

CDR GERONTOLOGY NUTRITION PRACTICE EXAM (SAMPLE)

STUDY GUIDE



SAMPLE STUDY GUIDE WITH LIMITED QUESTIONS

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THE FULL VERSION STUDY GUIDE

<https://cdrgerontologynutrition.examzify.com>



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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 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

- 2. According to the Adult Treatment Panel III, which parameter indicates obesity in men?**
 - A. Waist > 90 cm
 - B. Waist > 102 cm
 - C. Waist > 88 cm
 - D. Waist > 100 cm

- 3. High levels of iron and ferritin are found in which type of anemia?**
 - A. B-12 deficiency anemia
 - B. Chronic disease anemia
 - C. Folic acid deficiency anemia
 - D. Iron deficiency anemia

- 4. What does the glossopharyngeal nerve test evaluate in a patient?**
 - A. Jaw strength
 - B. Memory recall
 - C. Swallowing and gag reflex
 - D. Tongue coordination

- 5. Which mineral is crucial for maintaining bone density in older adults?**
 - A. Magnesium
 - B. Iron
 - C. Calcium
 - D. Sodium

- 6. What is the primary source of energy for physical activity in elderly individuals?**
- A. Fats
 - B. Proteins
 - C. Vitamins
 - D. Carbohydrates
- 7. Which diseases are associated with dysphagia?**
- A. Gastroesophageal reflux disease (GERD) and ALS
 - B. Alzheimer's and hypertension
 - C. Hyperthyroidism and stroke
 - D. Chronic fatigue syndrome
- 8. Which condition is primarily associated with alterations in olfaction due to head trauma?**
- A. Seizure disorders
 - B. Alzheimer's disease
 - C. Migraines
 - D. Generalized anxiety disorder
- 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 assessment tool is used to evaluate the nutritional status of older adults?**
- A. Food Frequency Questionnaire (FFQ)
 - B. Mini Nutritional Assessment (MNA)
 - C. 24-hour Dietary Recall
 - D. Body Mass Index (BMI)

Answers

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

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Explanations

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1. 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.

2. According to the Adult Treatment Panel III, which parameter indicates obesity in men?

- A. Waist > 90 cm
- B. Waist > 102 cm**
- C. Waist > 88 cm
- D. Waist > 100 cm

The parameter that indicates obesity in men, as defined by the Adult Treatment Panel III, is a waist circumference of greater than 102 cm. This measurement is associated with an increased risk of cardiovascular disease and other obesity-related conditions. The waist circumference is a useful indicator of visceral fat accumulation, which is more closely related to health risks than total body weight or BMI alone. Having a waist measurement above this threshold signifies that an individual may have excess abdominal fat, which can lead to metabolic syndrome, type 2 diabetes, and cardiovascular issues. The other provided circumferences, while indicating varying degrees of increased risk or overweight, do not reach the criteria specifically established to classify obesity in men according to this guideline.

3. High levels of iron and ferritin are found in which type of anemia?

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

High levels of iron and ferritin are typically associated with chronic disease anemia, which is a type of anemia that occurs in the context of chronic inflammation or disease processes. In conditions such as chronic infections, autoimmune diseases, or cancer, the body often responds by sequestering iron as part of a protective mechanism to limit microbial growth and suppress iron availability for pathogens. In chronic disease anemia, despite the presence of high iron stores (indicated by elevated ferritin levels), there is a reduction in the availability of iron for erythropoiesis, leading to anemia. This is due to the action of inflammatory cytokines that interfere with iron metabolism and utilization, resulting in the body's inability to effectively use the iron that is present. In contrast, iron deficiency anemia is characterized by low levels of iron and ferritin; B-12 and folic acid deficiency anemias are not associated with high iron levels. Understanding these mechanisms is crucial for differentiating between types of anemia based on laboratory findings and clinical context.

4. What does the glossopharyngeal nerve test evaluate in a patient?

- A. Jaw strength
- B. Memory recall
- C. Swallowing and gag reflex**
- D. Tongue coordination

The glossopharyngeal nerve is primarily responsible for several functions related to the throat and is critical for the processes of swallowing and the gag reflex. When assessing the glossopharyngeal nerve, healthcare professionals will evaluate its role in the motor functions of the pharynx, which is essential for safe swallowing. The gag reflex, mediated by this nerve, serves as a protective mechanism to prevent aspiration and choking. Additionally, the glossopharyngeal nerve contributes to the sensation in the posterior third of the tongue, aiding in taste and the overall swallowing process. Therefore, by testing the swallowing and gag reflex, clinicians can gain insights into the integrity and functionality of the glossopharyngeal nerve. This understanding connects directly to why the assessment of swallowing and gag reflex is crucial in evaluating both the nerve's function and a patient's overall safety during eating and drinking.

5. Which mineral is crucial for maintaining bone density in older adults?

- A. Magnesium
- B. Iron
- C. Calcium**
- D. Sodium

Calcium is crucial for maintaining bone density in older adults because it serves as the primary building block of bone tissue. As people age, they may experience a decrease in bone density, which can lead to conditions such as osteoporosis. Adequate calcium intake is essential to help preserve bone mass and reduce the risk of fractures. In conjunction with vitamin D, which aids in calcium absorption, maintaining sufficient calcium levels can have a protective effect on skeletal health. Older adults often do not consume enough calcium, making it important for health professionals to emphasize dietary sources or supplementation if necessary. While magnesium is also important for bone health, it primarily supports the structure of bone in conjunction with calcium, rather than being the key mineral for maintaining bone density. Iron plays a significant role in the formation of hemoglobin and is not directly associated with bone density. Sodium, while necessary for many bodily functions, does not contribute to maintaining or enhancing bone density. Thus, calcium stands out as the mineral that is most vital for preserving bone health in the aging population.

