

Family Heath Services of the Department of Health 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. When should the rotavirus vaccine be administered?**
 - A. 6-10-14 weeks**
 - B. 9 months**
 - C. 12 months**
 - D. 18 months**
- 2. What type of food assistance is provided to wasted or stunted children?**
 - A. Canned food distribution**
 - B. Center-based complementary feeding**
 - C. Home delivery of groceries**
 - D. Community garden projects**
- 3. When should the second postpartum visit occur?**
 - A. 3 weeks postpartum**
 - B. 4 weeks postpartum**
 - C. 6 weeks postpartum**
 - D. 8 weeks postpartum**
- 4. What is the significance of health education in Family Health Services?**
 - A. To promote competitive healthcare prices**
 - B. To empower families with information for informed health choices**
 - C. To eliminate the need for healthcare professionals**
 - D. To discourage preventive care**
- 5. Which health service is part of the integrated management of childhood illnesses?**
 - A. Oral health program**
 - B. Nutrition program**
 - C. Expanded program on immunization**
 - D. All of the above**

6. Which of the following is a primary source of funding for Family Health Services?

- A. Private donations from individuals**
- B. Federal grants, state budgets, and local government allocations**
- C. Health insurance premiums**
- D. Only state budgets**

7. What is the main objective of family planning education?

- A. To promote larger families**
- B. To inform reproductive choices**
- C. To reduce healthcare costs**
- D. To regulate birth rates**

8. What is the recommended dose of folic acid for daily intake?

- A. 200 micrograms**
- B. 400 micrograms**
- C. 600 micrograms**
- D. 800 micrograms**

9. What is a common component included in essential health packages for older persons?

- A. Counseling on substance abuse**
- B. Permanent fillings**
- C. Gum treatment**
- D. Fluoride utilization**

10. Which group is primarily focused on during the micronutrient supplementation project mentioned?

- A. Elderly**
- B. Infants**
- C. Children 6-71 months old**
- D. Adults**

Answers

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

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Explanations

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1. When should the rotavirus vaccine be administered?

- A. 6-10-14 weeks**
- B. 9 months**
- C. 12 months**
- D. 18 months**

The rotavirus vaccine is typically administered in a series of doses, with the first dose given at 2 months of age, followed by additional doses at 4 months and 6 months, depending on which vaccine formulation is used. This series is designed to provide optimal immunity against rotavirus at a point when infants are especially vulnerable to severe diarrhea caused by the virus. Starting the vaccination series at 2 months ensures that the infants can begin developing immunity early enough to protect them during peak rotavirus seasons. The choices that suggest administration at older ages, such as 9 months, 12 months, or 18 months, do not align with the recommended guidelines. These age groups are outside the optimal window for receiving the rotavirus vaccine, which is crucial for preventing potentially severe gastroenteritis in infants and young children. By allowing the rotavirus vaccine to be administered during the recommended early months, children can build a protective response before they are exposed to the virus commonly circulating in the community.

2. What type of food assistance is provided to wasted or stunted children?

- A. Canned food distribution**
- B. Center-based complementary feeding**
- C. Home delivery of groceries**
- D. Community garden projects**

Center-based complementary feeding is specifically designed to address the nutritional needs of wasted or stunted children. This approach involves providing these vulnerable children with nutrient-dense foods in a structured environment, where they can receive not only food but also supervision and support from healthcare professionals. This method is crucial for children suffering from malnutrition because it ensures they are receiving appropriate amounts and types of food to help them regain weight and improve their overall health. The center-based setting also allows for the monitoring of the children's progress and the ability to provide additional medical care or nutritional education to caregivers. Other options, while beneficial in different contexts, do not specifically target the immediate and critical nutritional needs of wasted or stunted children in the same focused manner that center-based complementary feeding does. For instance, canned food distribution may not provide the necessary specialized nutrition, home delivery of groceries might lack the tailored dietary advice needed, and community garden projects, although fostering food security and nutrition education, are generally long-term solutions rather than immediate interventions for acute malnutrition.

