

HSS Block B 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. Which bias describes the tendency for recent or vivid cases to dominate judgment?**
 - A. Anchoring bias**
 - B. Confirmation bias**
 - C. Availability bias**
 - D. Premature closure**

- 2. CDSS mitigation of cognitive bias includes forcing a comprehensive second look, standardizing care pathways, alerting to conflicting or missing data, and providing data-driven risk estimates. This reflects which description?**
 - A. Comprehensive Second Look; Care Pathways; Conflicting or Missing Data; Risk Estimates**
 - B. Anchoring and Premature Closure; Standardizes Care Pathways; Alerts to Disconfirming Data; Risk Estimates**
 - C. Premature Closure; Standardizes Care Pathways; Reliable Data; Risk Estimates**
 - D. Comprehensive Second Look; Care Pathways; Conflicting or Missing Data; Intuitive Judgments**

- 3. A pain medication use agreement (or contract) is a formal document outlining the expectations for a patient on chronic opioid therapy. It mandates that patients use a single __, refrain from obtaining pain medication from __, and submit to random urine drug tests and pill counts. It also lists specific grounds for __, including selling medication, forging prescriptions, and harassing staff.**
 - A. Pain medication use agreement (or contract); pharmacy; other providers; termination**
 - B. Treatment plan; physician; clinics; admission**
 - C. Medical clearance; hospital; family; suspension**
 - D. Opioid safety plan; pharmacist; online sources; exclusion**

- 4. I'M SAFE is used to assess readiness for high risk tasks. What does the acronym represent?**
 - A. Illness, Medicated, Stressed, Alcohol, Fatigued, Eating/Elimination**
 - B. Illness, Medication, Sleep, Anxiety, Fatigue, Eating**
 - C. Infectious, Medical, Sanitary, Alcohol, Fatigue, Exercise**
 - D. Illness, Medicated, Stress, Alcohol, Fatigue, Exercise**

- 5. The ACA protects those with which of the following in terms of eligibility?**
- A. Chronic pain**
 - B. Unemployment**
 - C. Legal issues**
 - D. Preexisting conditions**
- 6. CT resources to support individuals with disabilities — labor.**
- A. DOH (Housing)**
 - B. DSS (Social Services)**
 - C. DOL (Labor)**
 - D. ADS (Aging and Disability Services)**
- 7. The ___ is a \$30 million federal 'cradle-to-career' initiative aiming to ensure children reach their full potential by integrating health, academic, and social supports. Which term fills the blank?**
- A. Hartford Children's Pathway**
 - B. North Hartford Ascend Pipeline**
 - C. Connecticut Wellness Corridor**
 - D. Greater Hartford Education Alliance**
- 8. Which Social Determinant of Health is listed as contributing to the longevity gap in the North Hartford Promise Zone?**
- A. Education**
 - B. Unemployment**
 - C. Poverty**
 - D. Housing quality**

- 9. In overseas examination for immigrants, which pair correctly matches a Class A condition and a Class B condition?**
- A. Active TB; Latent TB**
 - B. Leprosy; Drug addiction**
 - C. Untreated STIs; Treated STIs**
 - D. Physical and mental disorders with harmful behaviors; Latent TB**
- 10. Which theory argues that education builds cognitive skills and problem-solving abilities that enable individuals to make healthier choices, understand health information, and navigate health systems more effectively?**
- A. Human capital**
 - B. Credentialing (or signaling)**
 - C. Fundamental cause**
 - D. Systemic review of evidence**

Answers

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

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Explanations

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1. Which bias describes the tendency for recent or vivid cases to dominate judgment?

- A. Anchoring bias**
- B. Confirmation bias**
- C. Availability bias**
- D. Premature closure**

Availability bias is the tendency to judge how common or likely something is based on how easily examples come to mind, especially when they are recent or vivid. When a dramatic event captures attention or a striking anecdote is fresh, it colors our perception and makes us overestimate its frequency or danger, even if broader data tell a different story. This is the availability heuristic in action: memory and salience drive judgment more than actual statistics. For example, a highly publicized incident can make people fear a risk more than statistical reality would warrant. Other biases operate differently: anchoring ties you to an initial piece of information, confirmation bias favors information that reinforces what you already think, and premature closure ends further consideration too soon. To counter availability bias, seek objective data, compare base rates, and consider how memorable events may skew perception.

