CNA TRAINING PRACTICE TEST (SAMPLE)

STUDY GUIDE

SAMPLE STUDY GUIDE WITH LIMITED QUESTIONS

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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

1. In restorative care, which finding should be reported to the nurse?

A. Family visits

B. Amount of TV watched

C. Call light use frequency

D. Signs of depression

2. When dressing a resident with unilateral weakness, which side should be dressed first?

A. Start with the weaker side

B. Dressing should be done on bed

C. Dress in daytime clothes only

D. Start with the stronger side

3. Which action would be least helpful when caring for a confused resident?

A. Stay calm and provide a quiet environment

B. Not mention the date or location

C. Leave the resident alone until he is acting normally

D. Avoid explaining care

4. Which body system includes the stomach and intestines?

A. Respiratory

B. Gastrointestinal

C. Circulatory

D. Nervous

5. An NA should reposition immobile residents at least every how many hours?

A. 2 hours

B. 3 hours

C. 10 minutes

D. 20 minutes

6. Which statement about the draw sheet is true?

A. The draw sheet is placed underneath a resident to help with positioning.

B. The draw sheet is the top sheet on an occupied bed.

C. The draw sheet is placed over the resident during bathing for privacy.

D. The draw sheet is used to help prevent incontinence.

7. Which action constitutes involuntary seclusion?

A. Closing the door for privacy

B. Removing the call light and leaving the resident alone

C. Sitting with the resident while they rest

D. Scheduling quiet time

8. Which statement about the importance of a job description is correct?

A. It can show the resident what the NA is supposed to do.

B. It outlines the steps the NA needs to take if she has a disagreement with another care team member.

C. It can reduce misunderstandings between the NA and her employer about the NA's job duties.

D. The NA can refer to it if she forgets how to perform certain procedures.

9. A resident has purchased a special gift for her nursing assistant. What would be the best response by the nursing assistant?

A. The NA should refuse the gift but thank the resident for thinking of her.

B. The NA should accept the gift because she is unsure about her facility's policy on gifts.

C. The NA should accept the gift if the resident agrees to keep it confidential.

D. The NA should refuse the gift and explain that her employer is very unfair about employees accepting gifts from residents.

10. High blood pressure is defined as a consistent measurement of 130/80 or higher. Which option reflects this statement?

A. Can be detected just by looking at a person

B. Cannot be treated with medication

C. Is never a serious condition

D. Is a consistent measurement of 130/80 or higher

Answers

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

Explanations

1. In restorative care, which finding should be reported to the nurse?

A. Family visits

B. Amount of TV watched

C. Call light use frequency

D. Signs of depression

Noticing changes in mood and emotional well-being is essential in restorative care because mental health directly influences participation in therapy, energy levels, sleep, appetite, and safety. Signs of depression—persistent sadness, withdrawal from activities, hopelessness, statements of worthlessness, or a noticeable drop in engagement with therapy—signal a need for nursing assessment and possible intervention. Reporting these signs promptly allows the nurse to evaluate for clinical depression, adjust the care plan, and arrange appropriate support or referrals. In contrast, family visits are a normal social factor, the amount of TV watched is a routine leisure activity, and while frequent call-light use can indicate safety needs, it's the depressive mood that most clearly requires nursing involvement for assessment and care planning.

2. When dressing a resident with unilateral weakness, which side should be dressed first?

A. Start with the weaker side

B. Dressing should be done on bed

C. Dress in daytime clothes only

D. Start with the stronger side

Starting with the stronger side helps you use the functioning arm to guide and support the garment, making the dressing safer and smoother. By getting the garment onto the strong arm first, you can control the fabric's position and then slide the weaker arm into the sleeve with less effort and less pulling on the affected side. This reduces strain, prevents injury or discomfort to the weak limb, and makes the overall process easier for the resident. Dressing the weaker side first would require more manipulation of the affected limb and can be more uncomfortable or risky. The other options don't address the safest and most practical sequence for someone with unilateral weakness.

3. Which action would be least helpful when caring for a confused resident?

A. Stay calm and provide a quiet environment

B. Not mention the date or location

C. Leave the resident alone until he is acting normally

D. Avoid explaining care

Caring for a confused resident relies on steady reassurance, gentle communication, and ongoing orientation to reduce fear and stay safe. Staying calm and providing a quiet environment helps prevent overstimulation and agitation, making it easier for the resident to focus and feel secure. Reminders of date and location support orientation, helping him understand where he is and what's happening, which can ease confusion. Explaining what you will do and why also reduces fear and improves cooperation with the care routine. Leaving the resident alone until he is acting normally is least helpful because it withdraws support at a time when guidance and reassurance are needed. It can increase anxiety, lead to unsafe wandering or misinterpretation of surroundings, and delays necessary care. In contrast, staying with the resident, offering simple explanations, and providing orientation and a calm environment promote safety and comfort.

4. Which body system includes the stomach and intestines?

A. Respiratory

B. Gastrointestinal

C. Circulatory

D. Nervous

The stomach and intestines are part of the digestive system, specifically the gastrointestinal (GI) tract. This system digests food, absorbs nutrients, and forms waste, running from the mouth through the esophagus, stomach, small intestine, large intestine, and out the anus. The other options correspond to different roles: the respiratory system handles breathing, the circulatory system moves blood, and the nervous system controls and coordinates body activities. So the stomach and intestines belong to the gastrointestinal system.

