COMMUNITY HEALTH WORKER (CHW) PRACTICE EXAM (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.

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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!

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Questions

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1. Which statement about cholesterol is NOT true?

A. Cholesterol is needed for cell membranes and production of hormones.

B. Cholesterol is a form of lipid.

C. The majority of the cholesterol we need is produced by the liver.

D. LDL is a good form of cholesterol that helps reduce disease.

2. Mental illnesses or mood disorders are identified by which combination?

A. Feelings, Behavior, and Thoughts

B. Genetics, Environment, and Diet

C. Sleep patterns, Activity level, and Mood

D. Hormones, Brain structure, and Immunity

3. Which statement about consent and confidentiality is true for CHWs?

A. Explain the purpose of data collection and obtain explicit consent before sharing any information.

B. Share information with the client's family by default to ensure support.

C. Share all information publicly to promote health literacy.

D. Ignore consent if the client seems well or cooperative.

4. Epidemiology involves all of the following EXCEPT which?

A. Comparing disease rates between different populations

B. Identifying patterns of illness

C. Creating vaccines

D. Evaluating the effectiveness of public health programs

5. Which option correctly lists all five components of the LEARN model?

A. Listen, Explain, Acknowledge, Recommend, Negotiate

B. Listen, Explain, Reflect, Recommend, Negotiate

C. Listen, Explain, Acknowledge, Recommend, Report

D. Listen, Explain, Accept, Recommend, Negotiate

6. How can CHWs support nutrition and food security for clients?

A. Screen for food insecurity.

B. Directly connect clients to food assistance programs.

C. Provide only nutrition lessons without resources.

D. Deny access to food programs.

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7. What is a care transition and why is it important for CHWs?

A. A routine annual check-up in primary care.

B. A method for diagnosing new health conditions.

C. A process for billing and coding in clinic services.

D. The process of moving a client from one level of care to another (e.g., hospital to home); important to reduce readmissions, ensure follow-up, and coordinate services.

8. Health Promotion includes all EXCEPT which option?

A. Get out and walk/move/play

B. Wearing face masks

C. Washing hands often

D. Anti-smoking campaign

9. 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.

10. What is the purpose of a client-centered plan of care?

A. To document billing and reimbursement requirements for services.

B. To set goals with the client, outline steps, responsibilities, and track progress; align with client preferences.

C. To enforce clinician-driven targets regardless of client input.

D. To record only clinical indicators without client involvement.

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Answers

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

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Explanations

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1. Which statement about cholesterol is NOT true?

A. Cholesterol is needed for cell membranes and production of hormones.

B. Cholesterol is a form of lipid.

C. The majority of the cholesterol we need is produced by the liver.

D. LDL is a good form of cholesterol that helps reduce disease.

Cholesterol is a lipid that plays essential roles in cell membranes and hormone production. The liver makes most of the cholesterol the body needs, with dietary cholesterol contributing less than people often think. LDL, low-density lipoprotein, is generally considered the "bad" cholesterol because high levels can lead to plaque buildup in arteries, while HDL, the "good" cholesterol, helps remove cholesterol from the bloodstream. So the statement that LDL is a good form of cholesterol that helps reduce disease is not true; the statements that cholesterol is a form of lipid, that most cholesterol comes from the liver, and that it's needed for membranes and hormone production are correct.

2. Mental illnesses or mood disorders are identified by which combination?

A. Feelings, Behavior, and Thoughts

B. Genetics, Environment, and Diet

C. Sleep patterns, Activity level, and Mood

D. Hormones, Brain structure, and Immunity

Mental illnesses or mood disorders are identified by symptoms that reflect how a person feels, behaves, and thinks. Emotional experiences like persistent sadness or anxiety reveal the feelings part; changes in daily functioning—such as sleep, energy, appetite, or social withdrawal—show the behavior piece; and patterns of thinking—like hopelessness, distorted self-talk, or trouble concentrating—highlight the thoughts component. Together, this trio captures the full picture of how the person experiences and expresses the disorder, which is why it's the best framework for identification. While genetics, environment, or diet can influence risk, they're not the direct combination used to diagnose. Sleep, activity, and mood cover important aspects but don't fully address cognitive patterns, so they're not as complete. Hormonal or brain-related factors also influence conditions, but the defining identification comes from feelings, behavior, and thoughts.

3. Which statement about consent and confidentiality is true for CHWs?

A. Explain the purpose of data collection and obtain explicit consent before sharing any information.

B. Share information with the client's family by default to ensure support.

C. Share all information publicly to promote health literacy.

D. Ignore consent if the client seems well or cooperative.

Respecting consent and confidentiality means explaining to the client why data is collected, how the information will be used, and obtaining explicit permission before sharing any details. This protects the client's autonomy and privacy, and it keeps trust intact because information is shared only with people who need to know to support the client's care. Sharing information with the client's family by default takes away control from the client and can undermine privacy and safety unless the client has given clear consent. Publicly sharing information also violates confidentiality and can cause harm or stigma. Ignoring consent because the client seems well or cooperative goes against ethical and legal standards for privacy. In practice, you share information only with authorized individuals and with the client's informed consent, noting any required exceptions (such as mandated reporting) if applicable.

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4. Epidemiology involves all of the following EXCEPT which?

