

CERTIFIED DIABETES EDUCATOR PRACTICE EXAM (SAMPLE)

STUDY GUIDE



Prepare with structure. Pass with confidence



Copyright © 2026 by Examzify - A Kaluba Technologies Inc. product.

ALL RIGHTS RESERVED.

No part of this book may be reproduced or transferred in any form or by any means, graphic, electronic, or mechanical, including photocopying, recording, web distribution, taping, or by any information storage retrieval system, without the written permission of the author.

Notice: Examzify makes every reasonable effort to obtain accurate, complete, and timely information about this product from reliable sources.

SAMPLE

Table of Contents

Copyright	1
Table of Contents	2
Introduction	3
How to Use This Guide	4
Questions	5
Answers	8
Explanations	10
Next Steps	16

SAMPLE

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

SAMPLE

- 1. What is the normal bedtime blood glucose level for a child aged 0 to 6?**
 - A. 90-180 mg/dL
 - B. 110-200 mg/dL
 - C. 100-200 mg/dL
 - D. 80-150 mg/dL
- 2. What side effect is most likely to occur with Glyburide use?**
 - A. Weight loss
 - B. Hypoglycemia
 - C. Injection site reaction
 - D. Gastrointestinal discomfort
- 3. What is the first choice of medication for treating elevated triglyceride levels?**
 - A. Sitagliptin
 - B. Fenofibrate
 - C. Rosuvastatin
 - D. Niacin
- 4. Which of the following foods is considered to have a low glycemic index?**
 - A. White bread
 - B. Pasta
 - C. Oats
 - D. Sugar sweetened beverages
- 5. What does Medicare Part C (Medicare Advantage) primarily cover?**
 - A. Extra days in the hospital
 - B. All hospital services without limitations
 - C. Long-term care facilities
 - D. Emergency medical services only
- 6. Olive oil and canola oil are good sources of which type of fat?**
 - A. Saturated fats
 - B. Polyunsaturated fats
 - C. Trans fats
 - D. Monounsaturated fats

- 7. How much moderate exercise is recommended weekly to prevent or delay type 2 diabetes?**
- A. 60 minutes
 - B. 90 minutes
 - C. 150 minutes
 - D. 180 minutes
- 8. Excessive production of which hormone is known to be antagonistic to insulin?**
- A. Insulin
 - B. Cortisol
 - C. Serotonin
 - D. Dopamine
- 9. Which of the following describes the BMI classification for obesity?**
- A. 18.5 to 24.9
 - B. 25 to 29.9
 - C. 30 and above
 - D. 35 to 39.9
- 10. To determine daily insulin requirements, what is the recommended dosage range per kilogram of body weight?**
- A. 0.1-0.3 units
 - B. 0.5-1.0 units
 - C. 1.5-2.0 units
 - D. 2.0-3.0 units

Answers

SAMPLE

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

SAMPLE

Explanations

SAMPLE

1. What is the normal bedtime blood glucose level for a child aged 0 to 6?

- A. 90-180 mg/dL
- B. 110-200 mg/dL**
- C. 100-200 mg/dL
- D. 80-150 mg/dL

The normal bedtime blood glucose level for a child aged 0 to 6 years is considered to be in the range of 110-200 mg/dL. This range takes into account the natural variations in blood glucose levels due to factors such as age, metabolism, growth spurts, and dietary intake. It's important for caregivers and healthcare providers to monitor these levels appropriately, as maintaining blood glucose within this range can help prevent both hypoglycemia and hyperglycemia, which can be particularly critical in young children as they are still developing. In evaluating other options, the ranges provided may not accurately reflect the specific needs and physiological responses of children in this age group. For example, while a range of 90-180 mg/dL is generally appropriate for older children and adults, it might be too low for the younger age bracket. A range of 100-200 mg/dL includes some values that are slightly lower than optimal for children, and 80-150 mg/dL could risk underestimating the required values, especially considering the variances encountered during growth.

2. What side effect is most likely to occur with Glyburide use?

- A. Weight loss
- B. Hypoglycemia**
- C. Injection site reaction
- D. Gastrointestinal discomfort

Glyburide is a sulfonylurea used in the management of type 2 diabetes, and its primary mechanism of action involves stimulating the pancreas to produce more insulin. This increased insulin production can lead to a greater risk of blood sugar levels falling too low, which is known as hypoglycemia. This side effect is particularly significant for patients taking glyburide due to its potent insulin secretory effect and the timing of food intake in relation to medication administration. When managing diabetes with medications that stimulate insulin release, healthcare providers must be vigilant about monitoring glucose levels to prevent hypoglycemic episodes, especially when initiating therapy or adjusting dosages. Patients are typically educated about recognizing the signs and symptoms of hypoglycemia, such as sweating, trembling, confusion, and dizziness, to ensure prompt treatment. The other options present symptoms or effects that are less commonly associated with glyburide. Weight loss is more often linked with other diabetes medications, such as GLP-1 receptor agonists. Injection site reactions are typically associated with injectable medications, while gastrointestinal discomfort can result from various medications but is not as specific or prevalent with glyburide compared to the risk of hypoglycemia.

