

Jean Inman Registered Dietitian (RD) Domain 2 Practice Exam (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. If a diabetic patient reduces calorie intake from 2300 to 1800 kcals/day, how much weight will he likely lose in one month?**
 - A. 2 lbs**
 - B. 4 lbs**
 - C. 6 lbs**
 - D. 8 lbs**
- 2. A patient who had an ileal resection experiences diarrhea during tube feeding. What could be the cause?**
 - A. Use of an isotonic formula**
 - B. Use of a hypertonic formula**
 - C. Inadequate fluid intake**
 - D. Excessive protein in the diet**
- 3. In hepatic disease, what is the most often recommended fat intake?**
 - A. 25 - 40% of calories**
 - B. 10 - 20% of calories**
 - C. 40 - 50% of calories**
 - D. 15 - 30% of calories**
- 4. Why may a patient with ascites experience dehydration?**
 - A. Fluid has moved to interstitial space**
 - B. Increased renal function**
 - C. Excessive thirst sensation**
 - D. Over-hydration during treatment**
- 5. A newly diagnosed diabetic patient requires 2200 kcal, with 50% from carbohydrates. How many carbohydrate choices can the patient have at each meal if they have 3 snacks with 2 carbohydrate choices each?**
 - A. 2**
 - B. 4**
 - C. 6**
 - D. 8**

6. What is an important factor to consider when providing nutrition counseling to elderly patients?

- A. Increased energy needs**
- B. Changes in taste and smell**
- C. Higher protein requirements**
- D. Increased carbohydrate intake**

7. What is a common side effect of antidepressants?

- A. Excess weight gain**
- B. Increased energy levels**
- C. Improved sleep patterns**
- D. Decreased appetite**

8. Which bacterium is known to cause gastric ulcers?

- A. Escherichia coli**
- B. Salmonella typhi**
- C. Helicobacter pylori**
- D. Staphylococcus aureus**

9. Which component is considered when calculating total kcals in a parenteral nutrition formula?

- A. Only carbohydrates**
- B. Carbohydrates, proteins, and lipids**
- C. Only proteins and lipids**
- D. Vitamins and minerals**

10. What is the potential impact of carbohydrates on blood sugar levels in individuals with reactive hypoglycemia?

- A. Stabilize blood sugar levels**
- B. Cause spikes and drops in blood sugar**
- C. Promote weight gain**
- D. Enhance energy levels**

Answers

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

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Explanations

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1. If a diabetic patient reduces calorie intake from 2300 to 1800 kcals/day, how much weight will he likely lose in one month?

- A. 2 lbs**
- B. 4 lbs**
- C. 6 lbs**
- D. 8 lbs**

To determine how much weight a diabetic patient might lose by reducing calorie intake from 2300 to 1800 calories per day, it's essential to understand the concept of caloric deficit and its relationship to weight loss. When a person consumes fewer calories than their body requires for maintenance, they create a caloric deficit. A common estimate is that a deficit of approximately 3500 calories results in a weight loss of about 1 pound. In this scenario, the patient reduces calorie intake by 500 calories per day (from 2300 to 1800). To calculate the monthly weight loss from this daily deficit, you can multiply the daily deficit by the number of days in the month: $500 \text{ calories/day} \times 30 \text{ days} = 15,000 \text{ calories/month}$. Now, by dividing the total caloric deficit by the estimated calories per pound of fat: $15,000 \text{ calories/month} \div 3500 \text{ calories/pound} = 4.29 \text{ pounds}$. This calculation indicates that the patient could lose approximately 4 pounds in a month. Rounding this number aligns the closest with the answer choice of 4 lbs, confirming that this choice is the most accurate reflection of the expected weight loss from the described caloric reduction. Understanding this principle of

2. A patient who had an ileal resection experiences diarrhea during tube feeding. What could be the cause?

- A. Use of an isotonic formula**
- B. Use of a hypertonic formula**
- C. Inadequate fluid intake**
- D. Excessive protein in the diet**

When a patient experiences diarrhea during tube feeding following an ileal resection, one possible cause is the use of a hypertonic formula. Following an ileal resection, the patient's ability to absorb fluids and electrolytes may be compromised, and the ileum plays a significant role in nutrient absorption. Hypertonic formulas can lead to an osmotic imbalance in the gut, resulting in diarrhea as the intestines attempt to dilute the excess solute concentration. In contrast, isotonic formulas are designed to closely match the osmolarity of blood, which typically helps to minimize gastrointestinal distress in patients. Inadequate fluid intake could lead to dehydration or other complications, but it is less likely to be the direct cause of diarrhea compared to the osmotic effects of a hypertonic formula. While excessive protein in the diet can sometimes lead to gastrointestinal discomfort, it is typically not as directly associated with diarrhea in the context of a hypertonic feeding formula. Thus, the specific mechanism by which hypertonic formulas can cause increased water secretion in the intestines makes this option the most plausible cause of the patient's diarrhea.

