

NURSING SCIENCES EXAMINATION AND ASSESSMENT QUESTIONNAIRE (EAQ) PRACTICE EXAM (SAMPLE)

STUDY GUIDE



SAMPLE STUDY GUIDE WITH LIMITED QUESTIONS

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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 statement about Gesell's theory of biophysical development indicates a need for further teaching by a student nurse?

- A. Proximodistal growth describes growth from head to extremities.
- B. Cephalocaudal growth refers to center-out growth.
- C. Growth timing varies according to individual development.
- D. Development stages are universal among all children.

2. What does "capillary refill time" assess?

- A. Blood pressure levels
- B. Peripheral circulation and tissue perfusion
- C. Heart rate variability
- D. Neurological function

3. In assessing fluid balance, what should be monitored?

- A. Environmental temperature and humidity
- B. Intake and output along with body weight changes
- C. Only food intake
- D. Physical activity levels

4. What is the purpose of a nursing diagnosis?

- A. To identify medication prescriptions
- B. To establish communication with other healthcare providers
- C. To identify patient needs and guide nursing care interventions
- D. To document hospital admissions

5. Why is it important to obtain a sexual history during assessment?

- A. To compare patients with each other
- B. To identify potential health risks and inform care plans
- C. To determine patients' social lives
- D. To provide a basis for research studies

- 6. During which period do children typically develop logical thinking, according to Piaget?**
- A. Sensorimotor period
 - B. Preoperational period
 - C. Concrete operations period
 - D. Formal operational period
- 7. What is the primary indicator of adequate hydration in a patient?**
- A. Well-hydrated skin and normal urine output
 - B. Frequent thirst and dark urine color
 - C. Presence of edema in limbs
 - D. Increased heart rate and blood pressure
- 8. What is the significance of the nursing diagnosis "ineffective airway clearance"?**
- A. It indicates that the patient cannot maintain a clear airway, which can lead to respiratory distress
 - B. It suggests fluid overload in the cardiovascular system
 - C. It points to potential musculoskeletal issues affecting mobility
 - D. It reflects inadequate nutrition and energy levels
- 9. Which position is most likely filled by a nurse in an intensive care setting for cancer clients?**
- A. Clinical nurse specialist
 - B. Nurse practitioner
 - C. Licensed practical nurse
 - D. Surgical nurse
- 10. What approach should a nurse use to effectively assist a client with morning sickness and irritability?**
- A. Threatening to limit food options.
 - B. Teaching relaxation and distraction techniques.
 - C. Ignoring complaints until seen by a physician.
 - D. Prescribing medication without consultation.

Answers

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

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Explanations

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1. Which statement about Gesell's theory of biophysical development indicates a need for further teaching by a student nurse?

- A. Proximodistal growth describes growth from head to extremities.**
- B. Cephalocaudal growth refers to center-out growth.
- C. Growth timing varies according to individual development.
- D. Development stages are universal among all children.

Proximodistal growth specifically refers to the pattern of development that occurs from the center of the body outward to the extremities, meaning that growth and control emerge from the core towards the limbs. This encompasses how motor skills develop, as infants learn to control their torso before they can control their arms and fingers. The statement about proximodistal growth incorrectly describes it as growth from head to extremities, which does not align with the correct definition. Understanding growth patterns is crucial in nursing and child development, as it provides insight into normal development milestones and can help identify any deviations that may suggest developmental issues. Clarifying such concepts ensures that nursing professionals can effectively support and educate families regarding child development.

2. What does "capillary refill time" assess?

- A. Blood pressure levels
- B. Peripheral circulation and tissue perfusion**
- C. Heart rate variability
- D. Neurological function

Capillary refill time is a critical assessment parameter that evaluates peripheral circulation and tissue perfusion. It measures how quickly blood reinfuses into the capillaries after capillary occlusion, typically tested by pressing on a fingertip or nail bed until it blanches and then measuring the time it takes for normal color to return once the pressure is released. A normal capillary refill time is generally considered to be less than 2 seconds and indicates that the patient has good blood flow to the extremities and adequate tissue perfusion. On the other hand, factors such as blood pressure levels, heart rate variability, or neurological function are assessed using different methodologies and do not directly reflect peripheral circulation or the adequacy of blood flow to tissue at the capillary level. Thus, the assessment of capillary refill time specifically focuses on the circulatory system's ability to supply blood to peripheral tissues efficiently.

