

NCLEX NEUROLOGIC AND SENSORY SYSTEMS PRACTICE EXAM (SAMPLE)

STUDY GUIDE



SAMPLE STUDY GUIDE WITH LIMITED QUESTIONS

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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. What condition is characterized by a sudden loss of consciousness?**
 - A. A seizure or syncope
 - B. A headache
 - C. A migraine
 - D. A concussion
- 2. What type of headache is characterized by unilateral throbbing pain and nausea?**
 - A. A tension headache
 - B. A migraine headache
 - C. A cluster headache
 - D. A sinus headache
- 3. What are the three main types of strokes?**
 - A. Ischemic, transient ischemic attack (TIA), and cerebral hemorrhage
 - B. Ischemic, hemorrhagic, and transient ischemic attack (TIA)
 - C. Cardiac, hemorrhagic, and ischemic
 - D. Neurological, ischemic, and reversible cerebral vasoconstriction
- 4. Which of the following symptoms is commonly associated with left side brain damage?**
 - A. Issues with seeing on the right side
 - B. Unilateral neglect
 - C. Depression and anger
 - D. Agraphia
- 5. Which of the following is a characteristic of the cerebellum?**
 - A. It processes visual information
 - B. It regulates emotional responses
 - C. It coordinates voluntary movements
 - D. It controls sensory input

- 6. What is the main symptom of Bell's palsy?**
- A. Facial pain
 - B. Sudden weakness or paralysis on one side of the face
 - C. Difficulty swallowing
 - D. Tremors in the hands
- 7. What are two common causes of peripheral neuropathy?**
- A. Hypertension and hyperlipidemia
 - B. Diabetes mellitus and alcohol abuse
 - C. Obesity and smoking
 - D. Stroke and trauma
- 8. Which neurological condition may lead to significant lower extremity weakness?**
- A. Multiple sclerosis
 - B. Parkinson's disease
 - C. Alzheimer's disease
 - D. Epilepsy
- 9. What is the normal range for ICP readings?**
- A. 5 to 15 mmHg
 - B. 20 to 35 mmHg
 - C. 60 to 100 mmHg
 - D. 5 to 25 mmHg
- 10. What is the primary goal in the immediate treatment of a stroke patient?**
- A. Reduce swelling in the brain
 - B. Restore blood flow to the affected area of the brain
 - C. Manage blood pressure levels
 - D. Provide pain relief

Answers

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

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Explanations

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1. What condition is characterized by a sudden loss of consciousness?

A. A seizure or syncope

B. A headache

C. A migraine

D. A concussion

The condition characterized by a sudden loss of consciousness is indeed associated with seizure activity or syncope. Seizures can lead to a variety of manifestations, including altered awareness and loss of consciousness due to abnormal electrical activity in the brain. Syncope, on the other hand, is typically a transient loss of consciousness due to insufficient blood flow to the brain, often resulting from factors like dehydration, cardiovascular issues, or neurological conditions. In contrast, a headache, while it may accompany other symptoms, does not inherently involve a sudden loss of consciousness. Similarly, a migraine, which is a type of headache often accompanied by other symptoms like nausea or sensitivity to light, is also not characterized by a sudden loss of consciousness. A concussion, which results from traumatic brain injury, can lead to confusion or altered mental status, but it does not specifically denote a sudden loss of consciousness as the primary feature. Therefore, the primary association of an abrupt loss of consciousness aligns most accurately with seizure activity or syncope.

2. What type of headache is characterized by unilateral throbbing pain and nausea?

A. A tension headache

B. A migraine headache

C. A cluster headache

D. A sinus headache

The type of headache characterized by unilateral throbbing pain and nausea is a migraine headache. Migraines are known for their specific symptoms, including moderate to severe unilateral (one-sided) pain that often has a throbbing or pulsating quality. This pain can be accompanied by additional symptoms such as nausea, vomiting, and sensitivity to light and sound, which further distinguish them from other types of headaches. In contrast, tension headaches typically present as a dull, aching pain on both sides of the head and do not generally involve nausea. Cluster headaches are characterized by severe, unilateral pain that occurs in clusters or cycles, often accompanied by autonomic symptoms (like tearing or nasal congestion), but they usually do not include nausea as a primary symptom. Sinus headaches are typically associated with facial pain, sinus pressure, and a congested feeling, and they rarely present with the throbbing pain and nausea characteristic of migraines. This distinct symptomatology is what firmly categorizes migraines in this context.

