

NATIONAL TUBERCULOSIS CONTROL PROGRAM PRACTICE TEST (SAMPLE) STUDY GUIDE



SAMPLE STUDY GUIDE WITH LIMITED QUESTIONS

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THE FULL VERSION STUDY GUIDE**

<https://natltuberculosiscontprog.examzify.com>



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Table of Contents

Copyright	1
Table of Contents	2
Introduction	3
How to Use This Guide	4
Questions	5
Answers	8
Explanations	10
Next Steps	16

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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 physical impairment due to TB treatment should be considered for rehabilitation?**
 - A. Hyperpigmentation
 - B. Macular rashes
 - C. Gynecomastia
 - D. Hearing loss
- 2. In evaluating female cases of childbearing age for tuberculosis, what assessment is necessary?**
 - A. Getting information on last menstrual period
 - B. Doing a pregnancy test
 - C. Both assessments
 - D. None of the above
- 3. Which of the following is NOT a presumptive sign of Pulmonary TB in children?**
 - A. Coughing/wheezing of 2 weeks or more
 - B. None of the choices
 - C. Unexplained weight loss after nutrition therapy
 - D. Unexplained fever of 2 weeks or more
- 4. Who can be a treatment partner for TB patients?**
 - A. Healthcare worker
 - B. Lay volunteer
 - C. Family member
 - D. All of the above
- 5. What should healthcare providers monitor closely for patients on DR-TB treatment?**
 - A. Weight changes
 - B. Electrolyte levels
 - C. Vision changes
 - D. All of the above

- 6. What is the best action for a patient under SLOR FQ - S with specific LPA results?**
- A. Shift to SLOR FQ - R and restart dose counting
 - B. Review initial regimen and revise if needed
 - C. Continue with SLOR FQ - S
 - D. Shift to SLOR FQ - R and continue dose counting
- 7. Upon diagnosing a patient with pulmonary tuberculosis and HIV, what is the recommended approach to treatment?**
- A. Start anti-TB treatment and await 8 weeks prior to ART
 - B. If CD4 count is less than 50 cells per cubic mL, ART should be started within 2 weeks
 - C. The patient should receive co-trimoxazole as prophylaxis for other infections
 - D. All of the above
- 8. Based on national policy, which of the following is considered a reportable adverse event?**
- A. Mild nausea relieved by taking medication with a light meal
 - B. AST/ALT >4 times the Upper Limit of Normal with clinical manifestations
 - C. Mild joint pain relieved by taking paracetamol
 - D. Mild nausea and vomiting
- 9. Which statement is true regarding adverse events in TB treatment?**
- A. Only SAEs need to be reported
 - B. All AEs should be reported to national authorities
 - C. Only AEs of special interest require documentation
 - D. All adverse events should be documented but only serious ones reported
- 10. In the context of TB treatment, what is the primary purpose of Directly Observed Treatment (DOT)?**
- A. To ensure patients adhere to their medication regimen
 - B. To monitor adverse drug reactions
 - C. To reduce healthcare costs
 - D. To increase hospital admissions

Answers

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

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Explanations

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1. Which physical impairment due to TB treatment should be considered for rehabilitation?

- A. Hyperpigmentation
- B. Macular rashes
- C. Gynecomastia

D. Hearing loss

Hearing loss is a significant physical impairment that can occur as a side effect of certain tuberculosis treatments, particularly those involving ototoxic medications such as aminoglycosides. This particular type of medication can damage the auditory system, leading to a decline in hearing abilities, and it is crucial to consider rehabilitation for this impairment. Rehabilitation for hearing loss involves assessment and management strategies to help the individual improve their quality of life, such as hearing aids, auditory training, and other supportive measures. Addressing hearing loss is essential not only for effective communication but also for the overall well-being and psychological health of the patient, thereby facilitating better social integration and reducing the impact of the impairment on daily activities. Other options, like hyperpigmentation and macular rashes, while they can be discomforting or affect a person's self-image, do not typically require rehabilitation. Gynecomastia can be a distressing side effect but is often managed through medication adjustment, and rehabilitation needs are not as crucial as they are for hearing loss. Thus, hearing loss stands out as a critical impairment that warrants focused rehabilitation efforts in the context of TB treatment.

2. In evaluating female cases of childbearing age for tuberculosis, what assessment is necessary?

- A. Getting information on last menstrual period
- B. Doing a pregnancy test

C. Both assessments

- D. None of the above

In evaluating female cases of childbearing age for tuberculosis, it is essential to conduct both assessments because they provide crucial information regarding the patient's reproductive health and potential pregnancy status. Understanding the last menstrual period is important as it helps assess if the menstrual cycle is regular or if there have been any changes, which could indicate pregnancy or other reproductive health issues. Additionally, performing a pregnancy test is critical when considering diagnostic and treatment options for tuberculosis, as certain medications for TB can have implications for fetal health. Therefore, both assessments together ensure a comprehensive evaluation of the patient's health and inform appropriate medical decisions, particularly in managing tuberculosis in women of childbearing age.

