

InterRAI Health Care 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. 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 coding indicates an acute change in mental status from a person's usual functioning?**
 - A. No**
 - B. Not sure**
 - C. Yes**
 - D. Unknown**

- 2. In the prior pressure ulcer item, which option indicates a history of pressure ulcers?**
 - A. No**
 - B. Yes**
 - C. Not sure**
 - D. Not applicable**

- 3. In this nutritional assessment, height is recorded in which unit?**
 - A. Inches**
 - B. Centimeters**
 - C. Meters**
 - D. Feet**

- 4. Which visit counts as an emergency room visit (not including an overnight stay)?**
 - A. Inpatient admission**
 - B. Day surgery**
 - C. Physician visit**
 - D. Emergency room visit**

- 5. In the alcohol use coding, which option corresponds to '5 or more' drinks in a single sitting?**
 - A. None**
 - B. 1**
 - C. 2-4**
 - D. 5 or more**

- 6. If a person with severe cognitive impairment tracks moving objects, how should you score vision?**
- A. Adequate – The person seems to see fine detail.**
 - B. Severe difficulty – If the person appears to track moving objects, score as severe.**
 - C. Minimal difficulty – The person sees large print but not regular print.**
 - D. No vision – The person has no vision.**
- 7. Helper 1 is defined as which?**
- A. Paid service provider**
 - B. Secondary informal helper**
 - C. Legal guardian**
 - D. Primary informal helper**
- 8. Which fracture would be coded as 'Other fracture' rather than hip fracture?**
- A. Hip fracture**
 - B. Subcapital fx**
 - C. Femoral neck fracture**
 - D. Wrist fracture**
- 9. Which item records how services are financed in the assessment?**
- A. Current Payment Sources**
 - B. Reason for Assessment**
 - C. Residential/Living Status**
 - D. Assessment Reference Date**
- 10. Which of the following is NOT listed as a Residential/Living Status at Time of Assessment?**
- A. Private home/apartment/rented room**
 - B. Hotel or motel**
 - C. Assisted living or semi-independent living**
 - D. Homeless (with or without shelter)**

Answers

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

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Explanations

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1. Which coding indicates an acute change in mental status from a person's usual functioning?

- A. No
- B. Not sure
- C. Yes**
- D. Unknown

The key idea is recognizing when mental status has changed acutely from what the person usually functions like. Saying Yes signals that there is a new or recent shift in cognition or awareness beyond the person's baseline. This matters because an acute change can indicate conditions like delirium, infections, medication effects, pain, or other urgent factors that need prompt assessment and intervention. If there is no acute change from the usual functioning, the appropriate coding would be No, showing stability in mental status relative to baseline. If you don't have enough information to determine whether a change has occurred, then Unknown or Not sure would be used, depending on the guidance you're following, to indicate missing or unclear data.

2. In the prior pressure ulcer item, which option indicates a history of pressure ulcers?

- A. No
- B. Yes**
- C. Not sure
- D. Not applicable

The key idea is capturing past events. Saying Yes indicates there has been a prior pressure ulcer, which is important for risk assessment and planning preventive care. A prior history signals a higher likelihood of recurrence, so the care team would emphasize monitoring the skin closely, implementing pressure-relief strategies, and addressing contributing factors like nutrition and mobility. In contrast, No means no known history of ulcers, Not sure shows uncertainty that should be clarified, and Not applicable means the question doesn't apply to this person.

3. In this nutritional assessment, height is recorded in which unit?

- A. Inches**
- B. Centimeters
- C. Meters
- D. Feet

Height is recorded in inches because this nutritional assessment uses imperial units common in many US clinical forms. Recording height in inches gives a precise, single numeric value that easily feeds into BMI calculations when weight is in pounds ($BMI = \text{weight in pounds} \times 703 \div (\text{height in inches})^2$). In other settings, metric units like centimeters or meters might be used, but this form expects inches for height.

4. Which visit counts as an emergency room visit (not including an overnight stay)?

- A. Inpatient admission**
- B. Day surgery**
- C. Physician visit**
- D. Emergency room visit**

When classifying encounters, you need to distinguish by setting and whether there's an overnight stay. An emergency room visit is the encounter where a patient goes to the emergency department for urgent evaluation and treatment and does not stay in the hospital overnight. If the patient ends up staying overnight, that would be considered an inpatient admission, not an ER visit. Day surgery is a same-day procedure with discharge, not an ER encounter, and a physician visit is a routine outpatient appointment outside the emergency department. So the visit that fits the description is the emergency room visit.