3. What is the first choice of medication for treating elevated triglyceride levels?

- A. Sitagliptin
- B. Fenofibrate**
- C. Rosuvastatin
- D. Niacin

The first choice of medication for treating elevated triglyceride levels is fenofibrate. Fenofibrate works primarily by increasing the activity of lipoprotein lipase, which helps break down triglycerides, resulting in a reduction of their levels in the bloodstream. It is specifically indicated for patients with very high triglyceride levels or those at risk for pancreatitis as a result of these elevated triglyceride levels. The medication is often part of a comprehensive approach that includes lifestyle modifications such as diet and exercise. Fenofibrate is particularly effective in patients with mixed dyslipidemia, as it can also contribute to lowering low-density lipoprotein (LDL) cholesterol and increasing high-density lipoprotein (HDL) cholesterol. While other medications listed have roles in dyslipidemia management, they do not primarily focus on triglyceride reduction or are not first-line treatments for this specific purpose. For instance, sitagliptin is used for diabetes management, rosuvastatin is a statin that primarily lowers LDL cholesterol, and niacin has mixed effects and is not routinely recommended for triglyceride management in the current guidelines.

4. Which of the following foods is considered to have a low glycemic index?

- A. White bread
- B. Pasta
- C. Oats**
- D. Sugar sweetened beverages

The correct answer is oats, which are considered to have a low glycemic index. The glycemic index (GI) is a ranking of carbohydrates in foods based on their immediate effect on blood glucose levels. Foods with a low glycemic index are digested and absorbed more slowly, leading to a more gradual rise in blood glucose levels, which is beneficial for individuals managing diabetes or looking to maintain stable energy levels. Oats, particularly whole oats and steel-cut oats, contain soluble fiber, which slows down digestion and absorption. This fiber content contributes to a lower GI, making oats a favorable choice for those wanting to control their blood sugar levels. In contrast, options like white bread and sugar-sweetened beverages are typically high on the glycemic index. White bread is made from refined flour, which lacks fiber and is rapidly digested, resulting in a quick spike in blood glucose. Similarly, sugar-sweetened beverages contain high amounts of simple sugars that quickly elevate blood glucose levels. Pasta can vary in its glycemic index depending on its type and how it's cooked, but generally, traditional white pasta has a higher GI than oats, especially when it's overcooked. Thus, oats are the best choice among the options provided for a food with a

5. What does Medicare Part C (Medicare Advantage) primarily cover?

- A. Extra days in the hospital**
- B. All hospital services without limitations
- C. Long-term care facilities
- D. Emergency medical services only

Medicare Part C, also known as Medicare Advantage, is designed to provide a comprehensive alternative to Original Medicare (Parts A and B). It generally covers all the benefits that Original Medicare provides, which includes inpatient hospital stays, outpatient services, preventive care, and often includes additional benefits such as vision, dental, and hearing services. The correct understanding of Medicare Part C is that it can cover extra days in the hospital, which refers to the days that exceed the limits set by Original Medicare. This is particularly relevant during extended hospital stays where a patient might require additional coverage or assistance beyond the standard Medicare benefits, possibly through additional benefits offered by certain Medicare Advantage plans. Medicare Advantage plans often include various features to enhance patient care and might come with out-of-pocket protections that Original Medicare lacks. They also sometimes require prior authorization for extended stays and may involve networks of doctors and hospitals, which influences the specific coverage details. Thus, the primary role of Medicare Part C is not just covering all hospital services without limitations – it may come with specific guidelines and restrictions on coverage for hospital stays, but it often provides additional benefits that traditional Medicare does not. It does not cover long-term care facilities as a standard benefit either, and is not limited to emergency medical services exclusively.

