



新 东 方 大 学 英 语 六 级 考 试

全国统一模拟冲刺试卷

COLLEGE ENGLISH TEST

— Band Six —

试 题 册

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注意事项

- 一、将自己的校名、姓名准考证号写在答题卡1和答题卡2上。将本试卷代号划在答题卡1上。
- 二、试卷册、答题卡1和答题卡2均不得带出考场。考试结束，监考员收卷后考生才可离开。
- 三、仔细读懂题目的说明。
- 四、在30分钟内做完答题卡1上的作文题。考生按指令在接着的30分钟内完成听力理解部分的试题，并在答题卡1上作答。然后监考员收取答题卡1，考生在答题卡2上完成其余部分的试题。全部答题时间为130分钟，不得拖延时间。
- 五、考生必须在答题卡上作答，凡是写在试题册上的答案一律无效。
- 六、多项选择题每题只能选一个答案；如多选，则该题无分。选定答案后，用HB-2B 浓度的铅笔在相应字母的中部划一条横线。正确方法是：[A] [~~B~~] [C] [D]。使用其他符号答题者不给分。划线要有一定的粗度，浓度要盖过字母底色。
- 七、如果要改动答案，必须先用橡皮擦净原来选定的答案，然后再按规定重新答题。
- 八、在考试过程中要注意对自己的答案保密。若被他人抄袭，一经发现，后果自负。

Part I**Writing****(30 minutes)**

Directions: *For this part, you are allowed 30 minutes to write a short essay on **persistence in face of difficulties at work or in your study**. Your essay should include the importance of sticking to it and measures to be taken to promote it. You are required to write at least 150 words but no more than 200 words.*

注意：此部分试题请在**答题卡 1** 上作答。

Part II**Listening Comprehension****(30 minutes)****Section A**

Directions: *In this section, you will hear two long conversations. At the end of each conversation, you will hear some questions. Both the conversation and the questions will be spoken only once. After you hear a question, you must choose the best answer from the four choices marked A), B), C) and D). Then mark the corresponding letter on **Answer Sheet 1** with a single line through the centre.*

Conversation One

Questions 1 to 4 are based on the conversation you have just heard.

1. A) Phones can't meet the needs of consumers in terms of their functions.
B) People tend to stop sending and receiving text messages on their phones.
C) People welcome the falling prices of smartphones.
D) Phones are to be able to run more web-based applications.
2. A) Because the two countries are located in Asia-Pacific region.
B) Because the two countries have a large population.
C) Because the two countries are all developing countries.
D) Because the two countries stress more the sales of mobile phones.
3. A) Most of them are able to afford cheap smartphones.
B) Most of them don't like phones at high prices.
C) They don't love buying multifunctional phones.
D) They prefer phones with a colorful app ecosystem.

4. A) The phone market in developed countries.
B) The craze for iPhones in Asian countries.
C) The future trend of the phone market.
D) The widespread addiction to smartphones in the world.

Conversation Two

Questions 5 to 8 are based on the conversation you have just heard.

5. A) It's the only source of energy in the solar system.
B) It brings too much heat all year long.
C) It's the source of energy for every living thing on earth.
D) It provides energy even for lives on planets outside the solar system.
6. A) By using special house-building methods.
B) By sitting outside in summer.
C) By using solar panels.
D) By employing solar windows.
7. A) In 1960.
B) In 1950.
C) In 1958.
D) In 1915.
8. A) Indifferent.
B) Neutral.
C) Optimistic.
D) Doubtful.

Section B

Directions: In this section, you will hear two passages. At the end of each passage, you will hear some questions. Both the passage and the questions will be spoken only once. After you hear a question, you must choose the best answer from the four choices marked A), B), C) and D). Then mark the corresponding letter on **Answer Sheet 1** with a single line through the centre.

Passage One

Questions 9 to 11 are based on the passage you have just heard.

9. A) November 14.
B) December 26.
C) July 8.
D) June 21.
10. A) Air pollution.
B) Plantations on the earth.
C) Humidity in the atmosphere.
D) The quantity of water in rivers.