5. In the alcohol use coding, which option corresponds to '5 or more' drinks in a single sitting?

- A. None**
- B. 1**
- C. 2-4**
- D. 5 or more**

In alcohol use coding, responses are grouped into ordered categories that reflect how many drinks are consumed in one sitting. The phrase "5 or more" directly identifies the high-quantity category, capturing five or more drinks in a single sitting. Other options describe zero drinks, exactly one drink, or two to four drinks, which do not match the specified amount. So this option is the correct match because it precisely corresponds to the described level of consumption.

6. If a person with severe cognitive impairment tracks moving objects, how should you score vision?

- A. Adequate — The person seems to see fine detail.
- B. Severe difficulty — If the person appears to track moving objects, score as severe.**
- C. Minimal difficulty — The person sees large print but not regular print.
- D. No vision — The person has no vision.

When evaluating vision in someone with severe cognitive impairment, ability to track moving objects signals that there is some visual perception left, but it is very limited. The scoring guideline assigns severe difficulty in this situation because motion tracking shows only rudimentary vision and does not indicate adequate detail or acuity. In other words, the person can follow movement to some extent, but overall vision is still profoundly compromised. This is why the option describing adequate vision is not appropriate—seeing fine detail isn't demonstrated by tracking a moving object. The choice suggesting minimal difficulty isn't fitting either, since the observed behavior points to substantial, not just minor, restriction. And no vision would apply only if there were no visual perception at all, which isn't the case when movement tracking is observed.

7. Helper 1 is defined as which?

- A. Paid service provider
- B. Secondary informal helper
- C. Legal guardian
- D. Primary informal helper**

Helper 1 refers to the person who provides the most informal support to the client, typically a family member or friend who helps with daily tasks and coordination without pay. This makes them the primary informal helper—the main caregiver in the informal network. A paid service provider is a formal helper, not informal. A legal guardian handles decision-making rather than day-to-day caregiving. A secondary informal helper is someone who assists as well but isn't the main caregiver. So Helper 1 is the primary informal helper.

8. Which fracture would be coded as 'Other fracture' rather than hip fracture?

- A. Hip fracture
- B. Subcapital fx
- C. Femoral neck fracture
- D. Wrist fracture**

In fracture coding, the site of the fracture determines its category. The hip fracture group covers fractures of the proximal femur near the hip joint, including specific types like femoral neck fractures and subcapital fractures; these are still considered hip fractures because they occur in the same anatomical region. A wrist fracture, on the other hand, involves the distal forearm or carpal bones and is outside the hip area, so it falls into the Other fracture category. So a wrist fracture would be coded as Other fracture, while hip, subcapital, and femoral neck fractures stay under hip fracture.

9. Which item records how services are financed in the assessment?

A. Current Payment Sources

B. Reason for Assessment

C. Residential/Living Status

D. Assessment Reference Date

The item that records how services are financed is Current Payment Sources. This field captures who pays for the person's services—such as public programs, private insurance, or out-of-pocket costs—and is used to understand funding streams, determine eligibility for funding or reimbursement, and inform care planning and service coordination. The other items serve different purposes: Reason for Assessment explains why the assessment is being done; Residential/Living Status notes where the person lives; and Assessment Reference Date records when the assessment was completed.

10. Which of the following is NOT listed as a Residential/Living Status at Time of Assessment?

A. Private home/apartment/rented room

B. Hotel or motel

C. Assisted living or semi-independent living

D. Homeless (with or without shelter)

Residential/Living Status at Time of Assessment is about where a person primarily resides at the moment of assessment. The standard categories cover living in a private home, apartment, or rented room; living in an assisted living or semi-independent living setting; or being homeless (with or without shelter). A hotel or motel isn't listed as one of these categories because it represents temporary lodging rather than a typical, long-term living arrangement. If someone's situation involves a hotel, the assessor would determine the appropriate broader category based on context, but hotel/motel isn't a separate listed status.

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://interraihcasmt.examzify.com>

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

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