

MSc DEGREE EXAMINATION MAY 2026
(Fourth Semester)

Branch – **CLINICAL NUTRITION & DIETETICS**

PAEDIATRIC DIETETICS

Time: Three Hours

Maximum: 75 Marks

SECTION-A (10 Marks)

Answer ALL questions

ALL questions carry EQUAL marks

(10 × 1 = 10)

Module No.	Question No.	Question	K Level	CO
1	1	According to the World Health Organization (WHO), an infant is classified as Low Birth Weight (LBW) when the birth weight is: (i) Less than 3.0 kg (ii) Less than 2.5 kg (iii) Less than 2.0 kg (iv) Less than 1.5 kg	K1	CO1
	2	Which anthropometric index is most appropriate for assessing wasting in children under five years of age? (i) Weight for Age (ii) Height for Age (iii) Waist Hip Ratio (iv) Weight for Height	K2	CO1
2	3	Food neophobia is most commonly observed during which stage of life cycle? (i) Infancy (ii) Toddler years (iii) Adolescence (iv) Late childhood	K1	CO2
	4	Which of the following is the most prevalent micronutrient deficiency among adolescents? (i) Vitamin C (ii) Iron (iii) Iodine (iv) Vitamin B12	K2	CO2
3	5	Xerophthalmia is a clinical manifestation of deficiency of which vitamin? (i) Vitamin A (ii) Vitamin D (iii) Vitamin C (iv) Vitamin K	K1	CO3
	6	Severe Acute Malnutrition (SAM) in children is defined by which of the following criteria? (i) BMI > 25 (ii) Height-for-age > -2 SD (iii) Weight-for-height < -3 SD (iv) MUAC > 13.5 cm	K2	CO3
4	7	Dietary management of galactosemia requires elimination of: (i) Wheat (ii) Milk and milk products (iii) Meat (iv) Fruits	K1	CO4
	8	ADHD stands for: (i) Advanced Developmental Hormonal Disorder (ii) Adolescent Dietary Hormone Dysfunction (iii) Acute Digestive Health Disorder (iv) Attention-Deficit Hyperactivity Disorder	K2	CO4
5	9	In children with nephrotic syndrome, edema primarily develops due to: (i) Hyperglycemia (ii) Hypoalbuminemia (iii) Hypercalcemia (iv) Excess protein intake	K1	CO5
	10	Steatorrhea observed in celiac disease occurs mainly as a result of: (i) Fat Malabsorption (ii) Excess bile (iii) Hyperglycemia (iv) Kidney dysfunction	K2	CO5

Cont...

SECTION - B (35 Marks)

Answer ALL questions

ALL questions carry EQUAL Marks

(5 × 7 = 35)

Module No.	Question No.	Question	K Level	CO
1	11.a.	Outline the growth and development of infants.	K2	CO1
		(OR)		
	11.b.	List the common feeding problems in preterm and low birth weight babies.		
2	12.a.	Explain how physiological development influences dietary requirements in toddlers and preschool children.	K4	CO2
		(OR)		
	12.b.	Analyze health and eating-related behaviors commonly observed during adolescence.		
3	13.a.	Examine the effectiveness of medical nutrition therapy in managing pediatric obesity.	K3	CO3
		(OR)		
	13.b.	Identify the causes and nutritional management of chronic toddler diarrhea.		
4	14.a.	Evaluate the impact of micronutrient supplementation in developmental disabilities.	K5	CO4
		(OR)		
	14.b.	Create a dietary and behavioral intervention framework for managing ADHD in school-age children.		
5	15.a.	Critically analyze dietary protein and fluid management in pediatric chronic kidney disease.	K6	CO5
		(OR)		
	15.b.	Construct a nutrition support strategy for a child with chronic pulmonary disease and poor weight gain		

SECTION - C (30 Marks)

Answer ANY THREE questions

ALL questions carry EQUAL Marks

(3 × 10 = 30)

Module No.	Question No.	Question	K Level	CO
1	16	Describe the composition of human milk and advantages of breast-feeding.	K2	CO1
2	17	Compare nutritional requirements at different stages: toddler, school-age child and adolescent, highlighting key differences.	K4	CO2
3	18	Examine the causes, consequences and management strategies for Severe Acute Malnutrition.	K5	CO3
4	19	Evaluate the role of nutrition therapy in the management of Inborn Errors of Metabolism.	K5	CO4
5	20	Develop a dietary management plan for a child diagnosed with Type 1 Diabetes Mellitus.	K6	CO5

Z-Z-Z

END