Pelvic Pain/Penetration Disorder.
- **7: A.** Gender dysphoria.
- **8: False.** A fully explanatory medical/substance cause excludes it.
- **9: True.** Distress is required.
- **10: lifelong.**
- **11: D.** Deficient sexual thoughts and desire.
- **12: A.** Arousal phase.
- **13: B.** Orgasm phase (ejaculation timing).
- **14: C.** Marked delay or absence of ejaculation.
- **15: D.** Orgasm phase.
- **16: A.** Penetration, pain, fear, pelvic floor tension.
- **17: B.** Erectile Disorder.
- **18: C.** Female Sexual Interest/Arousal Disorder.
- **19: D.** Premature (Early) Ejaculation.
- **20: A.** Genito-Pelvic Pain/Penetration Disorder.
- **21: True.** Merged desire and arousal.
- **22: 1-C, 2-A, 3-D, 4-B.**
- **23: False.** That is 'situational.'
- **24: B.** Fully explained by relationship distress or a medication.
- **25: penetration.**
- **26: C.** Substance/medication-induced sexual dysfunction.
- **27: D.** Erectile disorder is arousal, not orgasm.
- **28: True.** Female arousal folded into interest/arousal.
- **29: A.** Lifelong versus acquired.
- **30: B.** Male Hypoactive Sexual Desire Disorder.
- **31: C.** Marked incongruence, 6+ months, distress.
- **32: False.** Gender diversity is not a disorder.
- **33: D.** 6 months.
- **34: A.** Six of eight, including strong cross-gender desire.
- **35: B.** Two of six.
- **36: C.** Desire regarding sex characteristics and treatment as another gender.
- **37: True.** Renamed to focus on distress.
- **38: D.** Living in the experienced gender, often with care.
- **39: A.** Difference of sex development.

- **40: True.** Supports access to care.
- **41: B.** Different indicator sets and thresholds.
- **42: True.** Distress or impairment required.
- **43: C.** Terminology updates.
- **44: D.** Distress of incongruence, no pathologizing of identity.
- **45: incongruence.**
- **46: A.** Gender dysphoria in children.
- **47: B.** Gender dysphoria in adolescents and adults.
- **48: False.** No distress means criteria are not met.
- **49: C.** Causal and temporal link to a substance/medication.
- **50: D.** Gender distress, not atypical sexual interests.
- **51: True.** Different clinical issues.
- **52: A.** Mergers and renaming were DSM-5.
- **53: B.** Normal variation; diagnose only with distress.
- **54: 1-C, 2-A, 3-D, 4-B.**
- **55: C.** Clinically significant distress.
- **56: dysphoria.**

Chapter 14 — Disruptive, Impulse-Control & Conduct Disorders

Practice Questions

Overview and ODD

1. The disorders in this chapter share a problem of:
 - A. Memory loss
 - B. Sleep regulation
 - C. Sexual response
 - D. Self-control of emotions and behavior, often expressed in acts affecting others
2. Oppositional defiant disorder is a pattern of:
 - A. Angry or irritable mood, argumentative or defiant behavior, or vindictiveness
 - B. Serious aggression, theft, and destruction
 - C. Fire-setting
 - D. Deficient desire
3. The minimum duration for ODD is:
 - A. 1 month
 - B. 6 months
 - C. 2 weeks
 - D. 12 months
4. The key feature separating ODD from conduct disorder is that ODD:
 - A. Requires fire-setting
 - B. Occurs only in adults
 - C. Does not involve serious violations of others' rights or major age-appropriate norms
 - D. Requires theft
5. ODD severity is rated by the number of settings in which symptoms occur. True / False
6. A 9-year-old frequently loses his temper, argues with adults, defies rules, blames others, and is spiteful, for the past eight months, but does not steal, destroy property, or harm others. Best diagnosis?
 - A. Conduct disorder
 - B. Intermittent explosive disorder
 - C. Kleptomania
 - D. Oppositional defiant disorder
7. To diagnose ODD, the behavior must be shown toward at least one individual who is not a sibling. True / False
8. ODD comprises angry/irritable mood, argumentative/defiant behavior, and _____.

