

# FAU Advanced Health Assessment 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. Don't worry about getting everything right, 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, and take breaks to retain information better.

## 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.

## 7. Use Other Tools

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. A patient presents with bad-smelling vaginal discharge and a fishy odor during menstruation. What is the most likely diagnosis?
  - A. Bacterial vaginosis
  - B. Candidiasis
  - C. Trichomoniasis
  - D. Chlamydia
2. In a patient with acute epididymitis, which symptom is commonly observed?
  - A. Painless swelling
  - B. Unilateral scrotal pain
  - C. Dark urine
  - D. Frequent urination
3. Which symptom is characteristic of ovarian torsion?
  - A. Unilateral abdominal pain
  - B. Severe back pain
  - C. Bilateral flank pain
  - D. Persistent low-grade fever
4. When do café-au-lait spots typically appear on a child?
  - A. At birth
  - B. In the first few months of life
  - C. During puberty
  - D. After childhood
5. What is the healing time for a syphilitic chancre?
  - A. 1-2 weeks
  - B. 3-8 weeks
  - C. 8-12 weeks
  - D. Heals permanently

6. Which condition refers to painful menstruation?
- A. Dysmenorrhea
  - B. Menorrhagia
  - C. Oligomenorrhea
  - D. Metrorrhagia
7. What is the recommended weight gain during pregnancy for a patient with a BMI of 19.8-26.0?
- A. 15-25 lbs
  - B. 25-35 lbs
  - C. 28-40 lbs
  - D. 10-15 lbs
8. A 15-month-old with a fever and a bulging tympanic membrane is likely suffering from which condition?
- A. Otitis externa
  - B. Cholesteatoma
  - C. Ruptured tympanic membrane
  - D. Otitis media
9. What potential factor is linked to the development of Acanthosis Nigricans?
- A. Hormonal imbalance
  - B. Insulin stimulation
  - C. Vitamin deficiency
  - D. Allergic reaction
10. What is the most likely diagnosis for a 20-year-old male with growths on his penile shaft without pain during intercourse or urination?
- A. Herpes simplex
  - B. Condylomata acuminata
  - C. Gonorrhea
  - D. Syphilis



## Answers

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

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## Explanations

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1. A patient presents with bad-smelling vaginal discharge and a fishy odor during menstruation. What is the most likely diagnosis?

A. Bacterial vaginosis

B. Candidiasis

C. Trichomoniasis

D. Chlamydia

Bacterial vaginosis is characterized by an imbalance in the normal flora of the vagina, often leading to an overgrowth of certain bacteria, primarily *Gardnerella vaginalis*. The distinctive feature of this condition is the presence of a fishy odor, particularly after sexual intercourse or during menstruation, which aligns with the patient's symptoms of bad-smelling vaginal discharge. The diagnosis is typically supported by other clinical findings, such as a grayish-white discharge and a pH level greater than 4.5 upon examination. While other conditions, like candidiasis and trichomoniasis, can also lead to vaginal symptoms, they usually present with different characteristics. Candidiasis is more likely to cause itching and a thick, curdy discharge without the characteristic fishy odor. Trichomoniasis may also have a malodorous discharge, but it tends to be yellow-green and accompanied by itching and irritation. In summary, the association of a fishy odor during menstruation and a typical presentation of vaginal discharge underscores bacterial vaginosis as the most likely diagnosis in this scenario.

2. In a patient with acute epididymitis, which symptom is commonly observed?

A. Painless swelling

B. Unilateral scrotal pain

C. Dark urine

D. Frequent urination

Unilateral scrotal pain is a hallmark symptom commonly observed in cases of acute epididymitis. This condition typically presents with sudden onset pain and tenderness localized to one side of the scrotum, which can be quite severe. The pain often develops rapidly and may be accompanied by swelling of the epididymis. Other symptoms that can accompany the pain include redness and warmth of the scrotum, and if there is associated infection, systemic signs like fever may also be present. This symptomatology differentiates acute epididymitis from conditions like testicular torsion, where the pain is often more severe and presents differently. The other options presented, such as painless swelling, dark urine, and frequent urination, do not accurately represent the primary clinical presentation associated with acute epididymitis. Painless swelling may indicate other issues, such as a hydrocele or testicular tumor, while dark urine is typically associated with urinary tract infections rather than epididymitis. Frequent urination could suggest a bladder or urinary tract issue, which, while it can be involved in some cases, is not the defining symptom of epididymitis.