3. In hepatic disease, what is the most often recommended fat intake?

- A. 25 - 40% of calories**
- B. 10 - 20% of calories**
- C. 40 - 50% of calories**
- D. 15 - 30% of calories**

In the context of hepatic disease, fat intake recommendations aim to manage the overall disease process while ensuring adequate nutrition. Typically, a fat intake of 25 - 40% of total calories is often suggested for individuals with liver conditions. This range helps to provide essential fatty acids and supports energy needs without overburdening the liver, particularly given the liver's important role in lipid metabolism. This guideline takes into account the need to avoid excessive fat which can worsen the disease or lead to complications, while still allowing enough fat to support overall health and nutrient absorption. This is significant in hepatic disease management, as insufficient fat can lead to deficiencies in fat-soluble vitamins and essential fatty acids. Lower fat recommendations, such as 10 - 20% or 15 - 30%, may not provide adequate energy or essential nutrients required for recovery and maintaining metabolic functions. On the other hand, a higher fat intake of 40 - 50% could potentially exacerbate liver issues, particularly in conditions like fatty liver disease, where lipid metabolism is already impaired. Therefore, the recommendation of 25 - 40% of calories from fat strikes an appropriate balance to support individuals with hepatic disease effectively.

4. Why may a patient with ascites experience dehydration?

- A. Fluid has moved to interstitial space**
- B. Increased renal function**
- C. Excessive thirst sensation**
- D. Over-hydration during treatment**

A patient with ascites may experience dehydration due to the movement of fluid into the interstitial space. Ascites is the accumulation of fluid in the abdominal cavity, often resulting from liver conditions such as cirrhosis, heart failure, or malignancies. This fluid accumulation can lead to a decrease in the effective blood volume, causing the body to perceive itself as being in a state of low fluid availability. When fluid leaks into the interstitial space, it no longer contributes to blood circulation or is readily available for the body's metabolic needs, which can lead to symptoms associated with dehydration, such as decreased urine output and increased thirst. Essentially, even though there is fluid present in the abdominal cavity, the body may not have sufficient fluid in the circulatory system to maintain proper hydration levels, leading to dehydration symptoms in the patient. Other options do not adequately explain the mechanism behind dehydration in patients with ascites. Increased renal function would typically not lead to dehydration; instead, it may have the opposite effect. Excessive thirst sensation could be a symptom rather than a direct cause of dehydration, and over-hydration during treatment may not directly relate to dehydration in the context of ascites. Thus, the movement of fluid to the interstitial space is the

5. A newly diagnosed diabetic patient requires 2200 kcal, with 50% from carbohydrates. How many carbohydrate choices can the patient have at each meal if they have 3 snacks with 2 carbohydrate choices each?

- A. 2
- B. 4**
- C. 6
- D. 8

To determine how many carbohydrate choices the patient can have at each meal, it's essential to start by calculating the total carbohydrate intake allowed for the day. Since the patient's diet requires 2200 kcal with 50% coming from carbohydrates, we can calculate the caloric intake from carbohydrates: 1. Calculate 50% of 2200 kcal: $2200 \times 0.50 = 1100$ kcal 2. Since carbohydrates provide 4 kcal per gram, we can convert the caloric intake from carbohydrates to grams: $\frac{1100 \text{ kcal}}{4 \text{ kcal/g}} = 275 \text{ grams of carbohydrates}$ 3. In terms of carbohydrate choices, it is commonly understood that one carbohydrate choice typically equals 15 grams of carbohydrates. Therefore, to find the total number of carbohydrate choices, we divide the total grams of carbohydrates by the number of grams per choice: $\frac{275 \text{ grams}}{15 \text{ grams/choice}} \approx 18.33$.

6. What is an important factor to consider when providing nutrition counseling to elderly patients?

- A. Increased energy needs
- B. Changes in taste and smell**
- C. Higher protein requirements
- D. Increased carbohydrate intake

When providing nutrition counseling to elderly patients, understanding the changes in taste and smell is crucial. As individuals age, they often experience a decline in their sensory perceptions, which can significantly affect their appetite and food choices. This decline may lead to decreased enjoyment of meals and result in reduced food intake, potentially impacting nutritional status. Recognizing and addressing these changes is vital for dietitians to help elderly patients maintain adequate nutrition and a balanced diet. Incorporating strategies to enhance flavors or suggest alternative seasonings can help make meals more appealing to this demographic. For example, using herbs, spices, or umami-enhancing foods can help adjust for the diminished sensitivity to certain tastes, encouraging better food consumption. Being sensitive to these changes ensures that nutritional counseling is effective and supportive of the elderly individual's overall health.