Intermittent Explosive Disorder

9. Intermittent explosive disorder is defined by:
 - A. Recurrent impulsive aggressive outbursts grossly out of proportion to provocation
 - B. Premeditated, goal-directed violence
 - C. Fire-setting
 - D. Theft of unneeded objects
10. Which disqualifies a diagnosis of intermittent explosive disorder?
 - A. The aggression is impulsive
 - B. The aggression is premeditated and goal-directed (for example, for profit)
 - C. The outbursts are out of proportion
 - D. The person is an adult
11. The minimum developmental age for intermittent explosive disorder is:
 - A. 4 years
 - B. 12 years
 - C. 6 years
 - D. 18 years
12. A 25-year-old periodically erupts in rage far beyond any trigger, smashing objects and hitting walls, with no planning and immediate regret, several times monthly for a year. Best diagnosis?
 - A. Conduct disorder
 - B. Pyromania
 - C. ODD
 - D. Intermittent explosive disorder

13. In IED, the aggressive outbursts are typically planned to achieve a goal. True / False
14. The aggression in intermittent explosive disorder is grossly _____ to the provocation.

Conduct Disorder

15. Conduct disorder is a repetitive pattern that:
- Violates the basic rights of others or major age-appropriate societal norms
 - Involves only arguing with adults
 - Involves only fire-setting
 - Is limited to internal distress
16. Conduct disorder requires at least how many of fifteen criteria over twelve months?
- One
 - Three
 - Five
 - Eight
17. The four symptom groups of conduct disorder are:
- Mood, anxiety, psychosis, and cognition
 - Desire, arousal, orgasm, and pain
 - Aggression to people and animals, destruction of property, deceitfulness or theft, and serious rule violations
 - Intrusion, avoidance, mood, and arousal
18. Childhood-onset conduct disorder is defined by at least one symptom before age:
- 6
 - 15
 - 18
 - 10
19. The conduct disorder specifier describing a callous, unemotional pattern is:
- With limited prosocial emotions
 - Childhood-onset
 - With good prognostic features
 - Rapid cycling
20. A 15-year-old has, over the past year, bullied and physically assaulted peers, set fires, stolen with confrontation, and run away overnight repeatedly. Best diagnosis?
- Oppositional defiant disorder
 - Conduct disorder
 - Intermittent explosive disorder
 - Kleptomania
21. Conduct disorder is considered a childhood precursor to antisocial personality disorder. True / False
22. Which prognostic specifier pairs with a worse outcome in conduct disorder?
- Adolescent-onset without callous traits
 - Good prognostic features
 - Childhood-onset and limited prosocial emotions
 - Situational type
23. Conduct disorder requires serious violations of others' rights or major norms, unlike ODD. True / False
24. Conduct disorder before age 15 is a required history for a later diagnosis of _____ personality disorder.

Pyromania and Kleptomania

25. Pyromania is defined by:
- Fire-setting for insurance money
 - Accidental fires
 - Theft of valuables
 - Deliberate fire-setting on more than one occasion, with tension beforehand and fascination with or pleasure from fire
26. Which excludes a diagnosis of pyromania?
- The fire-setting is for monetary gain, to conceal a crime, out of anger, or due to psychosis
 - There is fascination with fire
 - There is tension before setting the fire
 - There is relief afterward
27. Kleptomania is defined by:
- Stealing valuables for profit
 - Recurrent failure to resist impulses to steal objects not needed for use or value, with tension and relief
 - Shoplifting for resale

D. Robbery with violence

28. A woman repeatedly steals small, inexpensive items she does not need and later gives away, feeling mounting tension beforehand and relief during the act. Best diagnosis?

- A. Conduct disorder
- B. Ordinary theft
- C. Kleptomania
- D. Pyromania

29. A person who steals valuable goods to sell for profit has kleptomania. True / False

30. A man sets fires repeatedly, feeling excitement and fascination with the flames, not for money or revenge. Best diagnosis?

