

**UNIT 5: MENTAL AND
PHYSICAL HEALTH**

COGNITOEDU.LINK/AP-PSYCH-U5

Scan for Unit 5 notes

20 AP-style MCQs across topics 5.1 to 5.5. Practice, review, revisit.

WHAT'S INSIDE

- ✓ 20 MCQs, four options each, in the style of the real AP exam
- ✓ Every question tagged to a Unit 5 topic so you know what to revise
- ✓ Full answer key with a short explanation for every question
- ✓ Mix of standalone and stimulus-style stems, matching real AP question formats

HOW TO USE IT

- 1. Untimed pass.** Work through slowly, aiming for around 90 seconds per question. Read every option before you commit.
- 2. Timed pass.** Redo the pack in 24 minutes. That matches AP exam pace (72s per MCQ) and builds stamina.
- 3. Review.** Check the answer key and mark every miss. Revise those topics on Cognito, then retry after a week.

TOPICS COVERED

- **5.1** Introduction to Health Psychology
- **5.2** Positive Psychology
- **5.3** Explaining and Classifying Psychological Disorders
- **5.4** Selection of Categories of Psychological Disorders
- **5.5** Treatment of Psychological Disorders

STRUGGLING WITH A TOPIC?

Any topic tricky? Scan the QR to jump straight to the Unit 5 notes on Cognito. For the full AP Psychology course (all 5 units, lessons, quizzes, flashcards and past-paper FRQs), head to **cognitoedu.link/ap-psych-notes**. Rework the questions you got wrong a week later to lock the concepts in.

AP EXAM CONTEXT**15-25% 75**UNIT WEIGHT (MCQ
SECTION)

MCQS ON THE REAL EXAM

72s

AVERAGE TIME PER MCQ

AP PSYCHOLOGY

Unit 5: Mental and Physical Health

SECTION I • MULTIPLE CHOICE

Time—24 minutes

20 Questions

Directions: Each of the questions or incomplete statements below is followed by four suggested answers or completions. Select the one that is best in each case and mark it clearly on your answer sheet or circle your choice below.

Questions 1, 2 refer to the following information.

A hospital researcher tracks two groups of adults recovering from cardiac surgery over six months. Patients are randomly assigned to Group 1 or Group 2. Group 1 receives weekly guided-relaxation sessions and is coached in planning and practical steps to manage recovery. Group 2 receives standard aftercare only. The team records self-reported stress ratings and time to return to daily activities.

1. Which feature of this study most strongly supports drawing a causal conclusion about the relaxation-and-coping program's effect on recovery time?
 - (A) The team collected outcomes using self-report stress ratings that are sensitive to how patients feel each day.
 - (B) All participants were followed for the same six-month window after their cardiac surgery took place at the hospital.
 - (C) Assignment to the two conditions was made at random, and outcomes were compared against a standard-aftercare comparison group.
 - (D) Both groups consisted of adults recovering from a broadly similar cardiac procedure done at the same hospital that year.
2. Coaching patients to build a plan for managing medication schedules and physiotherapy appointments is best described as which kind of coping?
 - (A) Problem-focused coping, aimed at directly changing the stressor or the recovery situation surrounding the patient.
 - (B) Avoidant coping, which delays engagement with the stressor for as long as the patient can possibly manage.
 - (C) Emotion-focused coping, aimed at regulating the feelings that the stressor triggers in the patient day to day.
 - (D) Rumination, which involves repeatedly turning the stressor over in one's thoughts throughout the day.

3. A health-psychology researcher wants to study how chronic stress relates to sleep quality in college students. Which is the strongest operational definition of "chronic stress" for this study?
 - (A) Any student who describes their semester as "really tough" in a single open-ended interview at the end of the term.
 - (B) A score above the 75th percentile on a validated 20-item perceived-stress inventory completed each week for eight weeks.
 - (C) A student's own belief that they are more stressed than the friends they see most often on their campus.
 - (D) Whether the student reports feeling overwhelmed at any single point during a one-time end-of-semester debrief.