2. CDSS mitigation of cognitive bias includes forcing a comprehensive second look, standardizing care pathways, alerting to conflicting or missing data, and providing data-driven risk estimates. This reflects which description?

- A. Comprehensive Second Look; Care Pathways; Conflicting or Missing Data; Risk Estimates**
- B. Anchoring and Premature Closure; Standardizes Care Pathways; Alerts to Disconfirming Data; Risk Estimates**
- C. Premature Closure; Standardizes Care Pathways; Reliable Data; Risk Estimates**
- D. Comprehensive Second Look; Care Pathways; Conflicting or Missing Data; Intuitive Judgments**

CDSS mitigation of cognitive bias works by prompting a comprehensive reevaluation, standardizing care pathways, signaling when data conflict or are missing, and providing data-driven risk estimates. This combination is exactly described by listing Comprehensive Second Look, Care Pathways, Conflicting or Missing Data, and Risk Estimates. The comprehensive second look helps prevent premature conclusions, standardizing pathways reduces variation and overreliance on memory, alerts about conflicting or missing data surface issues that might otherwise be overlooked, and data-driven risk estimates give objective context for decisions. The other descriptions mix in terms like anchoring, premature closure, or intuitive judgments, which don't align with the stated mitigation approach that emphasizes structured processes and objective data.

3. A pain medication use agreement (or contract) is a formal document outlining the expectations for a patient on chronic opioid therapy. It mandates that patients use a single ___, refrain from obtaining pain medication from ___, and submit to random urine drug tests and pill counts. It also lists specific grounds for ___, including selling medication, forging prescriptions, and harassing staff.

A. Pain medication use agreement (or contract); pharmacy; other providers; termination

B. Treatment plan; physician; clinics; admission

C. Medical clearance; hospital; family; suspension

D. Opioid safety plan; pharmacist; online sources; exclusion

A pain medication use agreement is a formal contract used during chronic opioid therapy that sets clear expectations and monitoring to promote safe, responsible use. It specifies that the patient must use a single pharmacy so the prescriber can monitor all medications, and must not obtain pain medications from other providers. It also includes monitoring steps like random urine drug tests and pill counts to verify adherence and detect misuse. Finally, it lists specific grounds for action, such as selling medication, forging prescriptions, or harassing staff, which can lead to termination of the agreement and continued care. The option that fits all of these elements names the document as a pain medication use agreement and includes a single pharmacy, avoidance of other providers, random drug testing and pill counts, and termination as a possible consequence. Other choices refer to different types of plans or actions that don't align with this contract's particular combination of requirements and consequences.

4. I'M SAFE is used to assess readiness for high risk tasks. What does the acronym represent?

A. Illness, Medicated, Stressed, Alcohol, Fatigued, Eating/Elimination

B. Illness, Medication, Sleep, Anxiety, Fatigue, Eating

C. Infectious, Medical, Sanitary, Alcohol, Fatigue, Exercise

D. Illness, Medicated, Stress, Alcohol, Fatigue, Exercise

The main idea is a quick personal readiness check before performing high-risk work. The six factors flag common ways performance can be compromised: Illness reminds you that even mild sickness can affect alertness and reaction time; if you're not feeling well, safety suffers. Medicated highlights that many medicines have side effects—drowsiness, slower thinking, or impaired coordination—and can make it unsafe to proceed. Stress matters because mental strain or emotional pressure can narrow attention and disrupt decision making. Alcohol obviously impairs judgment and coordination, making dangerous tasks unsafe. Fatigue reduces vigilance and slows responses, increasing the chance of mistakes during demanding work. Eating/Elimination covers physical comfort needs—hunger, GI discomfort, or the urge to use the bathroom—which can distract you from the task at hand. That combination lines up with the idea of readiness: each factor directly influences your ability to perform safely in high-risk situations. Other sets include terms that aren't as directly tied to immediate readiness—things like sleep in place of fatigue, or replacing emotions with anxiety, or bringing in unrelated items—so the six factors in this option best capture the practical, in-the-moment checks people use before risky tasks.

5. The ACA protects those with which of the following in terms of eligibility?

- A. Chronic pain**
- B. Unemployment**
- C. Legal issues**
- D. Preexisting conditions**

The key idea is that health status determines eligibility under the ACA. The law prohibits denying coverage or charging higher premiums because of a health condition, including chronic illnesses, so people with preexisting conditions can get and keep health insurance. This change—guaranteed issue and no preexisting-condition exclusions—made coverage available regardless of health history. Unemployment or legal issues aren't the factor here; those don't define eligibility for health plans in the way preexisting conditions do. So, protections focus on preexisting conditions.