3. What are the three main types of strokes?

- A. Ischemic, transient ischemic attack (TIA), and cerebral hemorrhage
- B. Ischemic, hemorrhagic, and transient ischemic attack (TIA)**
- C. Cardiac, hemorrhagic, and ischemic
- D. Neurological, ischemic, and reversible cerebral vasoconstriction

The three main types of strokes are categorized as ischemic, hemorrhagic, and transient ischemic attack (TIA). Ischemic strokes occur when a blood vessel supplying blood to the brain is obstructed, often due to a clot. This is the most common type of stroke, accounting for about 87% of all cases. Hemorrhagic strokes happen when a blood vessel in the brain ruptures, leading to bleeding within or around the brain, which can cause significant damage due to increased pressure and disrupted blood flow. Transient ischemic attacks (TIAs) are often referred to as "mini-strokes." They exhibit similar symptoms to strokes but usually result from temporary interruptions in blood flow to the brain and are considered warning signs for potential future strokes. TIAs do not cause permanent damage, unlike the other types of strokes. Identifying and understanding these types is crucial for prompt treatment and management, which can improve outcomes and reduce the risk of more serious conditions. In contrast, options that include "cardiac" and "neurological" refer to broader categories of medical conditions and do not specifically classify types of strokes. Therefore, they do not accurately represent the types of strokes that one typically learns about in a clinical context.

4. Which of the following symptoms is commonly associated with left side brain damage?

- A. Issues with seeing on the right side
- B. Unilateral neglect
- C. Depression and anger**
- D. Agraphia

Symptoms associated with left side brain damage are primarily linked to the functions typically localized in the left hemisphere, such as language, logical reasoning, and analytical skills. Among the options provided, agraphia is a significant symptom of left hemisphere damage and reflects the impairment in writing ability due to deficits in language processing. When a person experiences left side brain damage, it can lead to difficulty with expressive language, resulting in agraphia, which is characterized by the inability to write or difficulty in forming written words. This symptom directly correlates to the language processing functions of the left hemisphere of the brain. Unilateral neglect (often seen with right-sided brain damage) and visual field issues (e.g., homonymous hemianopia) primarily relate to right hemisphere functions and spatial awareness. Depression and anger, while they can be associated with brain injuries generally due to the psychological impact of such injuries, are not exclusive symptoms of left brain damage and do not highlight the specific cognitive deficits tied to language functions. Through recognizing these specific neurological manifestations, it is evident that agraphia best represents the consequences of left side brain damage.

5. Which of the following is a characteristic of the cerebellum?

- A. It processes visual information
- B. It regulates emotional responses
- C. It coordinates voluntary movements**
- D. It controls sensory input

The cerebellum is primarily responsible for the coordination of voluntary movements. Its role involves integrating sensory information to fine-tune motor activity, ensuring that movements are smooth, balanced, and precise. This function is crucial for activities such as walking, writing, and playing sports, where skillful control and timing of movements are necessary. The cerebellum also contributes to motor learning and adjusts movements based on feedback from the body's position and movements, allowing for improved performance over time. In contrast, processing visual information is mainly managed by the occipital lobe of the brain, which specializes in vision. Emotional responses are primarily regulated by structures within the limbic system, such as the amygdala and hippocampus, rather than the cerebellum. Lastly, the control of sensory input is a function of multiple brain regions that help interpret various sensory modalities, including the thalamus and sensory cortices, rather than being a key role of the cerebellum. Thus, coordinating voluntary movements is the defining characteristic of the cerebellum.

6. What is the main symptom of Bell's palsy?

- A. Facial pain
- B. Sudden weakness or paralysis on one side of the face**
- C. Difficulty swallowing
- D. Tremors in the hands

The main symptom of Bell's palsy is sudden weakness or paralysis on one side of the face. This condition is a form of facial nerve dysfunction and typically presents with rapid onset, often occurring overnight. The affected individual may experience a noticeable droop in the mouth or eyelid on one side, leading to asymmetry in facial expressions. This weakness can impact the ability to close the eye or smile adequately on the affected side. In contrast, while facial pain can accompany the condition, it is not nearly as defining as the paralysis itself. Difficulty swallowing is associated more with other neurological conditions rather than specifically with Bell's palsy. Tremors in the hands are also unrelated to this cranial nerve issue, as they usually pertain to other disorders, such as Parkinson's disease. Thus, the sudden weakness or paralysis is the hallmark symptom that distinguishes Bell's palsy from other conditions affecting the face.

