

# CDR Gerontology Nutrition Practice Exam (Sample)

## Study Guide



**Everything you need from our exam experts!**

**This is a sample study guide. To access the full version with hundreds of questions,**

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**SAMPLE**

# Table of Contents

<b>Copyright</b> .....	<b>1</b>
<b>Table of Contents</b> .....	<b>2</b>
<b>Introduction</b> .....	<b>3</b>
<b>How to Use This Guide</b> .....	<b>4</b>
<b>Questions</b> .....	<b>6</b>
<b>Answers</b> .....	<b>9</b>
<b>Explanations</b> .....	<b>11</b>
<b>Next Steps</b> .....	<b>17</b>

# 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. Don't worry about getting everything right, 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, and take breaks to retain information better.**

## **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.**

## **7. Use Other Tools**

**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!**

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## **Questions**

- 1. What condition is characterized by unintentional weight loss in the elderly?**
  - A. Obesity**
  - B. Cachexia**
  - C. Maldigestion**
  - D. Hyperphagia**
- 2. What endocrine disorder is linked to taste alteration?**
  - A. Hyperglycemia**
  - B. Panhypopituitarism**
  - C. Chronic fatigue syndrome**
  - D. Hypercalcemia**
- 3. Which type of anemia is often related to chronic infections or inflammation?**
  - A. Folic acid deficiency anemia**
  - B. Iron deficiency anemia**
  - C. Chronic disease anemia**
  - D. B-12 deficiency anemia**
- 4. What is the activity factor for someone who is extremely active?**
  - A. 1.5**
  - B. 1.75**
  - C. 2.0**
  - D. 2.5**
- 5. What type of services does the home and community-based waiver provide?**
  - A. Financial support for medical bills**
  - B. Childcare grants**
  - C. Support for activities of daily living and transportation**
  - D. Supplemental food assistance**



- 6. What nutritional approach is associated with Native American diets?**
- A. Highly processed foods**
  - B. Regional sources like fish, game, and veggies**
  - C. Reliance on dairy products**
  - D. Fast food as a staple**
- 7. Which of the following is a dietary staple in the diets of Japanese Americans?**
- A. French bread**
  - B. Rice**
  - C. Pasta**
  - D. Quinoa**
- 8. What is the minimum caloric requirement per kg for healthy older men?**
- A. 18-22 kcal/kg**
  - B. 20-24 kcal/kg**
  - C. 24-28 kcal/kg**
  - D. 30 kcal/kg**
- 9. What does the Emergency Food Assistance Program (TEFAP) provide to eligible individuals?**
- A. Emergency food and assistance at no cost**
  - B. Child care funding**
  - C. Nutrition education**
  - D. Discounted meal plans**
- 10. What is the primary benefit of potassium in the nutrition of older adults?**
- A. It helps improve memory and cognitive function**
  - B. It assists in regulating blood pressure and fluid balance**
  - C. It enhances muscle mass and strength**
  - D. It reduces the risk of falls and fractures**

## **Answers**

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- 1. B**
- 2. B**
- 3. C**
- 4. C**
- 5. C**
- 6. B**
- 7. B**
- 8. B**
- 9. A**
- 10. B**

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## **Explanations**

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**1. What condition is characterized by unintentional weight loss in the elderly?**

- A. Obesity**
- B. Cachexia**
- C. Maldigestion**
- D. Hyperphagia**

The condition characterized by unintentional weight loss in the elderly is cachexia. Cachexia is a complex syndrome often associated with an underlying illness, such as cancer, heart failure, or chronic obstructive pulmonary disease (COPD). It is more than just weight loss; it involves a loss of muscle mass and fat, which cannot be fully reversed by nutritional supplementation alone. In elderly individuals, cachexia can significantly impact quality of life and overall health, making it crucial to recognize and address. Unintentional weight loss, especially in the elderly, can have multiple underlying causes, including decreased appetite, malabsorption, chronic diseases, and metabolic changes associated with aging. Cachexia indicates a more severe underlying processes compared to simple malnutrition, as it often reflects a systemic inflammatory response and requires comprehensive medical management in addition to nutritional support. This makes it distinct from other potential conditions listed, which do not specifically denote the unintentional weight loss aspect or severe systemic involvement seen in cachexia.