3. In assessing fluid balance, what should be monitored?

- A. Environmental temperature and humidity
- B. Intake and output along with body weight changes**
- C. Only food intake
- D. Physical activity levels

Monitoring intake and output as well as body weight changes is essential in assessing fluid balance because it provides a comprehensive view of a patient's hydration status. The intake includes all liquids consumed, such as water, beverages, and intravenous fluids, while output encompasses fluids lost through urine, perspiration, respiration, and other bodily functions. By carefully tracking these factors, healthcare providers can determine whether a patient is experiencing fluid overload or dehydration. Body weight changes serve as a sensitive indicator of fluid retention or loss. For instance, a significant increase in weight may suggest fluid retention, often seen in conditions like heart failure, while a decrease could indicate fluid loss due to excessive urination or sweating. These measures together help in making informed clinical decisions regarding fluid management, necessary adjustments in treatment plans, and effective monitoring of patients' responses to therapy. The other aspects listed, while important in various contexts, do not directly contribute to assessing fluid balance in the same way. Environmental factors like temperature and humidity can influence fluid needs and losses but do not provide direct measurements of fluid status. Focusing solely on food intake ignores the other crucial aspects of hydration, and while physical activity levels can affect hydration needs, they do not directly measure fluid balance.

4. What is the purpose of a nursing diagnosis?

- A. To identify medication prescriptions
- B. To establish communication with other healthcare providers
- C. To identify patient needs and guide nursing care interventions**
- D. To document hospital admissions

The purpose of a nursing diagnosis is centered on identifying patient needs and guiding nursing care interventions. Nursing diagnoses are a key component of the nursing process, which involves assessing a patient's condition, formulating a diagnosis based on that assessment, planning care tailored to individual needs, implementing interventions, and evaluating outcomes. By identifying specific patient needs, nurses can develop targeted care plans that address physical, emotional, and psychosocial challenges, ultimately promoting better patient outcomes and ensuring that care is both comprehensive and effective. In contrast, while medication prescriptions and documentation of hospital admissions are important aspects of overall patient care, they do not represent the primary focus of nursing diagnoses. Additionally, establishing communication with other healthcare providers is essential in nursing practice, but it is a means to facilitate care rather than the fundamental purpose of a nursing diagnosis itself. Thus, the correct answer aligns closely with the role and function of nursing diagnoses in clinical practice.

5. Why is it important to obtain a sexual history during assessment?

- A. To compare patients with each other
- B. To identify potential health risks and inform care plans**
- C. To determine patients' social lives
- D. To provide a basis for research studies

Obtaining a sexual history during assessment is essential primarily because it aids in identifying potential health risks and informing individualized care plans. This process allows healthcare providers to gather vital information regarding sexual practices, history of sexually transmitted infections, contraceptive use, and other related factors that could impact a patient's overall health. Understanding a patient's sexual history can lead to the early detection of health issues, facilitate appropriate screenings for sexually transmitted infections, and promote discussions about safe sex practices. Additionally, this information can help tailor care plans that are specific to individual needs, ensuring that care is both relevant and effective. In contrast, while comparing patients or determining social lives may have some utility in certain contexts, they do not directly contribute to individualized patient care as effectively as understanding health risks does. Similarly, while research studies may benefit from aggregate data, the primary goal of a sexual history in clinical practice is to enhance patient safety and health outcomes through personalized intervention.

6. During which period do children typically develop logical thinking, according to Piaget?

- A. Sensorimotor period
- B. Preoperational period
- C. Concrete operations period**
- D. Formal operational period

Children typically develop logical thinking during the concrete operations period, which spans the ages of approximately 7 to 11 years. During this stage, children begin to think logically about concrete events and understand the concepts of conservation, classification, and seriation. Logical thinking at this age allows children to perform operations such as organizing objects according to certain characteristics and reversing actions in their minds. They begin to grasp cause-and-effect relationships and can apply logic to physical objects and real-world problems. This ability marks a significant advancement from the earlier preoperational period, where thinking is more intuitive and egocentric. This logical reasoning becomes more advanced in the following formal operational period, which typically begins around age 12, but it's within the concrete operations stage that the foundational aspects of logical thought are established when children engage with tangible, hands-on experiences.