11. A) It's close to the Gulf Coast. B) It's near to Florida.
C) It's a great place to grow crops. D) It's located at a higher latitude.

Passage Two

Questions 12 to 15 are based on the passage you have just heard.

12. A) There's not enough time to finish assigned tasks on time.
B) There's much pressure from colleagues at the workplace.
C) There's always a leader who is difficult to be dealt with.
D) There's no way for employees to improve their performance.
13. A) It helps employees to recognize their priorities at work.
B) It makes employees feel accomplished.
C) It earns employees a higher salary.
D) It pushes employees to form a good relationship with the boss.
14. A) It saves time for serious work.
B) It reduces job-related pressure on employees.
C) It creates a relaxing atmosphere at work.
D) It harms employees' efficiency at work.
15. A) To arrange your office space sensibly.
B) To have an interest in cycling.
C) To keep your tools well organized.
D) To be positive about pressure at work.

Section C

Directions: *In this section, you will hear recordings of lectures or talks followed by some questions. The recordings will be played only once. After you hear a question, you must choose the best answer from the four choices marked A), B), C) and D). Then mark the corresponding letter on **Answer Sheet 1** with a single line through the centre.*

Now listen to the following recording and answer questions 16 to 19.

16. A) They have more health needs than the poorest.
B) They spend more on health care than other income groups.
C) They spend more on doing sports than other income groups.
D) They need more money to invest in health-related business.

17. A) There will be larger gaps in income between the rich and the poor.
B) There will be more health insurance plans for the rich.
C) There will be bigger gaps in overall health between the rich and the poor.
D) There will be more affordable medical services catering to the rich.
18. A) Because they earn little wage.
B) Because they face more health problems.
C) Because they have no access to the federal Medicare program.
D) Because they have no insurance covering the cost of medical services they need.
19. A) It is designed for the sake of the poor.
B) It needs lower-income people to pay more for health care.
C) It urges the rich to spend more on health care.
D) It is criticized for not taking good care of senior citizens.

Now listen to the following recording and answer questions 20 to 22.

20. A) Pulitzer Prize for Poetry. B) The Best City Tax Collector.
C) Poet Laureate of Vermont. D) The Congressional Gold Medal.
21. A) Because he preferred rural life.
B) Because he wanted to take teaching as a career.
C) Because he was ill.
D) Because he decided to join the army.
22. A) San Francisco. B) Beaconsfield.
C) New England. D) New Hampshire.

Now listen to the following recording and answer questions 23 to 25.

23. A) Some domestic animals can't get people's attention and care.
B) Some dogs are neglected by their owners.
C) Some pet animals are homeless.
D) Some dogs are raised for food.
24. A) They produce many puppies with medical problems.
B) They are incapable of breeding healthy animals.
C) They sell puppies at an overwhelmingly high price.
D) They treat dogs and cats with cruelty.
25. A) 6 million. B) 70 million.
C) 8 million. D) 37 million.

Part III

Reading Comprehension

(40 minutes)

Questions 26 to 35 are based on the following passage.

Smiling, laughing and feeling thankful doesn't just make you a better person to be around—it makes you a healthier one too.

As your irritation mounts, you can feel your blood pressure rising. And that's 26 what is happening to your body when you have an argument. The 27, it seems, can be lasting. In the week after the irritating 28, you just need to think about the argument and your blood pressure will rise again, according to research published in the International Journal of Psychophysiology. So if you've recently experienced a dispute, a *seething* (沸腾的) irritation or a simple frustration, you could be best off 29 about it.

A half-hour argument with your lover can also 30 your body's ability to heal by at least a day. In couples who regularly argue, that healing time is doubled again. Researchers at Ohio State University 31 this by testing married couples with a suction device that created tiny blisters on their arm. When couples were then asked to talk about an area of disagreement that provoked 32 emotions, the wounds took around 40 per cent longer to heal. This response, say researchers, was caused by a 33 in *cytokines* (细胞素)—immune-molecules that trigger *inflammation* (发炎). Chronic high levels of these are linked to arthritis, diabetes, heart-disease and cancer.