6. Olive oil and canola oil are good sources of which type of fat?

- A. Saturated fats
- B. Polyunsaturated fats
- C. Trans fats
- D. Monounsaturated fats**

Olive oil and canola oil are primarily composed of monounsaturated fats, which are considered heart-healthy fats. These fats can help reduce bad cholesterol levels, thereby decreasing the risk of heart disease. Monounsaturated fats are typically found in higher quantities in foods like avocados, nuts, and seeds. In contrast, saturated fats are generally solid at room temperature and are found in animal fat and some plant oils, which do not have the same health benefits as monounsaturated fats. Polyunsaturated fats also have health benefits, but they are a different category that includes omega-3 and omega-6 fatty acids found in fish and certain seeds and oils. Trans fats, on the other hand, are artificial fats that are often linked to negative health outcomes, making them the least desirable fat option. Thus, olive oil and canola oil being classified as sources of monounsaturated fats highlights their role in a healthy diet and their benefits for cardiovascular health.

7. How much moderate exercise is recommended weekly to prevent or delay type 2 diabetes?

- A. 60 minutes
- B. 90 minutes
- C. 150 minutes**
- D. 180 minutes

The recommended amount of moderate exercise to prevent or delay type 2 diabetes is 150 minutes per week. Engaging in this level of physical activity can significantly improve insulin sensitivity and aid in weight management, both of which are crucial for reducing the risk of developing type 2 diabetes. Moderate exercise includes activities such as brisk walking, cycling, or swimming, where the intensity is enough to elevate the heart rate but still allows for conversation. The guidance from health organizations emphasizes that spreading this exercise over the week, ideally in sessions of at least 10 minutes, allows for substantial benefits to metabolic health. Focusing on this amount of exercise helps individuals build a sustainable routine, promoting long-term adherence and health improvements. It's an evidence-based recommendation grounded in extensive research demonstrating the link between regular physical activity and reduced diabetes risk.

8. Excessive production of which hormone is known to be antagonistic to insulin?

- A. Insulin
- B. Cortisol**
- C. Serotonin
- D. Dopamine

The hormone that is known to be antagonistic to insulin is cortisol. Cortisol is a glucocorticoid hormone produced by the adrenal glands in response to stress. It plays a crucial role in the body's response to stress and helps to increase blood glucose levels by promoting gluconeogenesis in the liver. This process counteracts the effects of insulin, which aims to lower blood glucose levels by promoting its uptake into the cells. In situations of stress or chronic inflammation, elevated cortisol levels can lead to insulin resistance, making it more difficult for the body's cells to respond to insulin. This can contribute to higher blood sugar levels and may exacerbate conditions such as type 2 diabetes. Understanding the role of cortisol is essential for diabetes management, as maintaining a balance between various hormones is critical for regulating blood glucose levels effectively.

9. Which of the following describes the BMI classification for obesity?

- A. 18.5 to 24.9
- B. 25 to 29.9
- C. 30 and above**
- D. 35 to 39.9

The classification for obesity according to the Body Mass Index (BMI) system defines obesity as a BMI of 30 and above. This standard is used to identify individuals who may be at increased risk for health issues associated with excessive body weight, such as type 2 diabetes, cardiovascular diseases, and certain cancers. The other ranges outlined pertain to different classifications; for instance, a BMI of 18.5 to 24.9 is considered a normal weight range, while 25 to 29.9 indicates overweight. The range from 35 to 39.9 is categorized as severe obesity. Therefore, while these classifications are informative, the defining threshold for obesity is a BMI of 30 and above, making this the most accurate answer for the question regarding BMI classification for obesity.

10. To determine daily insulin requirements, what is the recommended dosage range per kilogram of body weight?

- A. 0.1-0.3 units
- B. 0.5-1.0 units**
- C. 1.5-2.0 units
- D. 2.0-3.0 units

The recommended dosage range for daily insulin requirements, particularly for someone with Type 1 diabetes, falls within the range of 0.5 to 1.0 units of insulin per kilogram of body weight. This dosage reflects a typical starting point for basal insulin needs, taking into account individual variability based on factors such as age, activity level, and metabolic rate. This range is critical for healthcare professionals in tailoring insulin therapy to meet the specific needs of their patients. It allows for adjustments based on factors like lifestyle changes, illness, or fluctuations in blood glucose levels, which can affect insulin sensitivity. Moreover, understanding this guideline aids diabetes educators in providing practical advice on insulin management, ensuring patients can maintain stable glycemic control. In contrast, the other options – whether lower or significantly higher – do not align with the established guidelines for initial insulin dosing for most adults, which can lead to under-treatment or risk of hypoglycemia if the dosages are too low, or increased risk of complications if dosages are excessively high.

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://certifieddiabeteseducator.examzify.com>

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

SAMPLE