3. Which symptom is characteristic of ovarian torsion?

A. Unilateral abdominal pain

B. Severe back pain

C. Bilateral flank pain

D. Persistent low-grade fever

Unilateral abdominal pain is characteristic of ovarian torsion because the condition involves the rotation of the ovary around its supporting ligaments, which leads to compromised blood flow and subsequent ischemia. This pain typically presents suddenly and can be quite severe, often localized to the side where the affected ovary is located. In the case of ovarian torsion, the pain can sometimes be associated with nausea and vomiting, and it often worsens with movement. The unilateral nature of the pain helps differentiate it from other conditions that may present with abdominal pain, as both severe back pain and bilateral flank pain can be indicators of other issues such as kidney stones or musculoskeletal problems rather than a specific gynecological emergency. The presence of a persistent low-grade fever may suggest infection rather than torsion and is not a hallmark sign of this condition. Thus, the characteristic nature of the pain associated with ovarian torsion specifically aligns with unilateral abdominal pain.

4. When do café-au-lait spots typically appear on a child?

A. At birth

B. In the first few months of life

C. During puberty

D. After childhood

Café-au-lait spots are light brown, flat skin lesions that can be an important clinical indicator, particularly in conditions like neurofibromatosis. These spots typically appear at birth or shortly thereafter, which aligns with the idea that they can be present from the time of delivery. The appearance of these spots around the time of birth indicates that they are part of normal developmental variations but can also signify a need for further assessment if they appear in significant numbers or are larger than average. While they can be noted during infancy or early childhood, the definitive understanding is that they may be observed at birth. The other possibilities would imply a later development phase, which is not typically consistent with the usual presentation of café-au-lait spots.

5. What is the healing time for a syphilitic chancre?

- A. 1-2 weeks
- B. 3-8 weeks
- C. 8-12 weeks
- D. Heals permanently

The healing time for a syphilitic chancre, which is the primary sore associated with syphilis, typically ranges from 3 to 8 weeks. This timeframe reflects the natural course of the infection, where the chancre usually appears about three weeks after exposure to the *Treponema pallidum* bacteria and often heals without treatment within several weeks. Treatment can expedite the healing process, and most patients will notice improvement within this range. Understanding this timeline is crucial for healthcare providers, as it helps them recognize the progression of syphilis and the importance of timely diagnosis and treatment to prevent further complications associated with untreated syphilis. The other options—1-2 weeks would be too short, as most chancres take longer to resolve naturally; 8-12 weeks extends beyond the typical healing period, likely conflating with secondary syphilis symptoms; and "heals permanently" does not apply as the condition can lead to serious long-term complications if left untreated.

6. Which condition refers to painful menstruation?

- A. Dysmenorrhea
- B. Menorrhagia
- C. Oligomenorrhea
- D. Metrorrhagia

Dysmenorrhea is the term specifically used to describe painful menstruation, which includes both primary dysmenorrhea (associated with the menstrual cycle without any underlying health conditions) and secondary dysmenorrhea (due to underlying reproductive health issues such as endometriosis or fibroids). This condition is characterized by cramping and pain that can range from mild to severe, often leading to significant discomfort during menstrual periods. In contrast, the other terms refer to different menstrual abnormalities: menorrhagia denotes heavy or prolonged menstrual bleeding, oligomenorrhea describes infrequent menstrual periods, and metrorrhagia refers to bleeding between periods. Each of these conditions has its own distinct clinical features and implications, but none specifically indicate painful menstruation like dysmenorrhea does.