Falling in love may help health much as well. Researchers at the University of Pavia, in Italy, have found that falling in love 34 levels of Nerve Growth Factor for about a year. This hormone-like substance helps to restore the nervous system and improves memory by triggering the growth of new brain cells. It is also associated with the feeling of being 35, inducing a calming effect on the body and mind.

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|---------------|---------------|
| A) hardly | I) exactly |
| B) forgetting | J) debts |
| C) slow | K) reduced |
| D) raises | L) contented |
| E) strong | M) effects |
| F) surge | N) afraid |
| G) negative | O) discovered |
| H) incident | |

Section B

Directions: *In this section, you are going to read a passage with ten statements attached to it. Each statement contains information given in one of the paragraphs. Identify the paragraph from which the information is derived. You may choose a paragraph more than once. Each paragraph is marked with a letter. Answer the questions by marking the corresponding letter on **Answer Sheet 2**.*

Care of the Homeless: An Overview

- [A] Homelessness affects men, women, and children of all races and ethnicities. On any given night, more than 610,000 persons in the United States are homeless; a little more than one-third of these are families. Homeless persons are more likely to become ill, have greater hospitalization rates, and are more likely to die at a younger age than the general population. The average life span for a homeless person is between 42 and 52 years. Homeless children are much sicker and have more academic and behavioral problems. Insufficient personal income and the lack of affordable housing are the major reasons for homelessness.
- [B] Complex, advanced medical problems and psychiatric illnesses, exacerbated by drug and alcohol abuse, in combination with the economic and social issues (such as the lack of housing and proper transportation) make this subset of the population a unique challenge for the health care system, local communities, and the government.
- [C] An integrated, multidisciplinary health care team with an outreach focus, along with involvement of local and state agencies, seems best suited to address the components needed to ensure quality of care, to help make these patients self-sufficient, and to help them succeed. Family physicians are well suited to manage the needs of the homeless patient, provide continuity of care, and lead these multidisciplinary teams.
- [D] Homeless persons are individuals without permanent housing who may live on the streets; may stay in a shelter, mission, single room occupancy facility, abandoned building, or vehicle; or who are in any other unstable or nonpermanent situation. Persons may be considered homeless if circumstances force them to stay with a series of friends or extended family members, or if they have been released from prison or the hospital and do not have a stable housing situation to which they can return.
- [E] For homeless patients, meeting standard blood pressure, cholesterol, and diabetes mellitus goals may require earlier start of drug therapy. Lifestyle modification usually does not work. All homeless patients should receive the influenza vaccine annually and be immunized against pneumococcus according to standard clinical guidelines. For homeless adults, hepatitis A and B vaccines should be provided and tetanus vaccines updated if the patient's last immunization was more than

10 years ago.

- [F] In the United States, approximately 3 million persons, 1% of the population, are homeless in a given year. On any given night in 2013, more than 610,000 persons were homeless; approximately 36% were families and 35% were unsheltered. Most homeless persons' experiences are temporary, lasting a few days to several weeks.
- [G] Over the past 30 years, the increase in poverty and the growing shortage of affordable housing are the trends largely responsible for the increase in homelessness. In 2009, 14.3% of individuals and 10.5% of families had incomes below the poverty level, putting approximately 46.2 million Americans at risk of homelessness if they experience a single catastrophic financial or medical event. Economic and social factors linked to homelessness include unstable employment, low wages, declining public assistance, *deinstitutionalization* (去机构化) of persons with mental illness, being a veteran, lack of inexpensive housing, low education level, and lack of affordable health care. Any of these factors, compounded by alcohol and drug abuse, domestic violence, mental and physical illness, or abuse and neglect, can cause a person to become homeless.
- [H] In a homeless person, the association of one or more chronic illnesses with substance abuse or mental illness appears to increase the risk of early death. Compared with the general U.S. population, homeless persons are three to six times more likely to become ill, their hospitalization rates are four times higher, and they are three to four times more likely to die at a younger age. Disability is often the result of these medical and psychiatric conditions, is a barrier to employment, and perpetuates the cycle of homelessness. According to the Housing and Urban Development survey, approximately 37% of the estimated 1.6 million homeless persons living in shelters have a disability compared with 25% of those in poverty and 15.3% of the general population.
- [I] Homelessness also has negative impacts on children. Infants born into homelessness have low birth weights and are nine times more likely to die within the first 12 months of life. Homeless children are sick four times more often than children who are not homeless and have an increased incidence of asthma, iron deficiency, lead poisoning, respiratory infections, ear infections, *gastro-intestinal* (肠胃的) problems, and emotional and behavioral problems (e.g., anxiety, depression, hostility). These children are also four times more likely to demonstrate delayed development, are six times more likely to have stunted growth, and have twice the expected rate of learning disabilities. In addition, they are more likely to experience hunger, abuse, neglect, and separation from family, and to have poor nutrition compared with the general population.
- [J] Identifying the homeless patient and those persons and families at risk is a priority. An outreach visit will most likely be the first contact with the homeless patient. During the initial clinic visit, the physician and clinic staff should focus on demonstrating genuine interest, empathy, and respect in a warm, nonthreatening, nonjudgmental environment. The goal is to address symptomatic

