

# eatrightPREP Domain 2 Practice Test (Sample)

## Study Guide



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

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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. In what type of diet would docosahexaenoic acid (DHA) supplementation be important?**
  - A. FODMAP**
  - B. Anti-inflammatory**
  - C. Gluten free**
  - D. Vegan**
  
- 2. If a client rates confidence as 4 and importance as 10, which question would best advance a productive change discussion?**
  - A. Why aren't you more motivated?**
  - B. What can I do to help you?**
  - C. What would need to happen in order for your confidence to increase to a '6'?**
  - D. It's encouraging that the importance rating is so high.**
  
- 3. What indicates successful nutrition care during monitoring and evaluation?**
  - A. Achievement of defined nutrition goals (e.g., weight changes, intake adequacy, lab improvements) with no adverse effects.**
  - B. Improvement in meal satisfaction alone.**
  - C. Weight change in any direction is considered success.**
  - D. Satisfaction with meals alone implies success.**
  
- 4. In critical illness or severe trauma, what is the typical protein range per kilogram body weight?**
  - A. 1.2 to 2.0 g/kg/day**
  - B. 0.8 to 1.0 g/kg/day**
  - C. 2.0 to 3.0 g/kg/day**
  - D. 0.5 to 1.0 g/kg/day**
  
- 5. Which food-drug pairing requires client counseling for potential interactions?**
  - A. Prednisone and grapefruit juice**
  - B. Warfarin and vitamin D-containing foods**
  - C. MAO inhibitors and tyramine-containing foods**
  - D. Sibutramine and vitamin C-containing foods**

- 6. Which vitamin deficiency is associated with gum lesions and pinpoint hemorrhages?**
- A. Thiamin**
  - B. Magnesium**
  - C. Vitamin C**
  - D. Selenium**
- 7. What does ADIME stand for in the Nutrition Care Process?**
- A. Assessment, Diagnosis, Intervention, Monitoring and Evaluation**
  - B. Assessment, Data, Intervention, Monitoring, Evaluation**
  - C. Analysis, Diagnosis, Intervention, Monitoring, Evaluation**
  - D. Assessment, Diagnosis, Implementation, Measurement, Evaluation**
- 8. Which population is at increased risk for vitamin B-12 deficiency due to proton pump inhibitor use?**
- A. Vegan**
  - B. Elderly on a PPI**
  - C. Woman with hypothyroidism**
  - D. Athlete**
- 9. What is the approximate protein requirement for healthy adults (non-critically ill) per kilogram body weight?**
- A. 0.6 g/kg/day**
  - B. 1.0 g/kg/day**
  - C. 0.8 g/kg/day**
  - D. 1.2 g/kg/day**
- 10. Which measure best indicates central adiposity?**
- A. Waist circumference**
  - B. Hip circumference**
  - C. Basal metabolic rate**
  - D. Body weight**

## Answers

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

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## **Explanations**

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**1. In what type of diet would docosahexaenoic acid (DHA) supplementation be important?**

- A. FODMAP**
- B. Anti-inflammatory**
- C. Gluten free**
- D. Vegan**

DHA is a long-chain omega-3 fatty acid that supports brain and eye health and helps modulate inflammation. It's most abundant in fatty fish and other seafood, which are common sources of preformed DHA. In vegan diets, there are no animal foods to provide this preformed DHA, and while plants supply ALA, the body's conversion of ALA to DHA is limited and highly inefficient. As a result, people following vegan diets are at risk of inadequate DHA intake unless they use algae-based DHA supplements or fortified foods. The other options don't inherently determine DHA status: FODMAP and gluten-free patterns focus on specific carbohydrates or gluten avoidance, and an anti-inflammatory approach may influence omega-3 intake but doesn't uniquely define the need for DHA supplementation the way veganism does.