- A. Conduct disorder
- B. Arson for profit
- C. Intermittent explosive disorder
- D. Pyromania

31. Both pyromania and kleptomania are defined by an impulse with mounting tension and subsequent relief or pleasure. True / False

32. Deliberate, purposeful fire-setting driven by fascination, not gain, is _____.

Differentials and integration

33. A 19-year-old with a documented history of conduct disorder before age 15 now shows, since age 15, a pervasive disregard for others' rights with repeated unlawful acts, deceit, persistent irresponsibility, and lack of remorse, not occurring exclusively during schizophrenia or bipolar disorder. Best diagnosis?

- A. Antisocial personality disorder
- B. Conduct disorder
- C. ODD
- D. Intermittent explosive disorder

34. Which best separates intermittent explosive disorder from conduct disorder?

- A. They are the same
- B. IED is defined by impulsive, disproportionate aggressive outbursts; conduct disorder is a broad pattern of rights violations and norm-breaking
- C. IED requires theft
- D. Conduct disorder requires fire-setting

35. ODD and conduct disorder can both be diagnosed by the number of affected settings in exactly the same way. True / False

36. Which change belongs to DSM-5 (2013) rather than the 2022 Text Revision?

- A. Adding suicidal behavior codes
- B. Refreshing prevalence text
- C. Assembling this chapter and adding the limited-prosocial-emotions specifier to conduct disorder
- D. Clarifying wording

37. Which disorder is listed in this chapter but has its full criteria in the personality disorders chapter?

- A. Pyromania
- B. Kleptomania
- C. ODD
- D. Antisocial personality disorder

38. Match each disorder (left) to its key feature (right).

- 1. Oppositional defiant disorder
- 2. Conduct disorder
- 3. Intermittent explosive disorder

- A. Impulsive, disproportionate aggressive outbursts
- B. Stealing unneeded items on impulse
- C. Defiance, anger, vindictiveness without serious rights violations
- D. Broad pattern of rights violations and norm-breaking

- 4. Kleptomania

39. A teenager shoplifts expensive electronics with friends to resell them. This is best described as:

- A. Ordinary theft (possibly part of conduct disorder), not kleptomania
- B. Kleptomania
- C. Pyromania
- D. ODD

40. Which single feature most strongly favors ODD over conduct disorder?

- A. Physical cruelty to animals
- B. Defiance and anger without serious violations of others' rights
- C. Breaking into homes

D. Using a weapon

Answer Key

- **1: D.** Self-control problems affecting others.
- **2: A.** Angry mood, defiant behavior, vindictiveness.
- **3: B.** Six months.
- **4: C.** No serious rights violations.
- **5: True.** Severity by number of settings.
- **6: D.** Oppositional defiant disorder.
- **7: True.** Toward a non-sibling.
- **8: vindictiveness.**
- **9: A.** Impulsive, disproportionate aggression.
- **10: B.** Premeditated, goal-directed aggression.
- **11: C.** 6 years.
- **12: D.** Intermittent explosive disorder.
- **13: False.** Impulsive, not planned.
- **14: out of proportion.**
- **15: A.** Violates rights or major norms.
- **16: B.** Three of fifteen.
- **17: C.** Aggression, destruction, deceit/theft, rule violations.
- **18: D.** Before age 10 (childhood-onset).
- **19: A.** With limited prosocial emotions.
- **20: B.** Conduct disorder.
- **21: True.** Precursor to antisocial personality disorder.
- **22: C.** Childhood-onset and limited prosocial emotions.
- **23: True.** Serious violations distinguish it from ODD.
- **24: antisocial.**
- **25: D.** Fire-setting with fascination and tension.
- **26: A.** For gain, concealment, anger, or psychosis.
- **27: B.** Stealing unneeded items on impulse.
- **28: C.** Kleptomania.
- **29: False.** Stealing for value is ordinary theft.
- **30: D.** Pyromania.
- **31: True.** Tension then relief.
- **32: pyromania.**
- **33: A.** Antisocial personality disorder.
- **34: B.** Impulsive aggression versus broad rule-breaking.
- **35: False.** Different severity/specifier schemes.
- **36: C.** Chapter assembly and new specifier were DSM-5.
- **37: D.** Antisocial personality disorder.
- **38: 1-C, 2-D, 3-A, 4-B.**
- **39: A.** Ordinary theft, not kleptomania.
- **40: B.** Defiance without serious rights violations.