Questions 4, 5 refer to the following information.

A researcher surveys 800 employees at a large firm and asks each person to complete two scales: a daily gratitude log and a life-satisfaction measure. Neither variable is manipulated. The team then computes correlations between average gratitude scores, life-satisfaction scores, and self-reported physical health.

Table 1. Correlations reported from the employee well-being survey

Variable pair	Correlation (r)
Daily gratitude and life satisfaction	0.42
Daily gratitude and reported physical symptoms	-0.18
Life satisfaction and reported physical symptoms	-0.22

4. Which conclusion is best supported by the correlations in Table 1?
 - (A) Higher daily gratitude tends to accompany higher well-being scores and fewer bodily complaints in this sample.
 - (B) Keeping a gratitude log for a month reliably produces a measurable drop in physical symptoms in the general population.
 - (C) Well-being is unrelated to bodily complaints once gratitude is taken into account across the full sample.
 - (D) Daily gratitude has no meaningful association with well-being, since a correlation of 0.42 counts as a weak relationship.

AP PSYCHOLOGY • Unit 5: Mental and Physical Health • Section I (continued)

5. Which statement best describes the strongest inference the design in this study will support?
- (A) The design proves that variables other than gratitude have no influence on the reported life-satisfaction scores.
 - (B) The design allows the team to describe patterns of association among the measured variables across the sample.
 - (C) The design shows that boosting gratitude improves overall employee well-being in the wider population of firms.
 - (D) The design demonstrates that low gratitude is a direct cause of increased physical symptoms in the employees studied.
6. A cellist reports that during a demanding solo, hours seem to pass in minutes and their attention is fully absorbed by the music, with a strong match between the challenge of the piece and their skill level. Which positive-psychology concept best fits this experience?
- (A) Hedonic adaptation, the tendency to return to a baseline level of happiness after a positive event.
 - (B) Learned helplessness, the belief that outcomes are outside one's control after repeated failure.
 - (C) Post-traumatic growth, the reported personal growth that some people describe following adversity.
 - (D) Flow, a state of deep absorption when a challenging task closely matches a person's current skill.
7. Which of the following is the most accurate summary of what positive psychology examines?
- (A) The idea that people should feel happy at all times, treating any low mood as a personal failure to manage.
 - (B) The idea that only positive emotions matter for well-being, so negative emotions can safely be ignored.
 - (C) Character strengths, meaning, resilience, and factors that support well-being alongside relieving distress.
 - (D) Techniques for diagnosing psychological disorders using strengths-based criteria in place of the DSM-5-TR.

Questions 8, 9 refer to the following information.

A clinician meets with a 24-year-old client who reports that, for the past several months, they have felt persistently down for most of the day, have lost interest in activities they used to enjoy, sleep more than 12 hours a night, and have unintentionally lost weight. The client says these feelings interfere with holding down their job and maintaining relationships.

8. Which diagnostic category best fits the pattern of symptoms the client describes?
- (A) A depressive disorder, given the persistent low mood, loss of interest, sleep change, and functional impairment.
 - (B) An obsessive-compulsive and related disorder, given the difficulty holding down a job and maintaining relationships.
 - (C) A dissociative disorder, since the client's difficulties last for months and affect their functioning at work.
 - (D) A schizophrenia spectrum disorder, since the client describes trouble in both work and relationships.
9. The clinician notes that the symptoms must interfere with the client's daily functioning before a diagnosis is considered. This threshold most closely reflects which framing used in the DSM-5-TR?
- (A) Statistical rarity alone, since only very uncommon patterns of thought and behavior should be labeled a disorder.
 - (B) Discomfort felt only by other people around the client, whose opinions determine whether a diagnosis fits.
 - (C) Cultural expectations alone, since a diagnosis should be given if any social norm is broken in a public setting.
 - (D) Clinically significant distress or impairment, so a diagnosis considers how much the symptoms disrupt daily life.

