

# Community Health Worker (CHW) Practice Exam (Sample)

## Study Guide



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

**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

<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>5</b>
<b>Answers</b> .....	<b>9</b>
<b>Explanations</b> .....	<b>11</b>
<b>Next Steps</b> .....	<b>17</b>

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. When weighing someone, which statement is true?**
  - A. Clothes really don't affect weight.**
  - B. It is best to weigh someone the same time of day each time they are weighed.**
  - C. It is okay to use different scales to weigh someone, they are all the same.**
  - D. It is best to weigh someone after exercising.**
  
- 2. Which of the following is a common barrier to accessing care that CHWs should address?**
  - A. Transportation**
  - B. Language barriers**
  - C. Childcare**
  - D. All of the above**
  
- 3. The primary roles of Public Health include the following EXCEPT:**
  - A. Preventing disease**
  - B. Prolonging health**
  - C. Prescribing medicine**
  - D. Prolonging life**
  
- 4. Which list yields a mean of 76.6?**
  - A. 74, 82, 78, 72, 78, 73, 78, 72, 78, 81**
  - B. 74, 82, 78, 72, 73, 78, 72, 78, 81**
  - C. 70, 80, 78, 72, 76, 74, 77, 79, 83**
  - D. 75, 83, 77, 71, 79, 73, 80, 70, 76, 82**
  
- 5. Which statement about windshield surveys is true?**
  - A. Can be done by walking**
  - B. Can include items you don't directly observe, but heard about**
  - C. Is only for pointing out the problems in a community**
  - D. Is conducted over a larger geographical area**

- 6. What distinguishes a need from a strength in a strengths-based counseling approach?**
- A. A need identifies a problem or gap; a strength highlights resources and resilience to build interventions.**
  - B. A need is a resource; a strength is a problem.**
  - C. A need and a strength are the same concept.**
  - D. A need is about feelings; a strength is about finances.**
- 7. What is the difference between cultural competence and cultural humility?**
- A. Cultural humility is a fixed body of knowledge; cultural competence is ongoing self-reflection.**
  - B. Cultural humility is about technical skills; cultural competence is about understanding beliefs.**
  - C. Cultural humility means accepting patients' cultures without question.**
  - D. Cultural competence is knowledge and skills; cultural humility is ongoing self-reflection and respect for patients' cultural contexts, acknowledging power dynamics.**
- 8. What is the role of CHWs in immunization campaigns?**
- A. Educate about vaccines, address concerns, assist with access, scheduling, and follow-up; encourage uptake.**
  - B. Conduct clinical trials for vaccines.**
  - C. Replace physicians in clinical settings for immunizations.**
  - D. Manage hospital vaccine procurement.**
- 9. Which statement about most chronic diseases is true?**
- A. There is no effective manage/treatments.**
  - B. It does not go away just by taking medications for a few days.**
  - C. There is nothing you can do to reduce your risk if chronic disease runs in your family.**
  - D. One cannot have a long full life.**

**10. How can CHWs assess a client's readiness to change health behaviors?**

- A. Use stages of change model; precontemplation, contemplation, preparation, action, maintenance.**
- B. Use a single questionnaire about willingness to change.**
- C. Assume readiness based on age.**
- D. Only advocate for immediate action regardless of readiness.**

**SAMPLE**

## **Answers**

SAMPLE

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

SAMPLE

## **Explanations**

SAMPLE

1. When weighing someone, which statement is true?
- A. Clothes really don't affect weight.
  - B. It is best to weigh someone the same time of day each time they are weighed.
  - C. It is okay to use different scales to weigh someone, they are all the same.**
  - D. It is best to weigh someone after exercising.

Consistent weighing conditions are essential for accurately tracking weight over time. Weight readings reflect more than body mass; hydration, meals, clothing, and recent activity can all cause day-to-day fluctuations. Weighing at the same time of day each time helps keep those variables similar, making it easier to see true trends rather than random swings. In practice, use the same scale for a given person when possible, and avoid clothing that adds noticeable weight. Exercising right before weighing can raise the reading due to sweat and fluid shifts, which doesn't reflect resting body mass. Different scales can read slightly differently if they aren't properly calibrated, so standardizing the method and ensuring calibration matter. By keeping timing and method consistent, you get a clearer picture of meaningful weight changes for health monitoring.