6. CT resources to support individuals with disabilities — labor.

- A. DOH (Housing)**
- B. DSS (Social Services)**
- C. DOL (Labor)**
- D. ADS (Aging and Disability Services)**

The main idea is matching the resource to a labor and employment focus. In Connecticut, the department that handles employment services, job training, workforce development, and programs that help people with disabilities find and keep work falls under the Department of Labor. That's why it's the correct choice for resources described in the labor context. The other agencies cover housing, broad social services, or aging and disability supports, rather than employment and workforce programs, so they aren't the primary source for labor-related resources.

7. The ___ is a \$30 million federal 'cradle-to-career' initiative aiming to ensure children reach their full potential by integrating health, academic, and social supports. Which term fills the blank?

- A. Hartford Children's Pathway**
- B. North Hartford Ascend Pipeline**
- C. Connecticut Wellness Corridor**
- D. Greater Hartford Education Alliance**

This question tests understanding of cradle-to-career initiatives and how their names signal integrated, long-term support across health, education, and social services. The term that fits the blank uses North Hartford to identify the geographic focus, Ascend to suggest upward progression, and Pipeline to convey a continuous, coordinated network linking services from early childhood through to careers. That combination precisely matches the idea of a federal program designed to ensure children reach their full potential by weaving together health, academics, and social supports over time. The other options miss one or more of these elements: they imply a focus on a single area (health or education) or a less continuous pathway, rather than a comprehensive, lifelong pipeline.

8. Which Social Determinant of Health is listed as contributing to the longevity gap in the North Hartford Promise Zone?

- A. Education**
- B. Unemployment**
- C. Poverty**
- D. Housing quality**

The main idea here is how social conditions shape how long people live, and which factor is identified as driving the longevity gap in the North Hartford Promise Zone. Poverty is the strongest descriptor because it directly gates access to many resources essential for health—nutritious food, stable housing, regular medical care, safe neighborhoods, and stress-free living conditions. When those resources are scarce, people experience more chronic stress, higher rates of preventable disease, and barriers to preventive care, all of which shorten life expectancy. Poverty also tends to bring together several other hardships, making it a comprehensive indicator of disadvantage that shows up in health outcomes across a community. Education, unemployment, and housing quality matter for health, but they often operate as pathways through poverty or as individual aspects of living conditions rather than as the overarching driver identified in this context. Poverty captures the broad, cumulative impact of deprivation that most directly relates to the longevity gap in the North Hartford Promise Zone.

9. In overseas examination for immigrants, which pair correctly matches a Class A condition and a Class B condition?

- A. Active TB; Latent TB**
- B. Leprosy; Drug addiction**
- C. Untreated STIs; Treated STIs**
- D. Physical and mental disorders with harmful behaviors; Latent TB**

Public health risk and contagiousness determine Class A versus Class B in immigration medical screening. Class A includes diseases with significant public health impact that require prompt action to prevent spread, while Class B covers conditions that are not contagious or pose less immediate risk and can be managed without blocking entry. Active TB is contagious and requires treatment and clearance, so it fits the Class A category. Latent TB, on the other hand, is not infectious and does not by itself pose an immediate public health threat, which aligns with Class B. The other options pair conditions in ways that don't reflect this contagiousness-based distinction, so they don't fit as clean Class A/Class B matches.

10. Which theory argues that education builds cognitive skills and problem-solving abilities that enable individuals to make healthier choices, understand health information, and navigate health systems more effectively?

A. Human capital

B. Credentialing (or signaling)

C. Fundamental cause

D. Systemic review of evidence

The main idea here is that education functions as human capital, helping people build cognitive skills and problem-solving abilities that translate into healthier choices, better understanding of health information, and more effective navigation of health systems. When someone has stronger general skills and health literacy from education, they're better at evaluating risks, following medical instructions, and knowing how to access preventive care or services. This is the best fit because the statement explicitly links education to cognitive skill development and practical health capabilities, not just credentials or signaling. Credentialing focuses on education as a signal to employers, not on building skills used in health. Fundamental cause theory explains how resources like money and social advantage shape health disparities but doesn't specify education's role in expanding cognitive skills for health in this way. Systematic review of evidence is a method, not a theory.

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://hssblockb.examzify.com>

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

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