AP PSYCHOLOGY • Unit 5: Mental and Physical Health • Section I (continued)

10. A researcher explains that a person's risk of developing a psychological disorder often reflects an inherited vulnerability that is triggered when environmental stressors reach a certain level. This account is best described as which model?
- (A) The purely biological model, which locates the origin of every disorder in inherited genetic differences alone.
 - (B) The diathesis-stress model, in which a predisposition combines with environmental stressors to produce a disorder.
 - (C) The strict behavioral model, which explains every disorder solely by patterns of reinforcement in the environment.
 - (D) The pure trait model, which treats a disorder as a fixed personality characteristic set for life at birth.
- Questions 11, 12 refer to the following information.**
- A psychologist evaluates a 32-year-old client. Over the last year, the client has had two week-long stretches of unusually high energy, reduced need for sleep, rapid speech, and impulsive spending, separated by several months of severely low mood, fatigue, and hopelessness. The client tells the psychologist that during those high-energy stretches they felt unusually powerful and productive.
11. Which diagnostic category best fits the pattern the psychologist observes across the last year?
- (A) A depressive disorder alone, defined by long periods of low mood without any of the elevated-mood episodes.
 - (B) A schizophrenia spectrum disorder, defined by hallucinations and delusions lasting at least six months in total.
 - (C) A bipolar and related disorder, defined by alternating periods of elevated mood and periods of low mood.
 - (D) A dissociative disorder, defined by breaks in memory, identity, or awareness of the immediate surroundings.
12. Which additional detail about the client's elevated periods would most strengthen the case for a bipolar diagnosis over a substance-induced explanation?
- (A) The client says the episodes only ever happened after drinking heavily at social events with friends and coworkers.
 - (B) Family history shows that no relative has ever received any mental-health diagnosis in the past few decades.
 - (C) The elevated episodes each lasted a full week and occurred while the client was not using any substances at all.
 - (D) The client reports having felt happy for parts of a few individual days scattered across the last year.
13. A 19-year-old client describes intrusive worries that they might have left the stove on. To relieve the worry, they return home from work multiple times per day to check the stove, sometimes making them late for shifts. The pattern has continued for eight months. Which category best fits these symptoms?
- (A) A specific phobia, since the client experiences a strong emotional reaction to one particular household object.
 - (B) A trauma- and stressor-related disorder, since the symptoms first began after some kind of stressful life event.
 - (C) A feeding and eating disorder, since the described pattern centers on food preparation at home during workdays.
 - (D) An obsessive-compulsive and related disorder, given the intrusive worries paired with time-consuming checking rituals.

AP PSYCHOLOGY • Unit 5: Mental and Physical Health • Section I (continued)

14. A team surveys 240 undergraduates at a single private university and reports that 18 percent screen positive for a mood disorder. Which is the strongest limitation on generalizing this prevalence estimate to all U.S. adults?
- (A) The sample is a convenience sample drawn from one institution, so it is unlikely to represent adults outside that college's demographic.
 - (B) The team used a standardized screening instrument, which cannot produce meaningful data unless applied by a licensed clinician.
 - (C) A sample size of 240 is too small to detect any real pattern of mood-disorder symptoms in a college-age group.
 - (D) Screening for a mood disorder is inappropriate at this age, since diagnostic categories only apply to adults over 30.

Questions 15, 16 refer to the following information.

A community mental-health center is comparing three brief interventions for adults diagnosed with generalized anxiety. Adults who request treatment are placed into one of three eight-week programs using a computerized randomizer, and all outcomes are measured with the same standardized anxiety inventory.

