

AIDS CERTIFIED REGISTERED NURSE (ACRN) CERTIFICATION PRACTICE EXAM (SAMPLE) STUDY GUIDE



SAMPLE STUDY GUIDE WITH LIMITED QUESTIONS

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THE FULL VERSION STUDY GUIDE**

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Introduction

Preparing for a certification exam can feel overwhelming, but with the right tools, it becomes an opportunity to build confidence, sharpen your skills, and move one step closer to your goals. At Examzify, we believe that effective exam preparation isn't just about memorization, it's about understanding the material, identifying knowledge gaps, and building the test-taking strategies that lead to success.

This guide was designed to help you do exactly that.

Whether you're preparing for a licensing exam, professional certification, or entry-level qualification, this book offers structured practice to reinforce key concepts. You'll find a wide range of multiple-choice questions, each followed by clear explanations to help you understand not just the right answer, but why it's correct.

The content in this guide is based on real-world exam objectives and aligned with the types of questions and topics commonly found on official tests. It's ideal for learners who want to:

- Practice answering questions under realistic conditions,
- Improve accuracy and speed,
- Review explanations to strengthen weak areas, and
- Approach the exam with greater confidence.

We recommend using this book not as a stand-alone study tool, but alongside other resources like flashcards, textbooks, or hands-on training. For best results, we recommend working through each question, reflecting on the explanation provided, and revisiting the topics that challenge you most.

Remember: successful test preparation isn't about getting every question right the first time, it's about learning from your mistakes and improving over time. Stay focused, trust the process, and know that every page you turn brings you closer to success.

Let's begin.

How to Use This Guide

This guide is designed to help you study more effectively and approach your exam with confidence. Whether you're reviewing for the first time or doing a final refresh, here's how to get the most out of your Examzify study guide:

1. Start with a Diagnostic Review

Skim through the questions to get a sense of what you know and what you need to focus on. Your goal is to identify knowledge gaps early.

2. Study in Short, Focused Sessions

Break your study time into manageable blocks (e.g. 30 – 45 minutes). Review a handful of questions, reflect on the explanations.

3. Learn from the Explanations

After answering a question, always read the explanation, even if you got it right. It reinforces key points, corrects misunderstandings, and teaches subtle distinctions between similar answers.

4. Track Your Progress

Use bookmarks or notes (if reading digitally) to mark difficult questions. Revisit these regularly and track improvements over time.

5. Simulate the Real Exam

Once you're comfortable, try taking a full set of questions without pausing. Set a timer and simulate test-day conditions to build confidence and time management skills.

6. Repeat and Review

Don't just study once, repetition builds retention. Re-attempt questions after a few days and revisit explanations to reinforce learning. Pair this guide with other Examzify tools like flashcards, and digital practice tests to strengthen your preparation across formats.

There's no single right way to study, but consistent, thoughtful effort always wins. Use this guide flexibly, adapt the tips above to fit your pace and learning style. You've got this!

Questions

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- 1. What psychological support services can benefit HIV-positive patients?**
 - A. Only medication management
 - B. Counseling and support groups to deal with stigma and mental health issues
 - C. Public speaking training
 - D. Recreational activities only
- 2. What condition is characterized by the presence of HIV-related wasting syndrome?**
 - A. Severe fatigue
 - B. Skin infections
 - C. Significant and unexplained weight loss
 - D. Chronic cough
- 3. What is the purpose of routine viral load monitoring in patients with HIV?**
 - A. To inspect physical health
 - B. To evaluate treatment adherence and effectiveness
 - C. To assess mental health status
 - D. To determine nutritional needs
- 4. Which group has seen a rising incidence of HIV infections in recent years?**
 - A. Older adults over 50
 - B. Young people, particularly those aged 13-24
 - C. Women over 40
 - D. Healthcare professionals
- 5. What is the normal ratio of CD4+ to CD8+ lymphocytes?**
 - A. 1:2
 - B. 1:3
 - C. 2:1
 - D. 3:1
- 6. In assessing a patient at risk for HIV, which factor is least influential?**
 - A. History of injected drug use
 - B. Number of sexual partners
 - C. Shared needles
 - D. Engagement in monogamous relationships

- 7. How does substance use impact individuals living with HIV/AIDS?**
- A. It has no significant effects on health
 - B. It leads to stronger immune responses
 - C. It can delay the progression of the disease
 - D. It may complicate adherence to treatment
- 8. What is the CDC definition of AIDS in an adult based on CD4 T cell count?**
- A. 800-1000/mm³
 - B. 201-499/mm³
 - C. 500-799/mm³
 - D. 0-200/mm³
- 9. What is the function of integrase inhibitors in HIV treatment?**
- A. They activate the immune system
 - B. They prevent viral replication at later stages
 - C. They block the CCR5 co-receptor
 - D. They prevent viral DNA from integrating into the host's genome
- 10. Which type of HIV is more common in the United States?**
- A. HIV-2
 - B. HIV-1
 - C. HTLV-1
 - D. HIV-C

Answers

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1. B
2. C
3. B
4. B
5. C
6. D
7. D
8. D
9. D
10. B

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Explanations

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1. What psychological support services can benefit HIV-positive patients?