3. When should the second postpartum visit occur?

- A. 3 weeks postpartum**
- B. 4 weeks postpartum**
- C. 6 weeks postpartum**
- D. 8 weeks postpartum**

The second postpartum visit is typically recommended to take place around 6 weeks after childbirth. This timing is significant for several reasons. At the 6-week mark, healthcare providers can properly evaluate the mother's physical recovery from childbirth, assess mental health, address any ongoing postpartum issues, and discuss family planning options. This visit allows for a comprehensive assessment to ensure that the mother's body is healing appropriately, including evaluations of any complications that may have arisen, such as issues related to the uterus, perineum, or signs of infection. Additionally, mental health screening at this visit is crucial since postpartum mood disorders can manifest during this time. The follow-up visit is also an opportunity for vaccination updates and to provide guidance on infant care, breastfeeding, and any other concerns new parents may have. While other timing options may seem reasonable, they do not align with standard recommendations emphasizing the 6-week postpartum check for thorough evaluation and support.

4. What is the significance of health education in Family Health Services?

- A. To promote competitive healthcare prices**
- B. To empower families with information for informed health choices**
- C. To eliminate the need for healthcare professionals**
- D. To discourage preventive care**

The significance of health education in Family Health Services lies in its ability to empower families with vital information that enables them to make informed health choices. Health education serves as a foundational element in promoting awareness about health conditions, preventive measures, and the appropriate use of health resources. By providing families with knowledge about various health-related topics, such as nutrition, exercise, disease prevention, and management of chronic conditions, health education equips them to take an active role in their own health and the health of their loved ones. Empowering families through education fosters a sense of responsibility and awareness, encouraging them to engage in healthier lifestyle practices and seek the necessary care when needed. This proactive approach not only enhances individual and family well-being but also contributes to community health overall by reducing the burden on healthcare systems. In contrast to this correct answer, the other options present ideas that do not align with the goals of Family Health Services. Promoting competitive healthcare prices does not inherently address the educational needs of families. Eliminating the need for healthcare professionals undermines the importance of their role in delivering care and guidance. Discouraging preventive care is counterproductive to the goals of Family Health Services, which emphasize the importance of prevention and early intervention in maintaining health.

5. Which health service is part of the integrated management of childhood illnesses?

- A. Oral health program**
- B. Nutrition program**
- C. Expanded program on immunization**
- D. All of the above**

The integrated management of childhood illnesses (IMCI) aims to reduce morbidity and mortality among children by addressing a range of health issues in a cohesive manner. This approach promotes health services that tackle various aspects of child health, ensuring that children receive comprehensive care. Including an oral health program is crucial in the IMCI framework, as dental health significantly impacts overall well-being and nutritional status. Children with untreated dental issues may suffer from pain, which can hinder their ability to eat properly or engage in social activities, thereby affecting their growth and development. Nutrition programs are also vital to the IMCI strategy. Proper nutrition is fundamental for children's development and immunity. By ensuring that children have access to nutritious foods, the IMCI approach seeks to prevent malnutrition, which can predispose children to various illnesses and complicate the treatment of common childhood diseases. The expanded program on immunization is another key component of IMCI. Vaccinations protect children from preventable diseases that can cause severe health issues or death. By incorporating immunization services, IMCI helps to create a healthier population of children with a reduced risk of vaccine-preventable diseases. In summary, the IMCI approach is designed to be comprehensive, integrating multiple health services including oral health, nutrition, and immunization,

6. Which of the following is a primary source of funding for Family Health Services?

- A. Private donations from individuals**
- B. Federal grants, state budgets, and local government allocations**
- C. Health insurance premiums**
- D. Only state budgets**

The correct choice identifying primary sources of funding for Family Health Services is characterized by the combination of federal grants, state budgets, and allocations from local governments. This funding structure is crucial because it reflects a comprehensive approach by various levels of government to ensure that essential health services are available to families. Federal grants often provide significant resources aimed at specific health initiatives or populations, ensuring that services can be expanded or improved based on community needs. State budgets complement this by allocating funds directed towards public health programs and services tailored to meet local demands. Local government allocations further support initiatives that address community-specific health challenges, thereby enhancing overall family health services at a grassroots level. Other potential funding sources, like private donations or health insurance premiums, do play roles in the broader healthcare landscape but are not considered primary sources for Family Health Services in the same manner as government funding. Private donations can be unpredictable and vary in amount and frequency, making them less reliable for ongoing service funding. Similarly, while health insurance premiums contribute to individual healthcare access, they do not directly fund public family health services and are more closely associated with private health care funding mechanisms.

