

CDR GERONTOLOGY NUTRITION PRACTICE EXAM (SAMPLE)

STUDY GUIDE



Prepare with structure. Pass with confidence



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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. Which ethnic group typically consumes rice, small fish, and beef, avoiding dairy products?**
 - A. Korean Americans
 - B. Japanese Americans
 - C. Vietnamese Americans
 - D. Native Americans
- 2. What type of oils are commonly used in Black American diets?**
 - A. Olive oil
 - B. Coconut oil
 - C. Palm oil
 - D. Canola oil
- 3. What is the impact of hydration on the health of older adults?**
 - A. It has minimal effects
 - B. It can improve cognitive function
 - C. It reduces the risk of falls
 - D. Both B and C
- 4. Which of the following is an iatrogenic cause of altered olfaction?**
 - A. Laryngectomy
 - B. Diabetes Mellitus
 - C. Parkinson's disease
 - D. Alzheimer's disease
- 5. What is the focus of the five rights of dining?**
 - A. Quality of life for caregivers
 - B. Nutrition and meal service standards
 - C. Healthcare funding strategies
 - D. Food safety regulations
- 6. Which drug is known to alter taste?**
 - A. Aspirin
 - B. Opiates
 - C. Ibuprofen
 - D. Metformin

- 7. What are common lab findings in folic acid deficiency anemia?**
- A. High MCV, high iron
 - B. Low MCV, high ferritin
 - C. High MCV, low folate
 - D. High MCV, low iron
- 8. How does social interaction affect nutrition in older adults?**
- A. It leads to decreased appetite
 - B. Increased social interaction can promote better dietary habits and improved nutrition
 - C. It has no impact on dietary habits
 - D. It increases the likelihood of food allergies
- 9. What does SNAP primarily assist individuals with regarding their economic status?**
- A. Aiding those above the federal poverty level
 - B. Providing meal delivery services for seniors
 - C. Assisting those at or below 130% of the federal poverty level
 - D. Funding physical exercise programs
- 10. What health-related goal is included in the purpose of OAANP?**
- A. To promote social activity only
 - B. To eliminate all processed foods
 - C. To delay health conditions through better nutrition access
 - D. To increase meal portion sizes

Answers

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

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Explanations

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1. Which ethnic group typically consumes rice, small fish, and beef, avoiding dairy products?

- A. Korean Americans**
- B. Japanese Americans
- C. Vietnamese Americans
- D. Native Americans

The typical dietary pattern described, which includes rice, small fish, and beef while avoiding dairy products, aligns closely with the eating habits of Korean Americans. Traditional Korean cuisine commonly features rice as a staple food, along with a variety of seafood and beef dishes. Dairy is not a significant part of the traditional Korean diet, as many individuals from this ethnic background often experience lactose intolerance. In contrast, while Japanese Americans also have a diet that includes rice and seafood, they often incorporate dairy to a greater extent, especially in more modern diets. Vietnamese Americans do consume rice and seafood but are more likely to include other ingredients and different types of meats in their diet. Native Americans have a diverse range of dietary practices depending on regions and tribes, but they typically do not have the specific combination of rice, small fish, and beef as a universal characteristic. This context reinforces why Korean Americans represent the group whose dietary habits best fit the description provided.

2. What type of oils are commonly used in Black American diets?

- A. Olive oil
- B. Coconut oil
- C. Palm oil**
- D. Canola oil

The correct answer reflects the prevalence of palm oil in Black American diets. Palm oil is widely used in many traditional and contemporary African and Caribbean cuisines, which have influenced the diets of Black Americans. This oil is favored for its versatility, flavor, and high smoke point, making it suitable for frying and cooking various dishes, including stews, sauces, and traditional recipes. Olive oil, while healthier and popular in Mediterranean diets, is not as commonly used in traditional Black American cooking. Coconut oil has gained some popularity in recent years, but historically, it has not been a staple oil within this dietary context. Canola oil, although often used in the broader American diet, does not carry the same cultural significance or historical presence in Black American culinary practices as palm oil. Thus, palm oil stands out as the most commonly used oil in Black American diets.