**2. If a client rates confidence as 4 and importance as 10, which question would best advance a productive change discussion?**

- A. Why aren't you more motivated?**
- B. What can I do to help you?**
- C. What would need to happen in order for your confidence to increase to a '6'?**
- D. It's encouraging that the importance rating is so high.**

When confidence is lower than importance, the aim is to translate motivation into a concrete, doable plan that builds self-efficacy. The best question does just that by asking what would need to happen to raise your confidence by a specific amount, from 4 to 6. This reframes the conversation from why progress isn't happening to what steps, supports, or changes would make progress feel approachable and within your control. It invites the client to articulate concrete actions, milestones, resources, or conditions that would boost belief in their ability to change, making the path forward clear and measurable. This approach also supports collaboration and autonomy, since the client identifies the exact changes they need rather than being told what to do. It creates a starting point for problem-solving—discovering barriers, potential strategies, and accountability checks—so you can tailor guidance to what actually helps them move forward. In contrast, asking why the client isn't more motivated tends to feel judgmental and can shut down openness. Asking what you can do to help is supportive but too vague to generate actionable steps. Saying that the importance rating is high is encouraging but doesn't advance planning or momentum.

**3. What indicates successful nutrition care during monitoring and evaluation?**

**A. Achievement of defined nutrition goals (e.g., weight changes, intake adequacy, lab improvements) with no adverse effects.**

**B. Improvement in meal satisfaction alone.**

**C. Weight change in any direction is considered success.**

**D. Satisfaction with meals alone implies success.**

Monitoring and evaluation in nutrition care focuses on whether the patient actually reaches predefined, measurable goals while avoiding new problems. The best indicator is achieving those defined nutrition goals—such as target weight changes, adequate intake, improved laboratory markers—without adverse effects. This shows the plan is effective, data-driven, and aligned with safety. Improvement in meal satisfaction alone doesn't guarantee that nutrient needs are met or that objective targets are reached. Likewise, weight change in any direction isn't necessarily good or bad on its own; without context and target goals it can signal either progress or a problem. Satisfaction with meals similarly isn't enough to declare success, since it doesn't confirm that nutrient adequacy, clinical outcomes, or safety have been achieved. So, the most appropriate sign of successful nutrition care is meeting defined nutrition goals with no adverse effects.

**4. In critical illness or severe trauma, what is the typical protein range per kilogram body weight?**

**A. 1.2 to 2.0 g/kg/day**

**B. 0.8 to 1.0 g/kg/day**

**C. 2.0 to 3.0 g/kg/day**

**D. 0.5 to 1.0 g/kg/day**

In critical illness or severe trauma, the body becomes highly catabolic, increasing protein breakdown and nitrogen losses. To counteract this and support immune function, tissue repair, and maintenance of lean body mass, protein intake is increased to help preserve nitrogen balance. The typical target is about 1.2 to 2.0 g of protein per kilogram of body weight per day. This range provides enough amino acids to meet the heightened needs without overwhelming the body's capacity to utilize them. Lower ranges like 0.8-1.0 g/kg/day reflect maintenance for healthy individuals and are insufficient in stressed patients. Very high intakes such as 2.0-3.0 g/kg/day are reserved for extreme catabolic states (for example, severe burns) and are not the standard for most critically ill or traumatized patients.

**5. Which food-drug pairing requires client counseling for potential interactions?**

- A. Prednisone and grapefruit juice
- B. Warfarin and vitamin D-containing foods
- C. MAO inhibitors and tyramine-containing foods**
- D. Sibutramine and vitamin C-containing foods

When a drug class blocks the normal breakdown of certain compounds in the body, what you eat can become a dangerous issue. MAO inhibitors stop the enzyme that normally degrades tyramine, a substance found in many aged or fermented foods. If tyramine isn't broken down, it can trigger a large release of norepinephrine, leading to a sudden, dangerous surge in blood pressure—a hypertensive crisis that can be life-threatening. Because of this risk, people on MAO inhibitors must receive counseling about avoiding or limiting high-tyramine foods (such as aged cheeses, cured meats, some fermented products, and certain wines). Other pairings don't carry the same immediate, well-known dietary danger. Prednisone with grapefruit juice is not a classic, widely required counseling interaction. Warfarin's major dietary concern is vitamin K-containing foods, not vitamin D-rich foods, so this pairing isn't typically highlighted for counseling about interactions. Sibutramine with vitamin C-containing foods doesn't have a strong, recognized interaction that necessitates counseling in the same way the MAOI-tyramine combination does.