problems first, which can be treated with simple guidance and will have a visible impact on the patient's life. This will help to establish confidence and mutual trust and encourage the patient to return to the physician's office. Once trust and rapport are established, visits can focus on identifying an emergency contact and discussing the patient's more challenging social, medical, and mental health problems, and end-of-life issues.

- [K] After completing the initial assessment, physicians should take into account the logistical complexities of developing an appropriate treatment plan for these patients. Making referrals, scheduling follow-up appointments, and monitoring laboratory tests and response to therapy are challenging because of the lack of dependable communication and transportation. A patient advocate or case manager can help in this area. Goal setting, short-term markers of success, and regular progress reports from clinical staff may assist with the biggest challenge of disease management.
- [L] Homeless persons tend to have the same medical conditions as the general population. They differ from the general population, however, in that they experience long-term exposure to disease agents, overcrowding, unsanitary conditions, poor nutrition, sleep deprivation, violence, physical and emotional trauma, sexual abuse, and weather extremes. Limited education, mental illness, substance abuse, and distrust can affect their ability to respond appropriately to these adverse conditions and manage their medical problems. Based on these factors, homeless persons tend to present with advanced disease, and the approach to therapy is different depending on each person's situation.
- [M] Uncontrolled hypertension, *coronary artery* (冠状动脉) disease, congestive heart failure, and peripheral vascular disease are common in homeless persons. Poor diet contributes to nutrition-related disorders and the widespread of uncontrolled diabetes mellitus, hypercholesterolemia, and hypertension.
- [N] Anger, excessive psychological stress, mental illness, poor coping mechanisms, and alcohol and drug abuse exacerbate the effect of the traditional risk factors and result in significant cardiovascular morbidity and mortality at a much earlier age.
- [O] To meet standard blood pressure, cholesterol, and diabetes goals, drug therapy should be initiated early, and the physician should work closely with a care manager and liaison to ensure a healthy diet, to reduce stress, and to improve the patient's compliance with the treatment plan.

36. In 2013, about 30% of homeless people couldn't find shelter to live temporarily for several days or even a couple of weeks.

37. Some homeless people may be those who find no home to return to after being released from prison or hospital.

38. Combined with traditional risk factors, mental illness or emotional outbursts may lead to heart problems, even death among the homeless.
39. In the past 30 years, bad financial conditions and the lack of affordable housing underlies the sharp increase of the homeless population.
40. When facing health problems, limited education and other factors prevent the homeless from responding to the problems appropriately and managing them well.
41. Generally speaking, the homeless are more likely to have health problems and suffer the disability due to poor medical and psychiatric conditions.
42. To help the homeless with their health problems, the first thing to do is to find the homeless patients and also the potential homeless people at risk.
43. A patient advocate or case manager might do their part in disease management for the homeless patients.
44. Homeless children suffer more from homelessness than children who are not homeless, such as experiencing hunger, abuse, and etc.
45. Homelessness caused by a mixed bag of factors is a really big headache for the health care system, and the government.