6. What is the primary source of energy for physical activity in elderly individuals?

- A. Fats
- B. Proteins
- C. Vitamins
- D. Carbohydrates**

The primary source of energy for physical activity, particularly in elderly individuals, is carbohydrates. Carbohydrates are quickly metabolized by the body to provide immediate energy for muscle activity. During physical exercise, especially at higher intensities, the body relies on glucose derived from carbohydrates for quick energy. While fats can also serve as a source of energy, their metabolic conversion is slower and typically utilized during lower-intensity exercises or at rest. Proteins primarily function in repairing tissues and supporting bodily functions rather than being a primary energy source. Vitamins play crucial roles in metabolic processes but do not provide energy themselves. Therefore, for elderly individuals engaging in physical activities, carbohydrates are essential for meeting energy demands effectively and are vital for sustaining performance and maintaining muscle mass.

7. Which diseases are associated with dysphagia?

A. Gastroesophageal reflux disease (GERD) and ALS

B. Alzheimer's and hypertension

C. Hyperthyroidism and stroke

D. Chronic fatigue syndrome

Dysphagia, which is the medical term for difficulty swallowing, can be associated with a variety of conditions that affect the muscles and nerves involved in swallowing. The correct choice highlights gastroesophageal reflux disease (GERD) and Amyotrophic Lateral Sclerosis (ALS) as conditions associated with dysphagia. GERD can lead to swallowing difficulties due to the irritation of the esophagus from stomach acid, which may cause inflammation and discomfort when swallowing. Over time, this chronic issue can lead to changes in swallowing mechanics. Amyotrophic Lateral Sclerosis (ALS), on the other hand, is a progressive neurodegenerative disease that affects the motor neurons in the brain and spinal cord. As the disease progresses, it can impair muscle control, including the muscles involved in swallowing, leading to dysphagia. The other options listed do not share a strong connection with dysphagia. Alzheimer's disease does affect swallowing, but it is not mentioned alongside GERD, and hypertension does not directly contribute to dysphagia. Hyperthyroidism may have some indirect effects but is not commonly associated with swallowing difficulties, nor is chronic fatigue syndrome primarily linked to dysphagia. Therefore, the correct answer effectively identifies conditions that are known to directly impact swallowing

8. Which condition is primarily associated with alterations in olfaction due to head trauma?

A. Seizure disorders

B. Alzheimer's disease

C. Migraines

D. Generalized anxiety disorder

Alzheimer's disease is indeed associated with alterations in olfaction, particularly in individuals who have experienced head trauma. The olfactory system, which is responsible for the sense of smell, is closely linked to the brain regions involved in memory and cognition. When head trauma occurs, it can damage the areas of the brain associated with olfactory processing, leading to changes in the ability to smell and subsequently affecting memory and cognitive function. Research has shown that individuals with Alzheimer's disease often exhibit changes in their sense of smell due to neurodegeneration that affects the olfactory bulbs and related pathways. This loss of olfactory function has been identified as one of the early signs of Alzheimer's, allowing for potential early diagnosis. While other conditions listed may have neurological implications, they do not specifically correlate with alterations in olfaction as a primary effect following head trauma. Seizure disorders, migraines, and generalized anxiety disorder can involve various sensory and cognitive symptoms, but they do not have the same direct relationship to olfactory dysfunction in the context of head injury as seen in Alzheimer's disease.

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 assessment tool is used to evaluate the nutritional status of older adults?

- A. Food Frequency Questionnaire (FFQ)
- B. Mini Nutritional Assessment (MNA)**
- C. 24-hour Dietary Recall
- D. Body Mass Index (BMI)

The Mini Nutritional Assessment (MNA) is particularly designed for evaluating the nutritional status of older adults. It incorporates various parameters specifically relevant to this population, including dietary intake, weight loss, mobility, psychological stress or acute illness, and the presence of neuropsychological problems. The MNA is effective because it not only assesses current nutritional intake but also evaluates the overall health and risk factors that are pertinent to older adults. This comprehensive approach allows healthcare professionals to identify those at risk for malnutrition and to implement appropriate interventions. While tools like the Food Frequency Questionnaire, 24-hour Dietary Recall, and Body Mass Index also provide valuable information regarding nutritional status, they are less tailored for the unique nutritional and health-related challenges faced by older adults. For instance, the Food Frequency Questionnaire mainly assesses long-term dietary patterns and may not capture acute changes in diet that could influence nutritional status in older individuals. Similarly, the 24-hour Dietary Recall can provide insights into daily intake but might be reliant on the accuracy of the individual's memory and doesn't take into account the broader context of health and psychosocial factors affecting older adults. The Body Mass Index, while useful for assessing weight relative to height, does not directly measure nutritional status and lacks the comprehensive view provided by the MNA.

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:

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

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