A. Comparing disease rates between different populations

B. Identifying patterns of illness

C. Creating vaccines

D. Evaluating the effectiveness of public health programs

Epidemiology focuses on how diseases are distributed in populations and what determines their occurrence. It uses data to spot patterns, compare rates, and judge how well public health actions work. Comparing disease rates between populations is fundamental because it reveals differences in incidence, prevalence, or mortality that prompt investigation and action. Identifying patterns of illness—such as who is affected, where, and when—helps uncover risk factors and transmission dynamics. Evaluating the effectiveness of public health programs uses epidemiologic methods to see whether interventions actually reduce disease burden or improve outcomes. Creating vaccines, while crucial to disease control, belongs to biomedical science and immunology. Epidemiology may study vaccine effectiveness after deployment, but the development and creation of vaccines themselves are outside its typical scope.

5. Which option correctly lists all five components of the LEARN model?

A. Listen, Explain, Acknowledge, Recommend, Negotiate

B. Listen, Explain, Reflect, Recommend, Negotiate

C. Listen, Explain, Acknowledge, Recommend, Report

D. Listen, Explain, Accept, Recommend, Negotiate

Engaging patients with a structured, patient-centered communication approach is essential for shared decision-making. The five components are Listen, Explain, Acknowledge, Recommend, and Negotiate. Start by listening to the patient's concerns, questions, and beliefs to understand their perspective and any cultural or personal barriers. Then Explain your understanding and provide information in plain language so the patient can follow what you're saying. Next, Acknowledge the patient's emotions, values, and cultural context, validating their point of view. After that, Recommend a plan or options that fit the medical evidence and the patient's situation. Finally, Negotiate a feasible plan, incorporating the patient's input and practical constraints, and agree on the next steps. This order supports understanding, respect, and collaboration, which is why it matches the LEARN model. Other options replace or omit steps in a way that shifts toward unilateral guidance rather than joint decision-making.

6. How can CHWs support nutrition and food security for clients?

A. Screen for food insecurity.

B. Directly connect clients to food assistance programs.

C. Provide only nutrition lessons without resources.

D. Deny access to food programs.

Connecting clients to food assistance programs directly helps address nutrition and food security. CHWs identify those at risk by screening for food insecurity, but the most impactful step is guiding and assisting clients to access real resources—such as SNAP, WIC, local food banks, and community meal programs. They can help with eligibility questions, gather required documentation, arrange appointments, and tackle barriers like transportation or language needs. This practical outreach turns knowledge into action, ensuring nutritious foods become available rather than just discussed. Providing nutrition education alone doesn't guarantee access to food, and withholding access would worsen insecurity. By linking clients to programs, CHWs support both immediate access to meals and longer-term stability.

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7. What is a care transition and why is it important for CHWs?

A. A routine annual check-up in primary care.

B. A method for diagnosing new health conditions.

C. A process for billing and coding in clinic services.

D. The process of moving a client from one level of care to another (e.g., hospital to home); important to reduce readmissions, ensure follow-up, and coordinate services.

A care transition is the process of moving a client from one level of care to another, such as from hospital to home or from inpatient to outpatient services. It centers on ensuring continuity and coordination of care as the person moves across settings. For CHWs, this is crucial because the period after leaving a facility is when gaps commonly occur—medications may change, follow-up appointments need to be kept, and the home environment or social barriers can affect adherence and safety. A CHW can bridge these gaps by clarifying the care plan, reconciling medications, helping schedule and attend follow-up visits, arranging transportation, coordinating with primary and specialty care, and connecting the person to community resources (like home health, meal support, or housing assistance). This coordination helps prevent adverse events, ensures the person understands what to do if symptoms worsen, and supports the overall goal of reducing readmissions and promoting safe, effective care at home. The other options describe routine check-ups, diagnosing new conditions, or billing tasks, which are not about the transition between care settings.

8. Health Promotion includes all EXCEPT which option?

A. Get out and walk/move/play

B. Wearing face masks

C. Washing hands often

D. Anti-smoking campaign

The main idea here is to distinguish activities that promote long-term health and healthier environments from immediate protective measures. Health promotion aims to empower people to adopt healthy behaviors and create supportive surroundings. Encouraging people to get out, move, and play supports physical activity and overall well being; promoting regular handwashing reduces infections through hygiene education; anti smoking campaigns work to shift norms and reduce tobacco use through policy, education, and cessation support. Wearing face masks, while important for preventing disease transmission in specific situations, is primarily an infection control or personal protective behavior rather than a broad health promotion effort designed to sustain healthier choices across populations. So it doesn't fit as a health promotion activity in this context.

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9. 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.

10. What is the purpose of a client-centered plan of care?

A. To document billing and reimbursement requirements for services.

B. To set goals with the client, outline steps, responsibilities, and track progress; align with client preferences.

C. To enforce clinician-driven targets regardless of client input.

D. To record only clinical indicators without client involvement.

A client-centered plan of care focuses on working with the client to build the plan around their goals, preferences, and daily realities. It involves setting specific, achievable goals together, outlining the steps to reach them, and clarifying who will do what (including the client's responsibilities and the support the CHW or others will provide). Progress is tracked with the client, and the plan is adjusted as needs and circumstances change. This collaborative, respect-for-autonomy approach makes the care meaningful and more likely to succeed because it reflects what the client cares about and can realistically do. In contrast, documenting billing or reimbursement is administrative, not about guiding care with the client. Clinician-driven targets without client input ignore the client's choices and end-users' needs. Recording only clinical indicators without client involvement misses the essential partnership that shapes meaningful, sustainable changes.

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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://chwcommhealthworker.examzify.com

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

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