Section C

Directions: *There are 2 passages in this section. Each passage is followed by some questions or unfinished statements. For each of them there are four choices marked A), B), C) and D). You should decide on the best choice and mark the corresponding letter on **Answer Sheet 2** with a single line through the centre.*

Passage One

Questions 46 to 50 are based on the following passage.

What is environmental history and what does it mean? Historians studying natural sciences and scientists are learning the language of history and the humanities? In 1959 the famous author and scientist, C. P. Snow presented a lecture in which he suggested that the critical intellectual weakness of the later 20th century was the separation of humanities from sciences. These were what he called the “two cultures”, and Snow suggested that in order to solve problems we need to bring sciences and humanities together. Donald Worster, one of the leading environmental histori-

ans in North America, used Snow's ideas to show how environmental history in particular needs the talents of historians and scientists working together. In his book *The Wealth of Nature*, Worster also argues that the natural sciences and history have become two separate spheres and therefore historians are not expected to deal with the natural sciences. Historians must deal with people, society and culture and the sciences on the other hand must be concerned with nature. In this way nature is set apart from culture creating two different worlds that are described in different languages.

The separation of nature from culture obscures the fact that culture is influenced by the nature surrounding it. But it is not a one-way street because culture is also asserting its influence on the natural world. Beinard and Coates included this *ambivalent* (矛盾的) character into their definition of environmental history: "Environmental history deals with the various dialogues over time between people and the rest of nature, focusing on *reciprocal* (往复的) impacts". To understand these reciprocal impacts, we must try to bridge the gap between culture and nature, between science and history. Environmental history is an attempt to unite the two worlds of science and history. Donald Worster described the essence of environmental history as follows: Its essential purpose is to put nature back into historical studies, or, to explore the ways in which the biophysical world has influenced the course of human history and the ways in which people have thought about and tried to transform their surroundings.

Once a historian discovers the connection between nature and culture, a whole field of new subjects opens up and history becomes more interdisciplinary than ever before. It is not only using other humanities and social sciences, but it also starts to use the natural sciences. It is true that environmental history brings many new "characters" on the stage of history. Among these are sciences such as geography, geophysics, biology, demography, botany, and ecology. This is a far from exhaustive list. But working with concepts from other sciences is very demanding for a historian and it demands that he or she is not only trained in history and the social sciences, but also in the natural sciences. Commanding all these various specialisms is a formidable task and may require a new type of academic training to produce a generalist.

But not only historians have to broaden their horizons. Scientists must include human history in their work and it seems that they have started to look at historical processes.

46. According to the text, what did C. P. Snow say in his lecture in 1959?

- A) It was of much necessity to draw on both sciences and humanities when solving problems.
- B) It was high time that scientists learned the language of history and the humanities.
- C) It was a pity that human beings owned two cultures at once.
- D) It was a shame that people hadn't given an accurate definition to environmental history.

47. Donald Worster's book points out that _____.

- A) there's supposed to be much cooperation between historians and scientists

- B) historians should learn how to deal with the natural sciences
 - C) there's little communication between the different worlds of nature and history
 - D) scientists are expected to deal with people, society and culture
48. Beinard and Coates hold that it's time to _____.
 A) bring together science and history
 B) incorporate nature back into historical studies
 C) come up with effective ways for nature to better serve human beings
 D) keep track of how culture has been evolving
49. We may learn from the text that a historian _____.
 A) has to work on methods for transforming natural surroundings
 B) finds history become more related to other disciplines
 C) tends to quit studying history and start studying natural sciences
 D) faces the demanding task of studying the impacts of history on people
50. It can be inferred that to be a generalist _____.
 A) demands much attention paid to historical processes during the evolution of nature
 B) requires joint efforts of historians and natural scientists
 C) has something to do with knowledge about new characters on the stage of history
 D) needs knowledge from various fields

Passage Two

Questions 51 to 55 are based on the following passage.

People who are married, have jobs and own their own homes are the most likely to be satisfied with their lives, the first national well-being survey says. The Office for National Statistics data also suggests people in Wales and England are less satisfied than people in Scotland and Northern Ireland. Teenagers and those above retirement age are the happiest, the ONS suggests.