3. Which of the following is NOT a presumptive sign of Pulmonary TB in children?

- A. Coughing/wheezing of 2 weeks or more
- B. None of the choices**
- C. Unexplained weight loss after nutrition therapy
- D. Unexplained fever of 2 weeks or more

In the context of identifying presumptive signs of pulmonary tuberculosis (TB) in children, the presence of "none of the choices" indicates that all the other listed options are indeed considered presumptive signs of the disease. Coughing or wheezing lasting two weeks or more is a strong indication of pulmonary issues, including tuberculosis. Given that children cannot always express their symptoms as well as adults, a persistent cough or wheeze in a child should prompt further investigation for possible TB. Unexplained weight loss after nutritional therapy is another critical indicator. If children are not responding to nutritional interventions and continue to lose weight, it may suggest an underlying condition, such as TB, affecting their health. Finally, an unexplained fever lasting two weeks or longer is another significant sign. Prolonged fever without an identifiable cause can be indicative of infectious diseases, including TB, particularly in children where their immune response may manifest differently. Since all of these signs—coughing, weight loss, and fever—are consistent with potential tuberculosis manifestations, the correct understanding is encapsulated in the option stating that none of these choices are non-presumptive signs of pulmonary TB in children. Thus, "none of the choices" is the appropriate answer, conveying that each

4. Who can be a treatment partner for TB patients?

- A. Healthcare worker
- B. Lay volunteer
- C. Family member
- D. All of the above**

A treatment partner for tuberculosis (TB) patients can be anyone who can help support the patient in adhering to their treatment regimen. This includes healthcare workers, who play a crucial role in providing medical guidance and monitoring the patient's progress. Lay volunteers are community members trained to assist in the treatment process and often provide valuable support and encouragement. Family members can also serve as treatment partners, offering emotional support and facilitating the administration of medication. Having a diverse range of potential treatment partners is vital since it ensures that patients receive assistance tailored to their unique situations, and it enhances adherence to treatment. This multifaceted approach allows for a robust support system, which can significantly improve treatment outcomes and reduce the risk of complications associated with TB. Hence, the correct answer encompasses all these roles, affirming the importance of a comprehensive network of support in the fight against tuberculosis.

5. What should healthcare providers monitor closely for patients on DR-TB treatment?

- A. Weight changes
- B. Electrolyte levels
- C. Vision changes
- D. All of the above**

Patients undergoing treatment for drug-resistant tuberculosis (DR-TB) require careful and comprehensive monitoring due to the potential side effects of the medications used in their treatment regimen. Each aspect listed—weight changes, electrolyte levels, and vision changes—plays a critical role in ensuring the patient's safety and treatment efficacy. Monitoring weight changes is important because some DR-TB treatments can cause gastrointestinal side effects that may lead to weight loss or malnutrition. Maintaining a stable weight is crucial for the overall health of the patient and their ability to tolerate the treatment regimen. Electrolyte levels are also closely monitored because some medications used in DR-TB treatment can disrupt the balance of essential electrolytes in the body. Imbalances can lead to serious complications such as cardiac issues or kidney dysfunction, necessitating regular assessment of electrolyte levels. Vision changes must be monitored because certain antitubercular drugs can have ocular side effects. It's essential to detect any vision alterations early to avoid permanent damage to the patient's eyesight. Given the complexity and potential severity of side effects from DR-TB treatments, monitoring all three factors is vital to providing safe and effective care. Hence, the answer highlighting the importance of monitoring weight changes, electrolyte levels, and vision changes collectively is accurate and reflects the comprehensive approach

6. What is the best action for a patient under SLOR FQ - S with specific LPA results?

- A. Shift to SLOR FQ - R and restart dose counting**
- B. Review initial regimen and revise if needed
- C. Continue with SLOR FQ - S
- D. Shift to SLOR FQ - R and continue dose counting

The best action for a patient identified as SLOR FQ - S (susceptible to fluoroquinolones) with specific line probe assay (LPA) results is to shift to SLOR FQ - R (resistant to fluoroquinolones) and restart dose counting. This approach is crucial when LPA results indicate a change in susceptibility or resistance patterns in the patient's Mycobacterium tuberculosis strain. Shifting to SLOR FQ - R suggests that there is a need to modify the treatment to address potential resistance issues that were discovered through the LPA testing. Restarting dose counting ensures that the treatment regimen is effectively managed and adheres to standard protocols for monitoring medication effectiveness from the beginning. This approach emphasizes the importance of responding dynamically to laboratory results, which can significantly impact treatment outcomes and help prevent further resistance development. The success of tuberculosis treatment often hinges on the timely adjustment of therapy based on genetic and phenotypic resistance information. Staying on the current regimen when there is evidence of resistance can lead to treatment failure and further complications. Therefore, the decision reflects a proactive stance on managing the patient's care effectively.

