

# 亞洲大學

## 101 學年度博士班入學招生考試試題紙

學系別	考試科目	考試日期	時 間																										
健康產業管理學系(健康管理組) 博士班	健康服務研究法 (C)	101.04.14	08:20-10:00																										
<div>一、請解釋(12%)</div> <div>(1) 什麼是概念(concept)？</div> <div>(2) 什麼是變項(variable)？</div> <div>(3) 概念與變項有何種關係？</div> <div>(4) 如果依因果關係分類，變項可以分成哪幾種？</div> <div>(5) 如果依實驗設計，變項可以分成哪幾種？</div> <div>(6) 如果依測量尺度分類，變項可以分成哪幾種？</div> <div>二、請依下表回答下列問題：(26%)</div> <div>(1) 哪一個是自變項？哪一個是依變項？哪一個是控制變項？</div> <div>(2) 請說明該表的重要結果。</div> <div>(3) 請將該表簡化成一雙變項的表格。</div>																													
<table><tr><td></td><td colspan="2">高家庭社經地位(T)</td><td colspan="2">低家庭社經地位(T)</td></tr><tr><td>日後成功(Y)</td><td>常春藤盟校(X)</td><td>其他院校(X)</td><td>常春藤盟校(X)</td><td>其他院校(X)</td></tr><tr><td>成功</td><td>1,000(67%)</td><td>1,000(33%)</td><td>300(60%)</td><td>1,000(20%)</td></tr><tr><td>不成功</td><td>500(33%)</td><td>2,000(67%)</td><td>200(40%)</td><td>4,000(80%)</td></tr><tr><td>總計</td><td>1,500(100%)</td><td>3,000(100%)</td><td>500(100%)</td><td>5,000(100%)</td></tr></table>						高家庭社經地位(T)		低家庭社經地位(T)		日後成功(Y)	常春藤盟校(X)	其他院校(X)	常春藤盟校(X)	其他院校(X)	成功	1,000(67%)	1,000(33%)	300(60%)	1,000(20%)	不成功	500(33%)	2,000(67%)	200(40%)	4,000(80%)	總計	1,500(100%)	3,000(100%)	500(100%)	5,000(100%)
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<div>三、請解釋(12%)</div> <div>(1) 什麼是研究假設(hypothesis)？</div> <div>(2) 什麼是研究問題(questions)？</div> <div>(3) 兩者有何共同點？</div> <div>(4) 兩者有何差異？</div> <div>(5) 假設有哪些寫法？</div> <div>(6) 這些寫法的主要差異為何？</div> <div>四、請敘述衛生服務研究(Health Services Research)的主要目的。(10%)</div>																													

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健康產業管理學系(健康管理組) 博士班	健康服務研究法 (C)	101.04.14	08:20-10:00
<p>五、IDRC ( a Canadian based research center)曾提出衛生(健康)服務研究主題的選擇宜考量下列七個準則(<i>Criteria for selecting a research topic</i>)，請敘述(或舉例說明)各準則的涵義。(註：如果你不同意這個準則；而另一套主題選擇的標準也可以提出)(28%)</p> <ol style="list-style-type: none"> <li>1. Relevance</li> <li>2. Avoidance of duplication</li> <li>3. Urgency of data needed (timeliness)</li> <li>4. Political acceptability of study</li> <li>5. Feasibility of study</li> <li>6. Applicability of results</li> <li>7. Ethical acceptability</li> </ol> <p>六、請以中文敘述下文(附件一)的主題名稱、研究者的假設(assumption)、研究方法、結果與結論。(12%)</p>			

※ 試題請隨卷繳回

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### 附件一

#### Suicide and Cardiovascular Death after a Cancer Diagnosis

Fang Fang, M.D., Ph.D., Katja Fall, M.D., Ph.D., Murray A. Mittleman, M.D., Dr.P.H., Pär Sparén, Ph.D.,  
Weimin Ye, M.D., Ph.D., Hans-Olov Adami, M.D., Ph.D., and Unnur Valdimarsdóttir, Ph.D.  
N Engl J Med 2012; 366:1310-1318 April 5, 2012

Receiving a diagnosis of cancer is a traumatic experience that may trigger immediate adverse health consequences beyond the effects of the disease or treatment. Using Poisson and negative binomial regression models, we conducted a historical cohort study involving 6,073,240 Swedes to examine the associations between a cancer diagnosis and the immediate risk of suicide or death from cardiovascular causes from 1991 through 2006. To adjust for unmeasured confounders, we also performed a nested, self-matched case-crossover analysis among all patients with cancer who died from suicide or cardiovascular diseases in the cohort. As compared with cancer-free persons, the relative risk of suicide among patients receiving a cancer diagnosis was 12.6 (95% confidence interval [CI], 8.6 to 17.8) during the first week (29 patients; incidence rate, 2.50 per 1000 person-years) and 3.1 (95% CI, 2.7 to 3.5) during the first year (260 patients; incidence rate, 0.60 per 1000 person-years). The relative risk of cardiovascular death after diagnosis was 5.6 (95% CI, 5.2 to 5.9) during the first week (1318 patients; incidence rate, 116.80 per 1000 person-years) and 3.3 (95% CI, 3.1 to 3.4) during the first 4 weeks (2641 patients; incidence rate, 65.81 per 1000 person-years). The risk elevations decreased rapidly during the first year after diagnosis. Increased risk was particularly prominent for cancers with a poor prognosis. The case-crossover analysis largely confirmed results from the main analysis. In this large cohort study, patients who had recently received a cancer diagnosis had increased risks of both suicide and death from cardiovascular causes, as compared with cancer-free persons.