7. What is the main objective of family planning education?

- A. To promote larger families
- B. To inform reproductive choices**
- C. To reduce healthcare costs
- D. To regulate birth rates

The main objective of family planning education is to inform reproductive choices. This involves providing individuals and couples with the knowledge and resources they need to make informed decisions about their reproductive health, including contraception options, family size planning, and understanding their bodies and fertility. By equipping people with the necessary information, family planning education empowers them to choose when and how often they want to have children, which can significantly impact their lives, health, and well-being. While some might argue that regulating birth rates or reducing healthcare costs are potential outcomes of proper family planning education, the primary focus is on the individual's capacity to make informed reproductive choices. This approach promotes autonomy and informed consent, allowing individuals to align their reproductive plans with their personal circumstances, desires, and health needs.

8. What is the recommended dose of folic acid for daily intake?

- A. 200 micrograms
- B. 400 micrograms**
- C. 600 micrograms
- D. 800 micrograms

The recommended daily dose of folic acid for most individuals, especially women of childbearing age, is 400 micrograms. This dosage is significant for the prevention of neural tube defects during early pregnancy. Folic acid plays a vital role in DNA synthesis, cell division, and proper growth and development, making it essential for women who are planning to become pregnant or are already pregnant. While different situations may require varying dosages, such as higher amounts during pregnancy or for individuals with certain health conditions, the baseline recommendation for daily intake remains at 400 micrograms. Providing this amount helps ensure sufficient levels of folate in the body to support both maternal health and fetal development, which is crucial during the early stages of pregnancy.

9. What is a common component included in essential health packages for older persons?

- A. Counseling on substance abuse**
- B. Permanent fillings**
- C. Gum treatment**
- D. Fluoride utilization**

The inclusion of counseling on substance abuse in essential health packages for older persons is significant for several reasons. Older adults may face various challenges, such as isolation, health issues, and the effects of aging, which can sometimes manifest in substance abuse or dependency. Providing counseling ensures that these individuals have access to resources and support systems that can help them manage any underlying issues related to substance use. Moreover, counseling addresses the mental health aspect of aging, focusing on the importance of emotional and psychological well-being. By incorporating substance abuse counseling into health services, practitioners can provide holistic care that not only addresses physical health needs but also promotes overall quality of life for older adults. In contrast, the other options—permanent fillings, gum treatment, and fluoride utilization—primarily target specific dental health issues rather than a comprehensive approach that includes mental health support. While maintaining dental health is crucial, substance abuse counseling is tailored to a significant social and health issue that can impact older adults' overall wellbeing more broadly. Thus, it stands out as a necessary component of essential health services for this population.

10. Which group is primarily focused on during the micronutrient supplementation project mentioned?

- A. Elderly**
- B. Infants**
- C. Children 6-71 months old**
- D. Adults**

The focus of the micronutrient supplementation project is primarily on children aged 6-71 months old due to the critical developmental phase that this group undergoes. During this period, children experience rapid growth, and their nutritional needs are significantly increased to support proper development. Micronutrient deficiencies, such as iron, vitamin A, and iodine, can have long-lasting effects on a child's health, growth, and cognitive development. Supplementing micronutrients in this age group can help prevent growth stunting, improve immune function, and promote overall health, making it a priority for public health initiatives aimed at reducing childhood mortality and morbidity associated with nutritional deficiencies. This target aligns with global health recommendations that emphasize the importance of addressing nutrition in early childhood to ensure better health outcomes later in life. Other groups, while they may also benefit from micronutrient supplementation, do not face the same level of critical nutritional vulnerability during this specific developmental 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.

Or visit your dedicated course page for more study tools and resources:

<https://famhealthservicesdoh.examzify.com>

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

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