7. What is the recommended weight gain during pregnancy for a patient with a BMI of 19.8-26.0?

A. 15-25 lbs

B. 25-35 lbs

C. 28-40 lbs

D. 10-15 lbs

The recommended weight gain during pregnancy varies based on the individual's pre-pregnancy body mass index (BMI). For someone with a BMI in the range of 19.8 to 26.0, which is considered normal weight, the recommended weight gain during pregnancy is typically between 25 to 35 pounds. This range supports healthy fetal growth and development while minimizing complications for both the mother and the baby. Adequate weight gain is essential because it reflects the accumulation of necessary nutrients and tissues such as the placenta and increased blood volume. It also promotes optimal health outcomes for both the mother and infant. Gaining within this range helps ensure that the baby is born at a healthy weight and reduces the risk of conditions such as low birth weight or developmental issues. Options outside of the 25 to 35 pounds range, such as the other choices listed, do not align with current guidelines for women in this BMI category during pregnancy. These guidelines emphasize the importance of nutritional adequacy, healthy growth patterns, and the potential long-term effects on both maternal health and infant outcomes.

8. A 15-month-old with a fever and a bulging tympanic membrane is likely suffering from which condition?

A. Otitis externa

B. Cholesteatoma

C. Ruptured tympanic membrane

D. Otitis media

A 15-month-old child presenting with a fever and a bulging tympanic membrane is likely suffering from otitis media, which is an infection of the middle ear. The symptoms are classic indicators of this condition. In young children, the Eustachian tubes are shorter and more horizontal, making them more prone to infections that can cause fluid buildup and pressure in the middle ear. The bulging tympanic membrane signifies increased pressure due to fluid accumulation, often accompanied by signs of infection such as fever. In contrast, otitis externa typically involves inflammation of the external ear canal and would not usually present with a bulging tympanic membrane. A cholesteatoma is an abnormal skin growth in the middle ear that often follows repeated ear infections but is less common in children and would typically not present with an acute fever and bulging tympanic membrane. A ruptured tympanic membrane might occur as a result of otitis media, but it wouldn't explain the initial bulging symptom — instead, it is more often associated with pain relief and drainage. Therefore, the clear presentation of fever, bulging tympanic membrane, and the age of the child strongly points to otitis media as the correct diagnosis.

9. What potential factor is linked to the development of Acanthosis Nigricans?

- A. Hormonal imbalance
- B. Insulin stimulation
- C. Vitamin deficiency
- D. Allergic reaction

Acanthosis Nigricans is often associated with insulin resistance and hyperinsulinemia, making insulin stimulation a significant factor in its development. In conditions like obesity, type 2 diabetes, and metabolic syndrome, insulin levels can be elevated, which may lead to increased stimulation of epidermal growth factor receptors in the skin. This results in the characteristic thickening and darkening of the skin, particularly in body folds like the neck, armpits, and groin. While hormonal imbalances can affect skin changes, and certain vitamin deficiencies or allergic reactions may lead to other dermatological conditions, they are less directly connected to Acanthosis Nigricans than the effects of insulin stimulation. Correctly identifying insulinemia as a causative factor highlights the role of metabolic processes in skin health and emphasizes the need for evaluating underlying conditions when recognizing such dermatologic signs.

10. What is the most likely diagnosis for a 20-year-old male with growths on his penile shaft without pain during intercourse or urination?

- A. Herpes simplex
- B. Condylomata acuminata
- C. Gonorrhea
- D. Syphilis

The most likely diagnosis for a 20-year-old male with painless growths on the penile shaft is condylomata acuminata, commonly known as genital warts. This condition is caused by the human papillomavirus (HPV), which is sexually transmitted. The presence of growths that are typically soft, fleshy, and may appear as small bumps or cauliflower-like clusters fits the characteristics of condylomata acuminata. The absence of pain during intercourse or urination is a key factor in supporting this diagnosis, as many sexually transmitted infections (STIs) that present with pain or discomfort would be less likely. Genital warts usually do not cause symptoms beyond the visible lesions, which aligns with the description provided. In contrast, herpes simplex would typically present with painful lesions, and gonorrhea or syphilis may be associated with systemic symptoms or discomfort. Thus, the clinical presentation points clearly towards condylomata acuminata as the most likely diagnosis in this scenario.



## 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://fau-advancedhealth.examzify.com>

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

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