2. Which of the following is a common barrier to accessing care that CHWs should address?
- A. Transportation
  - B. Language barriers
  - C. Childcare
  - D. All of the above**

Access to care is often blocked by practical barriers that CHWs are uniquely positioned to address. Transportation, language differences, and childcare responsibilities regularly prevent someone from starting or sticking with a care plan. Transportation gaps can make even a free appointment feel out of reach due to cost, scheduling, or accessibility issues. Language barriers can leave patients uncertain about what to do, how to take medications, or when follow-up is needed, leading to miscommunication and missed visits. Childcare duties can keep a client from leaving home for appointments or services, especially when no one is available to watch children. Because these barriers frequently occur together and each one on its own can stop someone from accessing care, it's important for CHWs to tackle them all. A CHW might help arrange transportation or connect clients with transit programs, ensure access to interpretation or translation services, and coordinate childcare solutions or scheduling to fit caregiving responsibilities. This holistic approach helps more people actually reach, understand, and follow through with the care they need, which is why all of the above is the best answer.

**3. The primary roles of Public Health include the following EXCEPT:**

- A. Preventing disease**
- B. Prolonging health**
- C. Prescribing medicine**
- D. Prolonging life**

Public health focuses on protecting and improving the health of populations through prevention, health promotion, and reducing mortality. It achieves this through strategies like vaccination programs, sanitation, disease surveillance, and health education, all aimed at preventing illness and keeping communities healthy. Preventing disease is a core public health activity because it stops health problems before they arise, benefiting many people at once. Prolonging health fits with promoting healthier lifestyles and reducing risk factors so people stay well longer. Prolonging life is about lowering deaths and extending life expectancy through broad, population-wide measures. Prescribing medicine, however, is a clinical responsibility performed by individual healthcare providers for specific patients. Public health may influence medicine use through guidelines or access initiatives, but it does not typically involve the actual act of prescribing. That's why prescribing medicine is not considered a primary public health role.

**4. Which list yields a mean of 76.6?**

- A. 74, 82, 78, 72, 78, 73, 78, 72, 78, 81**
- B. 74, 82, 78, 72, 73, 78, 72, 78, 81**
- C. 70, 80, 78, 72, 76, 74, 77, 79, 83**
- D. 75, 83, 77, 71, 79, 73, 80, 70, 76, 82**

The mean is found by adding all the numbers together and dividing by how many numbers there are. For the first list, the sum is  $74+82+78+72+78+73+78+72+78+81 = 766$ , and there are 10 numbers, so the mean is  $766/10 = 76.6$ , which matches the target. The second list has nine numbers with a total of 688, giving a mean of  $688/9 \approx 76.44$ , not 76.6. The third list also has nine numbers, totaling 689, so the mean is  $689/9 \approx 76.56$ , not exactly 76.6 (it rounds to 76.6 if you round to one decimal, but the exact mean isn't 76.6). The fourth list contains ten numbers that also sum to 766, so its mean is  $766/10 = 76.6$  exactly. So the first list yields the target mean, and another list does as well.

**5. Which statement about windshield surveys is true?**

**A. Can be done by walking**

**B. Can include items you don't directly observe, but heard about**

**C. Is only for pointing out the problems in a community**

**D. Is conducted over a larger geographical area**

Windshield surveys are quick, direct observations of the built environment along a route to get a sense of community conditions. They're flexible and can be done by walking as well as by driving, which makes walking a valid and often useful way to gather detailed, street-level information about sidewalks, housing, litter, safety cues, storefronts, parks, signage, and accessibility features. The key idea is observing what you can see in the physical environment in real time, which walking allows you to notice up close. While you may supplement observations with information from residents, the core value of a windshield survey is first-hand observation, not relying mainly on secondhand reports. It's not limited to identifying problems; you're also mapping assets and resources you encounter. And it doesn't have to cover a very large area; you can tailor the route to the community segment you need to assess.

**6. What distinguishes a need from a strength in a strengths-based counseling approach?**

**A. A need identifies a problem or gap; a strength highlights resources and resilience to build interventions.**

**B. A need is a resource; a strength is a problem.**

**C. A need and a strength are the same concept.**

**D. A need is about feelings; a strength is about finances.**

In strengths-based counseling, the key idea is to focus on what a person can use to move forward. A need signals a problem or gap that needs to be addressed to reach a goal. A strength signals a resource, skill, or positive attribute that can be drawn on to overcome that gap and guide the intervention. For example, if transportation to appointments is a barrier (a need), you would look for ways to leverage the person's problem-solving abilities, supportive relationships, or community resources (strengths) to make a plan work. This is why the best answer describes a need as a problem or gap and a strength as a resource and resilience to build interventions. The other options either reverse the concepts, claim they're the same, or restrict them to one domain like feelings or finances, which doesn't fit how strengths-based work views needs and strengths.