The survey is an effort to produce an alternative measure of national performance to Gross Domestic Product. Prime Minister David Cameron has described it as crucial to finding out what the government can do to “really improve lives”—but Labour *ridiculed* (讽刺) the survey as a “statement of the bleeding obvious”.

Three quarters of people aged 16 and over in the UK rated their overall “life satisfaction” as seven or more, with women more likely to report higher levels of well-being and a sense that their life is “worthwhile” than men but also higher levels of anxiety. England and Wales had similar proportion of adults giving a low rating for “life satisfaction” —24.3% and 25.3% respectively. There were fewer people with low life satisfaction in Scotland (22.6%) and Northern Ireland (21.6%)—and fewer Northern Irish people gave a high rating when asked if they were “anxious

yesterday” than the rest of the UK.

There is a risk of jumping to conclusions with today’s well-being figures. We know that people in rented accommodation report significantly lower levels of life satisfaction than home-owners. But that doesn’t mean renting is bad for your happiness. All we can say is that there may be something about the kind of people who rent their homes that makes it more likely they will have lower levels of well-being. Home-owners are generally financially better off than people who rent and they are more likely to be in a stable relationship—both factors that are also associated with higher levels of life satisfaction.

As well as needing to be careful about the difference between correlation and causation, there is also a danger of misreading the “direction of causation”. For example, it is known that married people tend to be much more content than people who have been through a divorce. But does divorce make people unhappy or could it be that unhappy people are more likely to divorce?

As a general trend, people were the most satisfied with life in their teenage years and when they reached retirement age, with happiness levels dipping during middle age. Those aged 16 to 19 and 65 to 79 reported satisfaction levels considerably higher than the UK average of 7.4 out of 10.

People living in built-up or former industrial areas, such as South Wales, the West Midlands or London, tended to be less happy, while rural areas, such as Orkney and Shetland, and Rutland, in the East Midlands, were the happiest.

When broken down by marital status, married people were the most satisfied with their lives, followed by *cohabitees* (同居者), then single people, widows/widowers and people who were divorced.

51. What does the ONS data tell us?

- A) Married people tend to feel happiest in their private life.
- B) The Scottish and Northern Irish are happier than people in other states in Britain.
- C) The English are less satisfied for political reasons.
- D) Having a job is of vital importance to one’s well-being.

52. The Labor Party views the national well-being survey as _____.

- A) a measure of Britain’s economic performance
- B) a way for people to feel happier
- C) a waste of time to a large extent
- D) a proof of Cameron’s success in economic efforts

53. According to the text, Northern Irish people _____.

- A) feel less stressed than the rest of the UK
- B) are more likely to ignore their own housing conditions than others
- C) have a more positive attitude towards life than people in other parts of Britain
- D) truly believe that their life is worthwhile

54. According to the text, people renting their homes _____.

- A) are usually unhappy people themselves
- B) feel less satisfied with their overall life
- C) are earning less than others
- D) believe it's inevitable for them to divorce

55. According to the survey, middle-aged people _____.

- A) choose to live a life in rural areas
- B) are expecting of the day for retirement
- C) are much more content with their career development
- D) have lower levels of happiness than other age groups

Part IV

Translation

(30 minutes)

Directions: *For this part, you are allowed 30 minutes to translate a passage from Chinese into English. You should write your answer on **Answer Sheet 2**.*

艾滋病孤儿问题受到了高度重视。民政部(Ministry of Civil Affairs)在 2004 年拨款 2000 万元,以照顾艾滋病孤儿及其家庭。各级政府采取了各种措施来帮助艾滋病孤儿,如福利机构的团体收养、家庭寄养(foster care)和收养,以及对这些孤儿的教育投入。还成立了全国母婴传播预防专家小组以进行相关培训;发起了一个预防母婴传播的项目,以便在艾滋病高发地区向准妈妈们(would-be mothers)提供艾滋病毒检测和咨询服务。各级学校也加强了对青年进行艾滋病预防的教育。

注意:此部分试题请在**答题卡 2**上作答。