Table 2. Mean anxiety-inventory scores before and after each program (lower = less anxiety)

Program	Pre-treatment mean	Post-treatment mean
Cognitive behavioral therapy (CBT)	34.2	18.5
Client-centered (Rogerian) therapy	33.8	27.9
Waitlist control	34.1	32.6

15. Based on Table 2, which conclusion is best supported for the two active programs compared with the waitlist?
- (A) The waitlist group improved by the same average amount as clients in the client-centered condition across the trial.
 - (B) The CBT program showed a larger average drop in anxiety scores than either comparison condition.
 - (C) The two active therapies produced identical average score changes for participants who completed the trial.
 - (D) Only the client-centered condition showed any measurable change in anxiety inventory scores across the trial.

16. Which feature of this trial most strongly supports the case that any post-treatment differences between conditions reflect the therapies themselves?
- (A) All clients were recruited from adults who reached out for treatment at the same community mental-health center.
 - (B) Anxiety was measured with the same standardized inventory before and after each of the three brief programs.
 - (C) The three brief programs each lasted the same total of eight weeks from a client's first session to their last.
 - (D) Random assignment of each client to a program, so pre-existing client differences balance across groups.

Questions 17, 18 refer to the following information.

A psychiatrist meets with a client experiencing an initial episode of psychosis. The client reports hearing voices that others cannot hear and describes an elaborate belief that a hidden group is monitoring their thoughts. Family members also note that, over the last several months, the client has spoken far less, shown a flat facial expression, and withdrawn from activities they used to enjoy.

17. The voices the client hears and the belief that a hidden group is monitoring their thoughts are best classified as which type of feature?
- (A) Positive symptoms of a schizophrenia spectrum disorder, involving added experiences such as hallucinations and delusions.
 - (B) Catatonic features, marked by unusual motor patterns such as rigid posturing, waxy flexibility, or long periods of immobility.
 - (C) Disorganized speech, in which sentences drift off-topic in ways that make it hard for a listener to follow a train of thought.
 - (D) Mood symptoms, seen as the primary defining feature of every psychotic condition regardless of the specific diagnosis.

AP PSYCHOLOGY · Unit 5: Mental and Physical Health · Section I (continued)

18. The reduced speech, flat expression, and social withdrawal that family members report are best described as which type of feature?
- (A) Disorganized behavior, marked by unpredictable actions and difficulty completing routine tasks in the client's daily setting.
 - (B) Somatic symptoms, which are bodily complaints such as recurrent pain or gastrointestinal discomfort.
 - (C) Manic symptoms, which involve elevated mood, rapid speech, and reduced need for sleep during an episode.
 - (D) Negative symptoms of schizophrenia spectrum disorders, reflecting reductions in typical functioning.
19. A therapist works with a client whose main concern is persistent low mood. Together, they identify recurring automatic thoughts, test the evidence for and against each thought, and plan small behavioral experiments the client can try during the week. Which approach does this best illustrate?
- (A) Cognitive behavioral therapy, which examines thought patterns and pairs them with behavioral experiments.
 - (B) Client-centered (Rogerian) humanistic therapy, focused on unconditional positive regard and reflective listening.
 - (C) Psychodynamic therapy, focused on bringing unconscious conflicts from early childhood into awareness.
 - (D) Biofeedback training, which uses real-time physiological signals to teach clients to lower arousal.

Question 20 refers to the following information.

A therapist working with a client diagnosed with social anxiety disorder builds a step-by-step list of anxiety-provoking scenarios, from mildly uncomfortable (asking a stranger for the time) to highly uncomfortable (giving a short speech). Together, they work through the list in order, using relaxation techniques to stay calm while the client faces each scenario in real life.

20. The therapist's step-by-step approach in this stimulus is most consistent with which technique from behavior therapy?
- (A) Free association, where the client says whatever comes to mind so the therapist can interpret hidden meaning.
 - (B) Systematic desensitization, which pairs relaxation with a graded hierarchy of feared situations from mild to strong.
 - (C) Unconditional positive regard, offered by the therapist during every session without any conditions attached.
 - (D) Antipsychotic medication management, aimed at reducing the intensity of hallucinations and fixed unusual beliefs.