3. What is the impact of hydration on the health of older adults?

- A. It has minimal effects
- B. It can improve cognitive function
- C. It reduces the risk of falls
- D. Both B and C**

Hydration plays a crucial role in the health of older adults, significantly influencing various physiological and cognitive functions. Adequate fluid intake is essential for maintaining optimal health and preventing complications often associated with aging. Improving cognitive function is one of the significant impacts of proper hydration. Dehydration can lead to confusion, memory problems, and overall cognitive decline, which are particularly concerning in older adults. Staying well-hydrated supports brain health and enhances mental clarity, enabling older adults to function more effectively in their daily lives. Additionally, hydration contributes to reducing the risk of falls. Proper hydration helps maintain muscle function and balance, both of which are critical for stability. Dehydrated individuals may experience muscle weakness or leg cramps, increasing the likelihood of falls and related injuries. Thus, ensuring adequate hydration supports physical health by improving coordination and strength, which can help prevent falls in older adults. Considering these factors, it is evident that hydration significantly affects cognitive function and the risk of falls, making both of these outcomes critical for maintaining the health and safety of older adults.

4. Which of the following is an iatrogenic cause of altered olfaction?

- A. Laryngectomy**
- B. Diabetes Mellitus
- C. Parkinson's disease
- D. Alzheimer's disease

An iatrogenic cause refers to an effect or condition that arises as a result of medical treatment or intervention. In this context, a laryngectomy involves the surgical removal of the larynx, which is often performed to treat conditions such as laryngeal cancer. This procedure can significantly alter a person's sense of smell due to changes in airflow and the disruption of sensory pathways. The other conditions listed—Diabetes Mellitus, Parkinson's disease, and Alzheimer's disease—are primarily non-iatrogenic causes of altered olfaction. While these diseases can lead to changes in olfactory function, they do not result from direct medical interventions or treatments. Instead, these conditions typically involve a range of systemic or neurodegenerative changes that impact the olfactory system indirectly. In contrast, the specific surgical intervention involved in a laryngectomy directly leads to alterations in how the olfactory system functions, making it the only option that qualifies as an iatrogenic cause.

5. What is the focus of the five rights of dining?

- A. Quality of life for caregivers
- B. Nutrition and meal service standards**
- C. Healthcare funding strategies
- D. Food safety regulations

The five rights of dining emphasize nutrition and meal service standards to ensure that residents in care settings receive appropriate, high-quality meals that meet their individual needs. This approach prioritizes not only the nutritional content and variety of the meals offered but also the overall dining experience. The focus on nutrition and meal service standards is particularly crucial in gerontology, where dietary needs may be particularly complex due to age-related factors. These standards include ensuring that meals are served at the right temperature, in the right portion sizes, at the right time, suited to individual preferences, and prepared correctly to maintain nutritional value. Considering the other options, while quality of life for caregivers is important for overall care dynamics, it is not the direct focus of the five rights of dining. Healthcare funding strategies are essential in financing care but do not specifically pertain to the dining experience. Similarly, food safety regulations are critical for the prevention of foodborne illnesses, but they relate more to the safety aspect rather than the rights and standards of dining that enhance the quality of life for residents.

6. Which drug is known to alter taste?

- A. Aspirin
- B. Opiates**
- C. Ibuprofen
- D. Metformin

Opiates are known to alter taste perception due to their effects on the central nervous system, which can impact sensory functions, including the sense of taste. These medications often lead to side effects that may distort how flavors are perceived, potentially resulting in a decreased ability to taste or an unusual taste experience. This alteration can be particularly notable in individuals who are chronic users of opiates or those who have recently started on these medications. Other drugs, such as aspirin and ibuprofen, primarily act as pain relievers and anti-inflammatory agents, and while they might cause gastrointestinal side effects that could indirectly influence taste sensation, they are not typically associated with direct alterations in taste perception. Metformin, which is often prescribed for type 2 diabetes, can have side effects that affect gastrointestinal health but is also not known to directly alter taste perception in the same way that opiates can. Thus, the unique impact of opiates on the central nervous system's processing of sensory input makes them the drug among the options listed that is most prominently recognized for altering taste.