7. Upon diagnosing a patient with pulmonary tuberculosis and HIV, what is the recommended approach to treatment?

- A. Start anti-TB treatment and await 8 weeks prior to ART
- B. If CD4 count is less than 50 cells per cubic mL, ART should be started within 2 weeks
- C. The patient should receive co-trimoxazole as prophylaxis for other infections
- D. All of the above**

The recommended approach to treating a patient with pulmonary tuberculosis (TB) and HIV involves multiple aspects of care due to the complexities of co-infection. Starting anti-TB treatment is crucial; however, with the presence of HIV, careful attention to the timing of antiretroviral therapy (ART) is also necessary. In cases where a patient's CD4 count is critically low, particularly below 50 cells per cubic mL, initiating ART within 2 weeks is advised to help reduce the risk of opportunistic infections and improve overall immune function. This timing is significant because the patient is at a higher risk for severe complications related to immunosuppression. Additionally, providing co-trimoxazole prophylaxis is recommended for all patients with HIV who have a CD4 count below 350 cells per cubic mL, or specifically below 200 cells per cubic mL in some guidelines, to prevent other infections such as Pneumocystis pneumonia. Therefore, the recommended approach encompasses starting anti-TB treatment, considering the urgent initiation of ART based on the patient's CD4 count, and administering prophylaxis to prevent further infections. This comprehensive strategy ensures the patient's immediate TB needs are met while also addressing the long-term management of HIV and reducing the risk of

8. Based on national policy, which of the following is considered a reportable adverse event?

- A. Mild nausea relieved by taking medication with a light meal
- B. AST/ALT >4 times the Upper Limit of Normal with clinical manifestations**
- C. Mild joint pain relieved by taking paracetamol
- D. Mild nausea and vomiting

The identification of reportable adverse events is crucial in the context of public health and drug safety. An adverse event becomes reportable when it presents significant clinical implications and requires monitoring or intervention due to its potential severity. In this case, an increase in liver enzymes, specifically aspartate aminotransferase (AST) and alanine aminotransferase (ALT) levels greater than 4 times the upper limit of normal accompanied by clinical manifestations indicates a serious condition. Such findings can signal liver toxicity or damage, which is critical to note in a national tuberculosis control program due to the medications often used for treatment. Reporting this adverse event allows for the necessary assessment and management, ensuring patient safety and guiding future therapeutic decisions. Other scenarios described, such as mild nausea or joint pain that are easily managed and do not involve significant risk or concern, typically do not warrant reporting under national policies. These milder symptoms are common and would not likely lead to serious health consequences, reflecting less urgency in clinical monitoring. Thus, the severity and clinical implications of elevated liver enzymes, combined with symptoms, make this option distinctly significant in the context of reportable adverse events.

9. Which statement is true regarding adverse events in TB treatment?

- A. Only SAEs need to be reported
- B. All AEs should be reported to national authorities**
- C. Only AEs of special interest require documentation
- D. All adverse events should be documented but only serious ones reported

The statement that all adverse events (AEs) should be reported to national authorities is accurate because it highlights the importance of comprehensive monitoring and data collection in tuberculosis (TB) treatment. Reporting all AEs allows public health officials to gather essential information about the safety and effectiveness of TB medications across diverse populations. This data can be invaluable for identifying trends, assessing the overall impact of the treatment protocols, and making necessary adjustments to improve patient safety and outcomes. Monitoring AEs goes beyond just serious adverse events (SAEs); even less severe AEs can provide critical insights into drug tolerance and patient management strategies. By compiling data on all AEs, health authorities can enhance their understanding of the side effects associated with TB treatments and refine guidelines to better mitigate these risks during TB control programs.

10. In the context of TB treatment, what is the primary purpose of Directly Observed Treatment (DOT)?

- A. To ensure patients adhere to their medication regimen**
- B. To monitor adverse drug reactions
- C. To reduce healthcare costs
- D. To increase hospital admissions

The primary purpose of Directly Observed Treatment (DOT) in the context of TB treatment is to ensure that patients adhere to their medication regimen. Adherence is critical in tuberculosis management because proper and consistent intake of the prescribed medications is necessary to effectively kill the bacteria responsible for TB and to prevent the development of drug-resistant strains of the disease. When patients miss doses or fail to follow their treatment plan, it not only jeopardizes their health and recovery but also poses a public health risk, as it can lead to the spread of TB and the emergence of drug-resistant TB. DOT is designed to provide support to patients, ensuring that they take their medications as prescribed, usually under the supervision of a healthcare worker. This method has been shown to significantly improve treatment outcomes and is a cornerstone in TB control programs globally. Monitoring for adverse drug reactions is important, but it is secondary to the goal of ensuring adherence. Reducing healthcare costs is a potential benefit of effective treatment but is not the primary aim of DOT. Increasing hospital admissions does not align with the goal of managing TB effectively in the community, where outpatient care is preferred to reduce the disease's burden.

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:

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

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