7. What are two common causes of peripheral neuropathy?

- A. Hypertension and hyperlipidemia
- B. Diabetes mellitus and alcohol abuse**
- C. Obesity and smoking
- D. Stroke and trauma

Peripheral neuropathy is a condition characterized by damage to the peripheral nerves, which can manifest in various ways, including pain, numbness, and weakness, typically in the hands and feet. Among the common causes of peripheral neuropathy, diabetes mellitus and alcohol abuse are particularly significant. Diabetes mellitus is one of the leading causes of peripheral neuropathy due to chronic elevated blood glucose levels, which can lead to nerve damage over time. This condition, known as diabetic neuropathy, often develops gradually and can cause both sensory and motor symptoms. Poor blood sugar control can exacerbate nerve damage, making effective management of diabetes crucial in preventing neuropathy. Alcohol abuse also contributes to peripheral neuropathy, primarily through the effects of chronic alcohol consumption on nutrition and nerve health. Alcohol can lead to deficiencies in essential vitamins, particularly B vitamins, which are vital for nerve function and regeneration. Additionally, the toxic effects of alcohol on nerve tissue directly contribute to the development of neuropathic symptoms. In contrast, while hypertension, hyperlipidemia, obesity, smoking, stroke, and trauma can have various health implications, they are not leading causes of peripheral neuropathy. For instance, while diabetes and alcohol abuse specifically affect the peripheral nervous system, the other conditions listed do not directly

8. Which neurological condition may lead to significant lower extremity weakness?

- A. Multiple sclerosis**
- B. Parkinson's disease
- C. Alzheimer's disease
- D. Epilepsy

Multiple sclerosis (MS) is a neurological condition that significantly affects the central nervous system, leading to varied symptoms, including lower extremity weakness. The demyelination of nerve fibers in MS disrupts the transmission of nerve impulses, which can affect motor function. As the disease progresses, individuals may experience muscle weakness, spasticity, and difficulty with coordination and balance, particularly in the legs. The lower extremity weakness in MS can stem from both upper motor neuron lesions, resulting in spasticity, and from damage to peripheral nerves, which can lead to weakness. Patients may notice difficulty walking, which directly impacts their mobility and daily activities. Other conditions listed can lead to a range of symptoms, but they have different primary effects. For instance, Parkinson's disease primarily affects movement initiation and is characterized by tremors, stiffness, and postural instability. While it can result in lower extremity weakness indirectly, it is more associated with rigidity and bradykinesia than with significant muscle weakness. Alzheimer's disease primarily impacts cognition and memory and does not typically cause motor weakness, while epilepsy mainly involves seizure activity, which may have transient effects during the seizure but does not lead to chronic weakness in the lower extremities.

9. What is the normal range for ICP readings?

- A. 5 to 15 mmHg**
- B. 20 to 35 mmHg
- C. 60 to 100 mmHg
- D. 5 to 25 mmHg

The normal range for intracranial pressure (ICP) readings is typically considered to be from 5 to 15 mmHg. ICP is an important measurement in assessing neurological health, particularly in patients with conditions that may affect brain function or structure, such as traumatic brain injury, stroke, or brain tumors. Maintaining ICP within this normal range is crucial as elevated ICP can lead to reduced cerebral perfusion, brain herniation, and other life-threatening complications. Readings above this range could indicate increased intracranial hypertension, which requires immediate medical intervention. Similarly, values below the normal range may also reflect compromised intracranial conditions. Understanding the normal ICP range is vital for healthcare professionals in monitoring and managing patients with potential or known neurological impairments.

10. What is the primary goal in the immediate treatment of a stroke patient?

- A. Reduce swelling in the brain
- B. Restore blood flow to the affected area of the brain**
- C. Manage blood pressure levels
- D. Provide pain relief

The primary goal in the immediate treatment of a stroke patient is to restore blood flow to the affected area of the brain. This is crucial because strokes, particularly ischemic strokes, occur when blood flow to a part of the brain is blocked, leading to a lack of oxygen and nutrients that are vital for brain tissue survival. Timely restoration of blood flow can help minimize brain damage and improve outcomes. Reestablishing blood flow is typically achieved through interventions such as administering thrombolytic agents, which dissolve blood clots, or performing mechanical thrombectomy when appropriate. Rapid intervention is essential because the brain cells can begin to die within minutes of being deprived of blood supply, leading to irreversible damage and potentially long-term disabilities. The other possible goals, such as reducing swelling in the brain, managing blood pressure, or providing pain relief, are indeed important aspects of comprehensive stroke care. However, they are secondary to the immediate need to ensure that blood is flowing to the damaged area, as the preservation of brain tissue is paramount during the acute phase of a stroke.

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://nclexneurologicsensorysys.examzify.com>

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

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