7. What is the primary indicator of adequate hydration in a patient?

A. Well-hydrated skin and normal urine output

B. Frequent thirst and dark urine color

C. Presence of edema in limbs

D. Increased heart rate and blood pressure

The primary indicator of adequate hydration in a patient is well-hydrated skin and normal urine output. Well-hydrated skin appears elastic, moist, and has good turgor, which indicates that the body is maintaining sufficient fluid levels. Additionally, normal urine output signifies that the kidneys are functioning appropriately and effectively excreting waste products while maintaining the body's fluid balance. Typically, adequate hydration correlates with urine that is light in color and clear, indicating the body is well-hydrated. While thirst and urine color can suggest hydration status, they are not as definitive. A person can experience thirst and dark urine due to dehydration, but this does not directly reflect current hydration status. Similarly, the presence of edema in limbs is often a sign of overhydration or fluid imbalance rather than adequate hydration. Increased heart rate and blood pressure can be indicators of various conditions, including dehydration, but they are not exclusive indicators of hydration status; other factors can influence these vital signs. Therefore, assessing skin quality and urine output provides a more immediate and reliable reflection of hydration levels in a patient.

8. What is the significance of the nursing diagnosis "ineffective airway clearance"?

A. It indicates that the patient cannot maintain a clear airway, which can lead to respiratory distress

B. It suggests fluid overload in the cardiovascular system

C. It points to potential musculoskeletal issues affecting mobility

D. It reflects inadequate nutrition and energy levels

The nursing diagnosis of "ineffective airway clearance" is significant because it signifies that a patient is unable to effectively clear their airway, which is critical for maintaining adequate gas exchange and preventing respiratory complications. This condition can lead to the accumulation of secretions, mucus plugs, or obstructions, ultimately resulting in respiratory distress. When a patient is unable to clear their airway, they might experience symptoms such as wheezing, coughing, or difficulty breathing, which can contribute to the risk of hypoxemia and respiratory failure. Timely identification and intervention are vital because ineffective airway clearance can escalate into more severe respiratory issues, making it a priority in nursing assessments and care planning. Recognizing this diagnosis allows healthcare providers to implement strategies such as respiratory therapy, suctioning, or other interventions aimed at improving airway patency, ensuring that the patient maintains effective respiratory function.

9. Which position is most likely filled by a nurse in an intensive care setting for cancer clients?

- A. Clinical nurse specialist**
- B. Nurse practitioner
- C. Licensed practical nurse
- D. Surgical nurse

A clinical nurse specialist is the most likely position filled by a nurse in an intensive care setting for cancer clients. This specialized role focuses on improving patient outcomes and providing expert consultation in specific areas, such as oncology and critical care. Clinical nurse specialists have advanced education and training, enabling them to work closely with patients experiencing complex health issues, including those in an intensive care unit (ICU). These nurses are skilled in assessing patients, planning comprehensive care strategies, and collaborating with interdisciplinary healthcare teams to ensure the best possible outcomes for critically ill cancer patients. Their expertise in managing symptoms, understanding advanced treatment protocols, and providing psychological support to both patients and families is crucial in an intensive care environment. While nurse practitioners also provide high-level care, their training typically focuses on outpatient settings and primary care, which may not align as closely with the unique demands of an ICU. Licensed practical nurses, though important in health care settings, usually work under the supervision of registered nurses and may not possess the specific clinical expertise required for complex cancer cases in ICUs. Surgical nurses specialize in preoperative and postoperative care rather than the ongoing critical care management needed for cancer clients in intensive settings.

10. What approach should a nurse use to effectively assist a client with morning sickness and irritability?

- A. Threatening to limit food options.
- B. Teaching relaxation and distraction techniques.**
- C. Ignoring complaints until seen by a physician.
- D. Prescribing medication without consultation.

Teaching relaxation and distraction techniques is an effective approach for assisting a client dealing with morning sickness and irritability. These techniques can help the client manage symptoms by reducing stress and promoting a sense of calm. Relaxation techniques such as deep breathing, guided imagery, and mindfulness can alleviate anxiety, which may worsen feelings of nausea. Distraction techniques can redirect the client's focus away from discomfort, possibly reducing the perception of nausea and irritability. Incorporating these methods empowers the client, giving them tools to cope with their symptoms more effectively. This supportive nursing intervention fosters a therapeutic nurse-client relationship and enhances the client's overall experience during this challenging time. It is essential for nurses to provide evidence-based, holistic care that addresses both physical and emotional needs, making this approach particularly appropriate.

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://nursingscienceseq.examzify.com>

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

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