7. What are common lab findings in folic acid deficiency anemia?

- A. High MCV, high iron
- B. Low MCV, high ferritin
- C. High MCV, low folate**
- D. High MCV, low iron

In cases of folic acid deficiency anemia, one of the hallmark laboratory findings is an elevated mean corpuscular volume (MCV), indicating that the red blood cells are larger than normal, a condition known as macrocytosis. This occurs because folate is essential for DNA synthesis, and its deficiency leads to impaired cell division and consequently larger, but fewer, red blood cells. Additionally, the low folate level is a direct indication of folic acid deficiency. This deficiency can result from inadequate dietary intake, malabsorption, or increased demand during certain life stages, such as pregnancy. The presence of low folate levels confirms that folate deficiency is contributing to the macrocytic anemia. While some of the other choices may include high MCV, they fail to correctly relate it to low folate or provide accurate interpretations related to iron status or ferritin levels. Therefore, the correct identification of high MCV alongside low folate encompasses the fundamental characteristics of folic acid deficiency anemia.

8. How does social interaction affect nutrition in older adults?

- A. It leads to decreased appetite
- B. Increased social interaction can promote better dietary habits and improved nutrition**
- C. It has no impact on dietary habits
- D. It increases the likelihood of food allergies

Increased social interaction can significantly promote better dietary habits and improve nutrition among older adults for several reasons. Engaging with others can enhance motivation to prepare and consume meals. Social settings often involve shared meals, which can lead to a more varied and balanced diet, as individuals may be encouraged to try new foods that they wouldn't typically eat alone. Additionally, social interactions can create opportunities for education regarding nutrition, allowing individuals to learn from family members or peers about healthy eating practices. Moreover, companionship during meals can combat loneliness, making mealtime more enjoyable and less of a chore, which can subsequently lead to better food intake and overall nutrition. These interactions can also provide emotional support, which is important as emotional well-being is closely linked to nutritional status in older adults. Together, these factors demonstrate how social interaction can play a crucial role in enhancing the nutritional status and dietary habits of older adults.

9. What does SNAP primarily assist individuals with regarding their economic status?

- A. Aiding those above the federal poverty level
- B. Providing meal delivery services for seniors
- C. Assisting those at or below 130% of the federal poverty level**
- D. Funding physical exercise programs

SNAP, which stands for the Supplemental Nutrition Assistance Program, is designed primarily to assist individuals and families facing food insecurity, particularly those who meet certain income thresholds. The program focuses on individuals and households that are at or below 130% of the federal poverty level, which ensures that assistance is directed to those most in need of nutritional support. This income limit enables SNAP to target its resources effectively, helping to alleviate hunger and improve nutrition among low-income populations. The program operates by providing financial assistance to purchase food, thereby improving food access and nutrition for eligible participants. This focus on low-income individuals is vital for public health and nutrition, especially among vulnerable populations, including children, the elderly, and those with disabilities. By addressing the needs of those at or below 130% of the federal poverty level, SNAP plays a crucial role in enhancing food security and overall health within communities.

10. What health-related goal is included in the purpose of OAANP?

- A. To promote social activity only
- B. To eliminate all processed foods
- C. To delay health conditions through better nutrition access**
- D. To increase meal portion sizes

The purpose of the Older American Act Nutrition Program (OAANP) centers on improving the nutritional health of older adults, particularly in terms of accessing healthier food options. The goal of delaying health conditions through better nutrition access is critical because research has shown that proper nutrition plays a vital role in managing or preventing chronic diseases that are common among older adults, such as diabetes, heart disease, and obesity. By providing coordinated services that enhance access to nutritious meals—whether through meal programs, nutrition education, or community support—the OAANP aims to improve the overall well-being and quality of life for seniors. This focus on nutrition not only addresses immediate dietary needs, but also supports long-term health outcomes, allowing older adults to maintain their independence and health for longer periods. In contrast, the other options do not encapsulate this primary focus on health and nutrition access. Promoting social activity alone does not directly address nutritional needs. Eliminating all processed foods is an unrealistic and impractical goal, especially for the senior population that may rely on convenience. Increasing meal portion sizes does not necessarily correlate with improved health outcomes; in fact, larger portions without nutritional balance could be detrimental. Hence, the focus on improving nutrition access to delay health conditions stands out as the most

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://cdrgerontologynutrition.examzify.com>

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

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