**2. What endocrine disorder is linked to taste alteration?**

- A. Hyperglycemia**
- B. Panhypopituitarism**
- C. Chronic fatigue syndrome**
- D. Hypercalcemia**

Panhypopituitarism is linked to taste alteration because it involves a deficiency in one or more of the hormones produced by the pituitary gland, which plays a crucial role in regulating various body functions, including growth and metabolism. This disorder can lead to a decrease in the production of hormones such as thyroid-stimulating hormone (TSH) and adrenocorticotrophic hormone (ACTH), which can affect overall metabolism and sensory function, including taste. When there is a hormonal imbalance due to panhypopituitarism, it can result in changes to the taste perception since hormones influence appetite and can affect the functionality of taste buds. Additionally, alterations in metabolic states and the overall bodily functions regulated by these hormones may further contribute to changes in how taste is experienced. Thus, the connection between panhypopituitarism and taste alteration can be understood through the comprehensive impact of significant hormonal deficiencies on the body's sensory and metabolic systems.

**3. Which type of anemia is often related to chronic infections or inflammation?**

- A. Folic acid deficiency anemia**
- B. Iron deficiency anemia**
- C. Chronic disease anemia**
- D. B-12 deficiency anemia**

Chronic disease anemia, also known as anemia of chronic inflammation, is often seen in individuals with long-standing infections, inflammatory diseases, or malignancies. This type of anemia occurs as the body responds to ongoing inflammation by altering iron metabolism, affecting red blood cell production and lifespan. In conditions characterized by chronic inflammation, such as rheumatoid arthritis or chronic kidney disease, the body releases specific proteins like hepcidin that regulate iron in the bloodstream. This leads to reduced iron availability for hemoglobin synthesis, resulting in anemia. The bone marrow is stimulated by inflammatory cytokines, yet the production of red blood cells becomes dysfunctional, leading to characteristic findings in blood samples, such as low serum iron and low transferrin saturation despite normal ferritin levels. In contrast, other types of anemia, such as folic acid deficiency, iron deficiency, and vitamin B12 deficiency, are typically related to a lack of specific nutrients or malabsorption rather than a response to inflammation or chronic disease. Each of these conditions has its unique causes and implications, separate from the mechanisms that drive chronic disease anemia. Thus, the context of chronic infections or inflammatory states specifically leads to chronic disease anemia, making it the correct answer in this scenario.

**4. What is the activity factor for someone who is extremely active?**

- A. 1.5**
- B. 1.75**
- C. 2.0**
- D. 2.5**

The activity factor for someone who is extremely active is typically set at 2.0. This figure is used in the context of calculating the total daily energy expenditure (TDEE) for individuals whose activity levels significantly exceed that of a moderately active person. It reflects the energy needs for those engaged in very high levels of physical activity, such as athletes or those with physically demanding jobs, who may dedicate a significant portion of their day to vigorous exercise or labor-intensive tasks. This factor emphasizes the considerable increase in caloric needs associated with an extremely active lifestyle, ensuring that energy intake aligns with the high output required for optimal performance and recovery. For a person categorized as extremely active, setting the activity factor at 2.0 is essential for maintaining proper nutrition and supporting overall health. Other potential activity factors listed may underestimate the energy expenditure associated with such high levels of physical activity, making them less suitable for individuals who fall into this category.

**5. What type of services does the home and community-based waiver provide?**

**A. Financial support for medical bills**

**B. Childcare grants**

**C. Support for activities of daily living and transportation**

**D. Supplemental food assistance**

Home and community-based waivers are designed to provide services and support to individuals who may need assistance to remain in their own homes and communities, particularly those who are elderly or have disabilities. The primary focus of these waivers is to facilitate independence and enhance the quality of life for participants by offering tailored support. This includes assistance with activities of daily living, such as bathing, dressing, and meal preparation, which are crucial for maintaining personal independence. Additionally, transportation services are often provided to help individuals attend medical appointments or engage in community activities, further promoting social interaction and well-being. By focusing on these types of support, home and community-based waivers aim to reduce reliance on institutional care, allowing individuals to live in environments that are more familiar and comfortable to them. This approach aligns with person-centered care and seeks to maximize autonomy for those receiving services.

**6. What nutritional approach is associated with Native American diets?**

**A. Highly processed foods**

**B. Regional sources like fish, game, and veggies**

**C. Reliance on dairy products**

**D. Fast food as a staple**

The nutritional approach associated with Native American diets is centered around the use of regional sources such as fish, game, and vegetables. This reflects a traditional eating pattern that emphasizes local, seasonal foods, which were historically available and integral to the culture and lifestyle of many Native American tribes. These diets often included a variety of whole foods that were not only nutritionally dense but also had a connection to their land and heritage. Indigenous peoples typically relied on hunting, fishing, and gathering, which provided a diverse array of nutrients and supported sustainable practices. The emphasis on local foods resulted in diets that were rich in proteins, healthy fats, and carbohydrates with an abundant supply of vitamins and minerals. This natural food source approach is often contrasted with modern dietary habits that favor processed foods or those high in sugars and additives. In essence, the focus on regional sources highlights the importance of food sovereignty and cultural identity among Native American communities, making it a significant aspect of their dietary practices.