**6. Which vitamin deficiency is associated with gum lesions and pinpoint hemorrhages?**

- A. Thiamin
- B. Magnesium
- C. Vitamin C**
- D. Selenium

Gum lesions with pinpoint hemorrhages point to insufficient collagen support in the tissues, which happens with vitamin C deficiency. Vitamin C is essential for collagen synthesis; it helps hydroxylate proline and lysine, stabilizing collagen that forms the gums and the walls of small blood vessels. When vitamin C is lacking, connective tissue becomes fragile, leading to swollen, bleeding gums and tiny pinpoint bleeds—classic signs of deficiency. Humans can't make vitamin C, so it must come from the diet, and very low intake or absorption issues can trigger this picture. The other nutrients don't typically produce this gum-bleeding pattern: thiamin deficiency mainly affects energy metabolism and the nervous system; magnesium deficiency affects nerves, muscles, and electrolyte balance; selenium deficiency affects antioxidant defense and certain organ functions.

**7. What does ADIME stand for in the Nutrition Care Process?**

- A. Assessment, Diagnosis, Intervention, Monitoring and Evaluation**
- B. Assessment, Data, Intervention, Monitoring, Evaluation**
- C. Analysis, Diagnosis, Intervention, Monitoring, Evaluation**
- D. Assessment, Diagnosis, Implementation, Measurement, Evaluation**

ADIME stands for the four main steps of the Nutrition Care Process: Assessment, Diagnosis, Intervention, and Monitoring and Evaluation. It begins with collecting thorough information about the client—nutrient intake, medical history, anthropometrics, labs, symptoms, and environment—to build a complete picture. From that data, a nutrition diagnosis is identified, specifying the nutrition problem to address rather than a medical condition. Then a targeted intervention is planned and carried out to resolve or mitigate the nutrition problem, such as dietary changes, education, or care coordination. Finally, progress is monitored and outcomes are evaluated to determine if goals are being met and whether the plan needs adjustment. The other options mix up terms that aren't part of the standard ADIME sequence, such as treating "data," "analysis," or "measurement" as separate steps, or using a synonym like "implementation."

**8. Which population is at increased risk for vitamin B-12 deficiency due to proton pump inhibitor use?**

- A. Vegan**
- B. Elderly on a PPI**
- C. Woman with hypothyroidism**
- D. Athlete**

Proton pump inhibitors lower stomach acid, and that acid is needed to release vitamin B12 from the proteins in our food. After B12 is freed, it binds to intrinsic factor and is absorbed later in the small intestine. In older adults, stomach acid tends to be lower to begin with, and long-term PPI use further reduces acid, so less B12 is released and available for absorption. Over time, this can lead to B12 deficiency. So, the group most at risk when B12 deficiency arises specifically because of PPI use is elderly individuals taking a PPI. Vegan individuals are at risk for B12 deficiency due to dietary intake, not because of PPI use. The other options do not have a direct link to PPI-related B12 absorption impairment.

**9. What is the approximate protein requirement for healthy adults (non-critically ill) per kilogram body weight?**

- A. 0.6 g/kg/day
- B. 1.0 g/kg/day
- C. 0.8 g/kg/day**
- D. 1.2 g/kg/day

For healthy adults, the amount of protein you need each day scales with body weight to support basic bodily functions and tissue maintenance. The standard recommendation is about 0.8 grams of protein per kilogram of body weight per day. This amount satisfies essential amino acid needs for most people and supports nitrogen balance, which helps prevent deficiency. Values lower than this, such as 0.6 g/kg/day, fall short of the typical requirement and may not meet maintenance needs for many individuals. Higher amounts, like 1.0 or 1.2 g/kg/day, are sometimes advised for specific groups (such as athletes or older adults with higher protein demands) or under certain conditions, but they aren't the general everyday recommendation for healthy adults. Therefore, 0.8 g/kg/day is the best standard target.

**10. Which measure best indicates central adiposity?**

- A. Waist circumference**
- B. Hip circumference
- C. Basal metabolic rate
- D. Body weight

Central adiposity reflects fat stored around the abdomen, especially visceral fat, which carries higher metabolic risk. Waist circumference directly measures abdominal size, making it the best indicator of central fat. A larger waist suggests more visceral fat and a greater cardiovascular and metabolic risk than overall body weight or fat distribution elsewhere. Hip circumference, while it shows fat around the hips, doesn't capture the visceral fat burden as effectively. Basal metabolic rate is about energy use, not where fat is stored. Body weight indicates total mass but not how that mass is distributed. So, waist circumference is the most specific and practical measure of central adiposity.

## 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://eatrightprepdomain2.examzify.com>**

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

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