**7. What is the difference between cultural competence and cultural humility?**

- A. Cultural humility is a fixed body of knowledge; cultural competence is ongoing self-reflection.**
- B. Cultural humility is about technical skills; cultural competence is about understanding beliefs.**
- C. Cultural humility means accepting patients' cultures without question.**
- D. Cultural competence is knowledge and skills; cultural humility is ongoing self-reflection and respect for patients' cultural contexts, acknowledging power dynamics.**

The main distinction is about what each concept emphasizes in how a CHW approaches cross-cultural care. Cultural competence focuses on having knowledge and skills to work effectively across cultures—learning about beliefs, practices, and communication styles, and applying that learning in care. Cultural humility shifts the posture: it's an ongoing, reflective process that honors patients' own cultural contexts, asks questions with respect, and recognizes power dynamics in the patient-provider relationship. It also accepts that the health worker doesn't have all the answers and that learning continues with every encounter. This makes the chosen statement the best fit: cultural competence is about knowledge and skills, while cultural humility is about ongoing self-reflection, respect for patients' contexts, and acknowledging power differences. The other options mischaracterize humility as fixed or purely technical, or as accepting cultures without question, which doesn't capture the active, relational, and power-aware stance that humility entails.

**8. What is the role of CHWs in immunization campaigns?**

- A. Educate about vaccines, address concerns, assist with access, scheduling, and follow-up; encourage uptake.**
- B. Conduct clinical trials for vaccines.**
- C. Replace physicians in clinical settings for immunizations.**
- D. Manage hospital vaccine procurement.**

The role CHWs play in immunization campaigns centers on education, addressing concerns, and helping people access services, with strong emphasis on scheduling and follow-up to boost vaccine uptake. CHWs communicate clear, culturally appropriate information about vaccines, listen to and address fears or myths, and guide families to immunization services. They assist with practical steps like scheduling, reminders, and coordinating transportation or clinic visits, and they follow up to ensure children complete multi-dose schedules. This community-centered support builds trust, reduces practical and informational barriers, and helps achieve higher and more equitable vaccination coverage. Activities like conducting clinical trials, replacing physicians in clinical settings, or managing hospital vaccine procurement fall outside the CHW scope and are handled by other trained professionals and systems.

**9. Which statement about most chronic diseases is true?**

- A. There is no effective manage/treatments.
- B. It does not go away just by taking medications for a few days.**
- C. There is nothing you can do to reduce your risk if chronic disease runs in your family.
- D. One cannot have a long full life.

Chronic diseases require ongoing, long-term management rather than a short, one-time treatment. Medications and care plans for these conditions are typically needed for years or a lifetime, with regular follow-up to adjust therapy, monitor for complications, and support daily self-management. Taking medications for just a few days won't make a chronic condition disappear because the underlying processes persist and require sustained control through consistent treatment and lifestyle changes. This is why the statement about ongoing management is the most accurate. For example, diabetes, high blood pressure, and COPD all demand daily routines, adherence to medications, and periodic checkups to keep symptoms in check and reduce risks. While genetics can influence risk, you can still lower your chances of complications through healthy habits and regular screening, and people can live long, full lives with proper, ongoing care.

**10. How can CHWs assess a client's readiness to change health behaviors?**

- A. Use stages of change model; precontemplation, contemplation, preparation, action, maintenance.**
- B. Use a single questionnaire about willingness to change.
- C. Assume readiness based on age.
- D. Only advocate for immediate action regardless of readiness.

Understanding a client's readiness to change helps CHWs tailor conversations and supports. The stages of change model describes a progression: precontemplation, contemplation, preparation, action, and maintenance. By assessing which stage a client is in, a CHW can choose appropriate strategies. In precontemplation, focus on raising awareness about the health issue and its risks, without pressuring. In contemplation, help the client weigh pros and cons and work through ambivalence. In preparation, assist with concrete plans, goal setting, and small steps. In action, provide encouragement, resources, and skills to support the new behavior. In maintenance, work on preventing relapse and reinforcing gains, planning for potential challenges. Because readiness to change is dynamic and varies across individuals and behaviors, using this model supports personalized, stage-appropriate interventions rather than assuming readiness or applying a one-size-fits-all approach. A single questionnaire captures willingness at one moment but misses movement between stages and confidence; readiness isn't determined by age, so basing actions on age is inappropriate; insisting on immediate action regardless of readiness can overwhelm and reduce engagement. In practice, CHWs assess readiness through conversations about interest, perceived difficulty, confidence, and planning, then tailor support to the client's current stage.

## 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://chwcommhealthworker.examzify.com>**

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

SAMPLE