Q1. Answer: C

Topic 5.1 · Intro to Health Psychology

A causal claim needs random assignment plus a comparison group so that pre-existing differences between patients are balanced across conditions. Because patients here are placed into the two groups at random and Group 2 acts as a standard-aftercare comparison, the design supports the causal inference. Shared follow-up window, self-report sensitivity, and similar procedures help interpret results but do not on their own license a causal claim about the intervention.

Q2. Answer: A

Topic 5.1 · Intro to Health Psychology

Problem-focused coping targets the stressor itself by building a plan and taking practical steps, which is what medication scheduling and appointment planning involve. Emotion-focused coping works on the feelings the stressor produces, avoidant coping delays engagement, and rumination is a repetitive-thought pattern linked to poorer outcomes.

Q3. Answer: B

Topic 5.1 · Intro to Health Psychology

An operational definition specifies exactly how a variable will be measured, using an objective and repeatable procedure. A validated inventory with a numeric cutoff, applied on a set schedule, meets that bar. Options A, C, and D rely on vague self-descriptions or one-shot judgments that cannot be reliably compared across students, so they do not operationalize the construct in a way another researcher could replicate.

Q4. Answer: A

Topic 5.2 · Positive Psychology

The two gratitude correlations in Table 1 (gratitude with life satisfaction at $r = 0.42$, and gratitude with reported physical symptoms at $r = -0.18$) fit the pattern described in option A: higher gratitude scores line up with higher well-being and fewer bodily complaints. Option B claims a causal effect that a correlational survey cannot support. Option C misreads the table. Option D mischaracterizes an r of 0.42, which is generally read as a moderate positive correlation, not a weak one.

Q5. Answer: B

Topic 5.2 · Positive Psychology

Because no variable was manipulated in this survey, the design supports describing patterns of association among the measured variables, but not causal claims. Options C and D assert causal claims that a correlational study cannot license. Option A overstates what any single study can rule out about unmeasured influences.

Q6. Answer: D

Topic 5.2 · Positive Psychology

Flow describes a state of deep absorption in a task when challenge and skill are well matched, which matches the cellist's experience. Hedonic adaptation is about happiness set points, learned helplessness is about perceived lack of control, and post-traumatic growth refers to reported growth following adversity, so none of these fits the described scenario.

Q7. Answer: C

Topic 5.2 · Positive Psychology

Positive psychology examines character strengths, meaning, resilience, gratitude, and other factors that support well-being, sitting alongside approaches that focus on relieving distress. Option A misrepresents the field as toxic positivity, option B ignores the field's stated interest in the full emotional range, and option D confuses positive psychology with a diagnostic system.

Q8. Answer: A

Topic 5.4 · Selection of Categories of Psy...

The described pattern (persistent low mood most of the day, loss of interest, sleep and weight changes, and functional impairment lasting several months) fits a depressive disorder as defined in the DSM-5-TR criteria. Obsessive-compulsive, dissociative, and schizophrenia spectrum disorders each require different core features (obsessions and compulsions, breaks in memory or identity, and psychotic symptoms respectively) that this client does not report.

Q9. Answer: D

Topic 5.3 · Explaining and Classifying Psy...

The DSM-5-TR framing requires clinically significant distress or impairment in important areas of functioning before a diagnosis is considered. Statistical rarity, other people's discomfort, and cultural norms alone are inadequate criteria; the impairment threshold is what does the diagnostic work in this case.

Q10. Answer: B

Topic 5.3 · Explaining and Classifying Psy...

The diathesis-stress model describes disorders as arising when an underlying predisposition (the diathesis) combines with environmental stressors. That fits the researcher's account. A purely biological, a strict behavioral, and a pure trait account each drop one side of that combination and so miss the described mechanism.

Q11. Answer: C

Topic 5.4 · Selection of Categories of Psy...