5. An NA should reposition immobile residents at least every how many hours?

A. 2 hours

B. 3 hours

C. 10 minutes

D. 20 minutes

Relieving pressure on the skin is essential for someone who can't move on their own. When a resident is immobile, turning and repositions help distribute body weight away from bony prominences like the sacrum, heels, and hips, improving blood flow to the tissues and preventing skin breakdown. The best cadence is to reposition about every two hours. This interval provides a practical balance between giving the skin a chance to recover and maintaining safety and comfort for the resident. If the resident has higher risk or signs of irritation, more frequent turning may be needed, but the standard practice is every two hours to reduce the likelihood of pressure injuries. As you turn, make sure the resident is aligned properly, use supportive positioning aids as appropriate, and check the skin for redness or sores and report any concerns.

6. Which statement about the draw sheet is true?

A. The draw sheet is placed underneath a resident to help with positioning.

B. The draw sheet is the top sheet on an occupied bed.

C. The draw sheet is placed over the resident during bathing for privacy.

D. The draw sheet is used to help prevent incontinence.

The draw sheet is a small sheet placed underneath the resident to provide a grip and a safer surface for moving, turning, or repositioning in bed. By staying under the person, it helps staff lift and reposition with less friction and shear on the skin, which reduces the risk of skin damage during transfers. It is not the top sheet on the bed, it isn't used to provide privacy during bathing, and it isn't a tool to prevent incontinence. The draw sheet's purpose is specifically to facilitate safe repositioning and transfers.

7. Which action constitutes involuntary seclusion?

A. Closing the door for privacy

B. Removing the call light and leaving the resident alone

C. Sitting with the resident while they rest

D. Scheduling quiet time

Involuntary seclusion happens when a resident is separated from others or confined to a space in a way that restricts their movement or access to people, activities, or help. Removing the call light and leaving the resident alone fits this because it isolates them, prevents them from calling for assistance, and stops interaction or participation in care. Even if the intent is to keep them safe, this action denies the resident access to help and companionship, which is not appropriate care. Closing a door for privacy can be appropriate if the resident wants privacy and it doesn't prevent access to care or social interaction. Sitting with the resident while they rest is supportive and not seclusion. Scheduling quiet time is simply a routine activity period, not isolation.

8. Which statement about the importance of a job description is correct?

A. It can show the resident what the NA is supposed to do.

B. It outlines the steps the NA needs to take if she has a disagreement with another care team member.

C. It can reduce misunderstandings between the NA and her employer about the NA's job duties.

D. The NA can refer to it if she forgets how to perform certain procedures.

A job description mainly clarifies the NA's role and boundaries so there's no confusion between the NA and the employer about what duties are expected and what falls outside the job. When duties, limits, and performance expectations are clearly stated, both sides have a reliable reference, which helps prevent mistakes, miscommunication, and disputes about who is responsible for what. It also supports accountability and ensures work stays within legal and facility guidelines. The other ideas aren't as fitting because the job description isn't designed to guide residents, outline how to handle disagreements with other care team members, or provide step-by-step clinical procedures. Those areas are covered by resident-focused communications, conflict-resolution policies, and specific training or procedure manuals, respectively.

9. A resident has purchased a special gift for her nursing assistant. What would be the best response by the nursing assistant?

A. The NA should refuse the gift but thank the resident for thinking of her.

B. The NA should accept the gift because she is unsure about her facility's policy on gifts.

C. The NA should accept the gift if the resident agrees to keep it confidential.

D. The NA should refuse the gift and explain that her employer is very unfair about employees accepting gifts from residents.

Gifts from residents can blur professional boundaries and create obligations or perceived favoritism. The best approach is to politely decline the gift while still showing appreciation for the resident's thoughtfulness. By thanking the resident for thinking of you, you acknowledge their kindness, but you avoid accepting something that could influence care or place the NA in a difficult position if the gift violates facility rules. If you're unsure about the policy, the proper move is to check with your supervisor or follow the facility's guidelines rather than accepting or making promises about confidentiality. Accepting simply because you're unsure can put you at risk of violating rules. Refusing and blaming the employer isn't appropriate, as it shifts responsibility away from following established boundaries.

10. High blood pressure is defined as a consistent measurement of 130/80 or higher. Which option reflects this statement?

A. Can be detected just by looking at a person

B. Cannot be treated with medication

C. Is never a serious condition

D. Is a consistent measurement of 130/80 or higher

Hypertension is defined by objective measurements of blood pressure taken over time, not by how someone looks. A single reading isn't enough because a variety of factors can elevate BP temporarily. The idea is that if measurements consistently show 130/80 or higher across visits, that indicates hypertension and may require management. This is why the statement about a consistent measurement of 130/80 or higher is the best reflection: it emphasizes the numbers and the need for repeated confirmation, not appearance or guesswork. The other options don't fit because they misrepresent how BP is determined or its implications: you can't detect high BP by looking at someone, medication can be used to treat it, and it can be a serious condition, so saying it's never serious isn't accurate. In practice, a CNA would document elevated readings, ensure proper technique, and report them for follow-up.

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://cnatraining.examzify.com

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