**7. Which of the following is a dietary staple in the diets of Japanese Americans?**

**A. French bread**

**B. Rice**

**C. Pasta**

**D. Quinoa**

Rice is a dietary staple in the diets of Japanese Americans due to its integral role in traditional Japanese cuisine. Rice, specifically short-grain varieties like sushi rice, serves as a fundamental component of many meals and accompanies a variety of dishes. Its significance is reflected not only in daily eating habits, where it is often served with fish, vegetables, and other proteins, but also in cultural practices such as the preparation of rice for rituals and celebrations. The other options represent staple foods in different cultural contexts. For instance, French bread is associated with French cuisine, pasta is a staple in Italian cooking, and quinoa is commonly associated with South American diets and is known for its health benefits. While these foods are enjoyed by many, they do not hold the same cultural significance or prevalence in the diets of Japanese Americans as rice does.

**8. What is the minimum caloric requirement per kg for healthy older men?**

**A. 18-22 kcal/kg**

**B. 20-24 kcal/kg**

**C. 24-28 kcal/kg**

**D. 30 kcal/kg**

The minimum caloric requirement for healthy older men typically falls within the range of 20 to 24 kcal/kg. This range is established based on the understanding that as individuals age, their metabolism may slow down, and their physical activity levels may decrease. Consequently, older adults may require fewer calories than their younger counterparts. For older men, who tend to have greater muscle mass compared to women, this caloric need is still essential to maintain energy levels and support overall health. Meeting caloric needs is crucial for preserving lean body mass, supporting immune function, and maintaining overall health and well-being. While some choices provide higher or lower caloric requirements, they do not align with the established ranges for healthy older men. Higher caloric recommendations might be appropriate for those who are more physically active or have specific health needs, but for the general healthy older male population, the 20-24 kcal/kg range is more accurate and supportive of maintaining optimal nutrition and health outcomes.



**9. What does the Emergency Food Assistance Program (TEFAP) provide to eligible individuals?**

- A. Emergency food and assistance at no cost**
- B. Child care funding**
- C. Nutrition education**
- D. Discounted meal plans**

The Emergency Food Assistance Program (TEFAP) is designed specifically to provide emergency food and assistance to individuals who are in need. This program ensures that eligible individuals and families can access food supplies at no cost during times of crisis or hardship. The primary focus of TEFAP is to alleviate food insecurity and address the immediate nutritional needs of vulnerable populations. Options such as childcare funding, nutrition education, and discounted meal plans do not align with the core mission of TEFAP. While these services may be beneficial in other contexts, they fall outside the specific provisions of this program, which is focused solely on emergency food assistance. Therefore, the answer that highlights the provision of emergency food and assistance at no cost to eligible individuals accurately reflects the purpose and function of TEFAP.

**10. What is the primary benefit of potassium in the nutrition of older adults?**

- A. It helps improve memory and cognitive function**
- B. It assists in regulating blood pressure and fluid balance**
- C. It enhances muscle mass and strength**
- D. It reduces the risk of falls and fractures**

The primary benefit of potassium in the nutrition of older adults is that it assists in regulating blood pressure and fluid balance. Potassium plays a crucial role in maintaining homeostasis within the body, and it helps counteract the effects of sodium, which is important in managing blood pressure levels. High blood pressure is a significant health concern in older adults, making potassium's role in its regulation vital. Additionally, potassium contributes to fluid balance by helping cells maintain the necessary levels of hydration and electrolytes, which is important for overall health and function, especially as individuals age. While the other options mention important aspects of health in older adults—like cognitive function, muscle mass, and the risk of falls—none are primarily attributed to potassium's well-established role in nutrition. For example, memory and cognitive function are influenced by a range of nutrients and factors, while muscle mass tends to be more closely associated with protein intake and physical activity. Reducing falls and fractures generally involves a more holistic approach that includes strength training, bone health through calcium and vitamin D, and environmental modifications. Thus, potassium's primary benefit in the context of gerontological nutrition is clearly linked to blood pressure and fluid balance.

## 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](mailto:hello@examzify.com).**

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

**<https://cdrgerontologynutrition.examzify.com>**

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