Bipolar and related disorders are defined by alternating periods of elevated mood (with features such as reduced need for sleep, rapid speech, and impulsive behavior) and periods of low mood. Both episode types appear here. Depressive disorders alone lack the elevated episodes, schizophrenia spectrum disorders require psychotic features that are not described, and dissociative disorders require breaks in memory or identity.

Q12. Answer: C

Topic 5.4 · Selection of Categories of Psy...

A week-long elevated episode in the absence of substance use is what distinguishes a bipolar episode from a substance-induced mood picture. Option A suggests the opposite, option B is not directly diagnostic, and option D describes ordinary variation in mood rather than an elevated episode.

Q13. Answer: D

Topic 5.4 · Selection of Categories of Psy...

Obsessive-compulsive and related disorders are marked by intrusive obsessions paired with compulsive behaviors that try to relieve them, which is exactly the checking pattern here. A specific phobia is a fear of a distinct object or situation, a trauma-related disorder requires a triggering traumatic event, and feeding and eating disorders center on eating behavior and body image, none of which fits the described pattern.

Q14. Answer: A

Topic 5.3 · Explaining and Classifying Psy...

Convenience sampling at one institution limits how far the finding generalizes, because the students at any one campus differ from the broader adult population on age, socioeconomic status, and other variables the researchers did not control. Option B misrepresents standardized screeners, which are validated for research use. Option C dismisses a moderately sized sample, and option D invents an age restriction that DSM-5-TR mood-disorder criteria do not impose.

Q15. Answer: B

Topic 5.5 · Treatment of Psychological Dis...

The CBT row shows the largest average drop in Table 2 (34.2 to 18.5, a change of 15.7) compared with client-centered therapy (33.8 to 27.9, a change of 5.9) and the waitlist (34.1 to 32.6, a change of 1.5). Option A misreads the waitlist row, option C is inconsistent with the differing pre-post gaps, and option D ignores the CBT program's larger change.

Q16. Answer: D

Topic 5.5 · Treatment of Psychological Dis...

Random assignment across conditions is what balances pre-existing client differences, so post-treatment differences between conditions can be attributed to the programs themselves. Shared recruitment source, shared measurement instrument, and matched program length help interpretation but are not what licenses the causal comparison on their own.

Q17. Answer: A

Topic 5.4 · Selection of Categories of Psy...

Auditory experiences that others cannot hear and fixed unusual beliefs are classified as positive symptoms of schizophrenia spectrum disorders because they add experiences that typically are not present. Catatonic features involve motor abnormalities, disorganized speech is a separate category of psychotic symptom that centers on how the person's language holds together, and treating mood symptoms as the defining feature of every psychotic condition misrepresents how the DSM-5-TR categorizes these disorders.

Q18. Answer: D

Topic 5.4 · Selection of Categories of Psy...

Negative symptoms reflect reductions in typical functioning: reduced speech (alogia), flat expression, and social withdrawal all fit that category. Disorganized behavior describes an increase in unpredictable action rather than a reduction in expression, somatic symptoms are bodily complaints, and manic symptoms belong to bipolar and related disorders, so none of the other three fits the family members' report.

Q19. Answer: A

Topic 5.5 · Treatment of Psychological Dis...

Cognitive behavioral therapy (CBT) combines cognitive work (examining automatic thoughts and testing the evidence for them) with behavioral experiments, which is the mix described in the stem. Psychodynamic therapy centers on unconscious conflict, client-centered humanistic therapy relies on unconditional positive regard and reflective listening, and biofeedback uses physiological signals to teach arousal control, none of which fits the described approach.

Q20. Answer: B

Topic 5.5 · Treatment of Psychological Dis...

Systematic desensitization is a classical behavior-therapy technique that pairs relaxation with a graded hierarchy of feared situations, worked through from mildest to strongest, which is exactly what the therapist and client are doing here. Free association belongs to psychodynamic therapy, unconditional positive regard belongs to humanistic therapy, and antipsychotic medication is a biological treatment for psychotic symptoms.