- A. Only medication management
- B. Counseling and support groups to deal with stigma and mental health issues**
- C. Public speaking training
- D. Recreational activities only

The inclusion of counseling and support groups as psychological support services for HIV-positive patients is fundamental due to the unique challenges they face, including stigma and mental health issues. Living with HIV can lead to feelings of isolation, depression, anxiety, and social stigma. Support groups provide a safe space for patients to share their experiences, learn from others, and develop coping strategies in a supportive environment. Counseling, whether individual or group, can address specific mental health concerns and help patients navigate the emotional complexities of their diagnosis. These psychological support services can significantly enhance the overall well-being of individuals living with HIV, facilitating better management of their health as they cope with the impacts of their condition on both their mental and emotional states. In contrast, while medication management is crucial for treating the physical aspects of HIV, it does not directly address the psychological and social elements that greatly influence a patient's quality of life. Public speaking training and recreational activities may have supportive roles but do not provide the targeted emotional support that counseling and support groups offer to address the specific issues related to living with HIV.

2. What condition is characterized by the presence of HIV-related wasting syndrome?

- A. Severe fatigue
- B. Skin infections
- C. Significant and unexplained weight loss**
- D. Chronic cough

The presence of HIV-related wasting syndrome is specifically characterized by significant and unexplained weight loss. This condition occurs when individuals experience substantial reductions in body weight, often exceeding 10% of their body weight, alongside complications associated with HIV or AIDS. This weight loss is not attributed to other medical conditions and can be indicative of the disease progression, malnutrition, or metabolic changes due to the virus itself. Wasting syndrome can significantly impact a patient's overall health and quality of life, leading to increased morbidity and mortality rates. It often occurs alongside other symptoms such as muscle loss, weakness, and increased levels of fatigue, but the key defining characteristic is the significant weight loss. Thus, option C accurately reflects the hallmark of HIV-related wasting syndrome.

3. What is the purpose of routine viral load monitoring in patients with HIV?

- A. To inspect physical health
- B. To evaluate treatment adherence and effectiveness**
- C. To assess mental health status
- D. To determine nutritional needs

Routine viral load monitoring in patients with HIV primarily serves to evaluate treatment adherence and effectiveness. This practice is crucial as it helps healthcare providers determine how well the antiretroviral therapy (ART) is controlling the viral replication in a patient's body. A sustained viral load suppression indicates that the treatment is effective and that the patient is likely adhering to the prescribed regimen. Monitoring viral load also aids in identifying potential treatment failures. If there is an increase in the viral load, it may suggest non-adherence to medication or the development of resistance to the current treatment. This information is vital for making timely adjustments to the treatment plan to ensure optimal patient outcomes and to maintain the health and longevity of individuals living with HIV. While aspects such as physical health, mental health, and nutritional needs are important components of holistic patient care, they do not directly relate to the primary goal of routine viral load measurement, which is centered on understanding the effectiveness of HIV treatment.

4. Which group has seen a rising incidence of HIV infections in recent years?

- A. Older adults over 50
- B. Young people, particularly those aged 13-24**
- C. Women over 40
- D. Healthcare professionals

The rising incidence of HIV infections among young people, particularly those aged 13-24, can be attributed to several factors. This age group is often characterized by higher rates of risky behaviors, such as unprotected sex, and a lack of awareness or comprehensive education about HIV and its transmission. Additionally, social dynamics, including stigma and access to preventive measures like PrEP (pre-exposure prophylaxis), play a significant role in the vulnerability of this population. Young adults may also be less likely to test for HIV, leading to later diagnoses and further transmission within the community. The interplay of these factors underlines the growing concern for HIV prevention and education targeted specifically at younger individuals, making this demographic a focus for public health initiatives aimed at reducing new infections. Understanding these trends is crucial for healthcare professionals in developing effective prevention strategies for at-risk populations.

5. What is the normal ratio of CD4+ to CD8+ lymphocytes?

- A. 1:2
- B. 1:3
- C. 2:1**
- D. 3:1

The normal ratio of CD4+ to CD8+ lymphocytes in a healthy individual is typically around 2:1. CD4+ T cells, also known as helper T cells, play a crucial role in the immune response by assisting other immune cells, while CD8+ T cells, known as cytotoxic T cells, are primarily involved in directly killing infected or cancerous cells. This ratio is significant because a balanced level of these two types of lymphocytes is essential for maintaining an effective immune response. A higher ratio indicates a robust helper response relative to the cytotoxic response, which is necessary for the coordination and regulation of immune activity. Deviations from this normal ratio can indicate various immunological conditions or responses to infections, making it a critical aspect of immune health assessment.