7. What is a common side effect of antidepressants?

- A. Excess weight gain**
- B. Increased energy levels**
- C. Improved sleep patterns**
- D. Decreased appetite**

Antidepressants can commonly lead to weight gain, which is a notable side effect that many individuals experience while on these medications. The mechanism behind this can vary; some antidepressants may alter metabolism, increase appetite, or change how the body processes food. The impact on weight gain can be significant enough that it becomes a concern for patients and healthcare providers, as it might affect the overall treatment outcome and patient adherence to the medication. Other options, such as increased energy levels and improved sleep patterns, may sometimes occur but are not typically seen universally across all types of antidepressants. In fact, some patients may experience sedation or fatigue instead. Decreased appetite can occur with certain antidepressants, but generally, weight gain is more commonly reported. This highlights the complex interplay between mental health treatment and physical well-being, where managing side effects like weight gain is essential in providing comprehensive care.

8. Which bacterium is known to cause gastric ulcers?

- A. Escherichia coli**
- B. Salmonella typhi**
- C. *Helicobacter pylori***
- D. *Staphylococcus aureus***

Helicobacter pylori is the bacterium identified as a primary cause of gastric ulcers. This spiral-shaped, gram-negative bacteria colonizes the stomach lining, leading to inflammation and damage to the gastric mucosa. The presence of *H. pylori* is often linked to a variety of gastrointestinal disorders, including peptic ulcers and chronic gastritis. The mechanism involves the bacteria's ability to survive in the acidic environment of the stomach, where it disrupts the protective mucous layer, allowing stomach acid to cause damage to the underlying tissue. In clinical practice, diagnosing *H. pylori* infection is critical for effective treatment of gastric ulcers, as eradicating the bacteria through antibiotic therapy can promote healing and prevent recurrence of ulcers. Understanding the role of *H. pylori* in gastrointestinal health is essential for dietitians and healthcare professionals when addressing ulcer-related symptoms and guiding treatment strategies.

9. Which component is considered when calculating total kcals in a parenteral nutrition formula?

- A. Only carbohydrates**
- B. Carbohydrates, proteins, and lipids**
- C. Only proteins and lipids**
- D. Vitamins and minerals**

When calculating total calories in a parenteral nutrition formula, it is essential to consider carbohydrates, proteins, and lipids. Each of these macronutrients contributes a specific amount of calories: carbohydrates provide 4 kcal per gram, proteins also provide 4 kcal per gram, and lipids contribute 9 kcal per gram. This comprehensive approach ensures that the nutritional needs of the patient are met efficiently and effectively, allowing for an accurate assessment of the total caloric intake. Vitamins and minerals, while crucial for various biochemical functions in the body, do not provide caloric value and thus are not included in the calorie calculation. The focus on macronutrients reflects the primary energy sources that support the body's metabolic processes during parenteral nutrition. By incorporating all three macronutrient components into the calculation, practitioners can optimize the formulation to meet individual energy requirements and promote overall health and recovery.

10. What is the potential impact of carbohydrates on blood sugar levels in individuals with reactive hypoglycemia?

- A. Stabilize blood sugar levels**
- B. Cause spikes and drops in blood sugar**
- C. Promote weight gain**
- D. Enhance energy levels**

In individuals with reactive hypoglycemia, the consumption of carbohydrates can lead to significant spikes and subsequent drops in blood sugar levels. Reactive hypoglycemia occurs when there is an exaggerated insulin response after ingesting carbohydrates, particularly simple sugars. Initially, when carbohydrates are consumed, they are rapidly digested and absorbed, leading to a swift increase in blood glucose levels. This prompts the pancreas to release insulin to manage the high blood sugar. However, in people with reactive hypoglycemia, the insulin response can be excessive, driving blood sugar levels down too quickly. This rapid fall in blood sugar can lead to symptoms like dizziness, confusion, irritability, and fatigue, as the body reacts to the low glucose availability. This pattern of rising and falling blood sugar is particularly concerning for individuals with reactive hypoglycemia, as it can create a cycle of eating and subsequent hypoglycemic episodes. In contrast, while stabilizing blood sugar levels, promoting weight gain, and enhancing energy levels are considerations in general nutrition, they do not accurately capture the specific concern for individuals with reactive hypoglycemia in response to carbohydrate intake. Therefore, the understanding of how carbohydrates can lead to fluctuations in blood sugar is critical for managing this condition effectively.

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://jeaninmanrddomain2.examzify.com>

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

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