6. In assessing a patient at risk for HIV, which factor is least influential?

- A. History of injected drug use
- B. Number of sexual partners
- C. Shared needles
- D. Engagement in monogamous relationships**

Engagement in monogamous relationships is the least influential factor in assessing a patient's risk for HIV compared to the other factors listed. Monogamous relationships typically involve sexual activity with a single partner, which can reduce the likelihood of exposure to HIV, especially if both partners are known to be uninfected. In contrast, a history of injected drug use, the number of sexual partners, and shared needles are all strongly associated with an increased risk of HIV transmission. Injected drug use exposes individuals to the virus through shared equipment, while a higher number of sexual partners raises the chances of encountering someone who may be HIV-positive. Similarly, sharing needles significantly elevates the risk, as it directly facilitates the transmission of blood-borne pathogens, including the HIV virus. Therefore, while monogamous relationships can contribute positively to risk reduction, the other factors represent behaviors that have a more direct and significant correlation with HIV transmission risk.

7. How does substance use impact individuals living with HIV/AIDS?

- A. It has no significant effects on health
- B. It leads to stronger immune responses
- C. It can delay the progression of the disease
- D. It may complicate adherence to treatment**

Substance use can significantly complicate adherence to treatment for individuals living with HIV/AIDS. This is crucial because effective management of HIV/AIDS relies heavily on consistent use of antiretroviral therapy (ART) to maintain viral suppression and improve overall health outcomes. Substances such as alcohol, opioids, and stimulants can impair judgment and affect memory, resulting in missed doses or inconsistent medication schedules. Furthermore, substance use can also introduce additional health issues, such as co-occurring mental health disorders, which may further hinder a patient's ability to follow through with their treatment regimens. Additionally, the lifestyle choices associated with substance use, such as homelessness or risky behaviors, can increase vulnerability to both opportunistic infections and HIV transmission, making adherence to an appropriate treatment plan even more critical. Understanding these ramifications is essential for healthcare providers in order to create effective, individualized treatment plans that address both HIV care and any substance use disorders, thereby improving health outcomes for the individual.

8. What is the CDC definition of AIDS in an adult based on CD4 T cell count?

- A. 800-1000/mm³
- B. 201-499/mm³
- C. 500-799/mm³
- D. 0-200/mm³**

The CDC definition of AIDS in an adult is based on the CD4 T cell count. A CD4 T cell count of 0-200/mm³ indicates a severely compromised immune system, which is characteristic of AIDS. This level reflects a significant risk for opportunistic infections and other complications, marking the transition from HIV infection to AIDS. The critical aspect of this definition lies in the threshold, as a CD4 count below 200/mm³ signifies that the individual's immune system is no longer able to effectively combat infections, which is a defining feature of AIDS. This aligns with the CDC's guidelines that classify an individual as having AIDS when their CD4 cell count drops to this level or when they develop certain opportunistic infections or cancers associated with HIV.

9. What is the function of integrase inhibitors in HIV treatment?

- A. They activate the immune system
- B. They prevent viral replication at later stages
- C. They block the CCR5 co-receptor
- D. They prevent viral DNA from integrating into the host's genome**

Integrase inhibitors play a critical role in HIV treatment by preventing viral DNA from integrating into the host's genome. After HIV enters a host cell, it converts its RNA into DNA through the action of reverse transcriptase. This newly formed DNA must then be integrated into the host cell's DNA by the integrase enzyme to facilitate the virus's replication and assembly. By inhibiting the activity of integrase, these medications effectively block the integration process and thus prevent the virus from hijacking the host cell's machinery to produce new viral particles. This not only reduces the viral load in the patient but also helps preserve the immune function by limiting the number of infected cells. Consequently, the use of integrase inhibitors is essential in antiretroviral therapy, contributing to improved health outcomes for individuals living with HIV.

10. Which type of HIV is more common in the United States?

- A. HIV-2
- B. HIV-1**
- C. HTLV-1
- D. HIV-C

HIV-1 is more prevalent in the United States compared to other types of the virus. This strain of HIV is the primary cause of the global HIV/AIDS pandemic and is responsible for the majority of HIV infections in developed countries, including the United States. HIV-2, while present, is much less common in the U.S. and is primarily found in West Africa, making it less relevant in the context of American HIV epidemiology. HTLV-1 is a completely different virus associated with conditions such as adult T-cell leukemia and is not an HIV strain. HIV-C is not a recognized type; HIV is classified primarily into HIV-1 and HIV-2. Understanding the prevalence of HIV-1 is crucial for public health strategies and treatment programs aimed at managing the HIV epidemic effectively.

Next Steps

Congratulations on reaching the final section of this guide. You've taken a meaningful step toward passing your certification exam and advancing your career.

As you continue preparing, remember that consistent practice, review, and self-reflection are key to success. Make time to revisit difficult topics, simulate exam conditions, and track your progress along the way.

If you need help, have suggestions, or want to share feedback, we'd love to hear from you. Reach out to our team at hello@examzify.com.

Or visit your dedicated course page for more study tools and resources:

<https://acrn.examzify.com>

We wish you the very best on your exam journey. You've got this!

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