Public Health Journeyman 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

1. Which disease sometimes resembles the pain of broken bones?

A. Western equine encephalitis

B. Yellow fever

C. Dengue fever

D. Malaria

2. Operations Other than War (OOTW) are defined as

A. military actions associated with combat operations.

B. peacekeeping actions associated with large-scale combat operations.

C. peacekeeping and military actions in conjunction with regional combat operations.

D. military actions conducted which are not associated with large-scale combat operations.

3. If you powder a floor to survey for tracks, the hind feet prints of a rodent will show how many toes?

A. Three.

B. Four.

C. Five.

D. Six.

4. What nerve agent was unleashed on a subway station in Tokyo by a Japanese cult?

A. Tabun.

B. Soman.

C. Sarin.

D. Cyclosarin.

5. What is the most abundant cockroach species in the United States?

A. Oriental

B. German

C. American

D. Brownbanded

6. Prevalence is defined as the total existing cases at a given time divided by the population; it can increase even if incidence remains constant. Which option best reflects this definition and scenario?

A. Prevalence = the number of new cases in a population during a specified time period; it increases when incidence rises.

B. Prevalence = total existing cases at a given time divided by the population; it can increase with longer disease duration or decreased mortality/remission.

C. Prevalence = incidence rate multiplied by average duration of disease.

D. Prevalence = the proportion of the population currently at risk of disease.

7. In the Social Ecological Model, which level operates at broadest societal influence?

A. Individual

B. Interpersonal

C. Community

D. Policy

8. Explain positive predictive value (PPV) and negative predictive value (NPV) and how disease prevalence affects them.

A. PPV = probability a positive test is a true case; NPV = probability a negative test is a true non-case; Both are independent of prevalence.

B. PPV = probability a positive test is a true case; NPV = probability a negative test is a true non-case; Both depend on disease prevalence.

C. PPV = probability of disease given a positive test; NPV = probability of non-disease given a negative test; Both depend on test specificity.

D. PPV = probability of false positive given a positive test; NPV = probability of false negative given a negative test; Both depend on prevalence.

9. What is the condition in which living tissue is infested with maggots?

A. Myiasis.

B. Vagabond's disease.

C. Pediculosis.

D. Tularemia.

10. During World War II, why did two Allied units withdraw from positions previously occupied by Germans in the North African Desert?

A. Dengue fever infected the camp.

B. Malaria infected one-half of the camp.

C. Flies spread disease from the exposed feces.

D. Heat stroke affected the leaders in the desert.

Answers

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

Explanations

1. Which disease sometimes resembles the pain of broken bones?

A. Western equine encephalitis

B. Yellow fever

C. Dengue fever

D. Malaria

Dengue fever is known for causing extremely painful muscle and joint pains, described by many patients as if their bones hurt or were breaking. This intense myalgia and arthralgia can be so severe that the illness earns the nickname “breakbone fever.” The inflammation from the body's response to the virus in the muscles and joints drives this distinctive pain pattern, which helps clinicians recognize dengue, especially in outbreaks. Western equine encephalitis primarily affects the brain and nervous system, so symptoms tend to be neurological—fever with confusion, seizures, or altered mental status rather than severe bone pain. Yellow fever presents with fever, malaise, abdominal symptoms, and often jaundice and bleeding, not the characteristic bone pain. Malaria causes periodic fevers with chills and sweats, anemia, and organ enlargement, without the hallmark bone-breaking pain. So the disease that sometimes resembles the pain of broken bones is dengue fever.

2. Operations Other than War (OOTW) are defined as

A. military actions associated with combat operations.

B. peacekeeping actions associated with large-scale combat operations.

C. peacekeeping and military actions in conjunction with regional combat operations.

D. military actions conducted which are not associated with large-scale combat operations.

Operations Other Than War describes military activities that are not tied to large-scale combat operations. The defining feature is that the mission does not involve major warfighting, focusing instead on activities like humanitarian assistance, disaster relief, peacekeeping in non-combat contexts, and stabilization or security cooperation missions. Because of that, the statement that best fits is military actions conducted which are not associated with large-scale combat operations. The other options imply involvement in or association with large-scale combat, which does not describe OOTW. In public health contexts, these operations often intersect with health emergency responses, disease surveillance, and medical support during disasters or stabilization efforts.

3. If you powder a floor to survey for tracks, the hind feet prints of a rodent will show how many toes?

A. Three.

B. Four.

C. Five.

D. Six.

When you powder a floor to survey tracks, you're counting the number of toe impressions in the prints. Rodents have five toes on the hind foot, so the hind prints show five distinct toe impressions (plus the heel). By contrast, the forefeet typically have four toes, so their prints show four digits. This difference helps you identify rodent tracks and distinguish hind-foot prints from fore-foot prints.

4. What nerve agent was unleashed on a subway station in Tokyo by a Japanese cult?

A. Tabun.

B. Soman.

C. Sarin.

D. Cyclosarin.

This question hinges on identifying which nerve agent was used in a famous mass-casualty attack in Tokyo. The agent released by the Aum Shinrikyo cult in the 1995 subway attack is sarin, a highly toxic organophosphate nerve agent. Sarin disrupts the nervous system by inhibiting acetylcholinesterase, so acetylcholine builds up at nerve junctions. That overload triggers a cholinergic crisis with symptoms such as excessive secretions, tearing, sweating, urination, diarrhea, vomiting, pinpoint pupils, bronchospasm, and breathing difficulties. The rapid and widespread effects made sarin a clear choice for a deliberate attack intended to affect many people quickly, leading to numerous injuries and several deaths and prompting an extensive public health response. The other agents listed are also nerve agents, but they were not the ones used in that incident, so they don't fit the specific historical context of this event.

5. What is the most abundant cockroach species in the United States?

A. Oriental

B. German

C. American

D. Brownbanded

The main idea here is that one cockroach species dominates as a household pest across the United States. The German cockroach is the most abundant in homes and buildings because of its biology and habits: it's small and highly adaptable to indoor environments, reproduces quickly, and can survive in tight, warm spaces with food and moisture—like kitchens and bathrooms. Its life cycle allows multiple generations to thrive in a single year, so outnumbering other species becomes very common in indoor settings and multi-unit buildings. This combination of traits makes the German cockroach the species you're most likely to encounter in American households. In contrast, Oriental cockroaches are larger and prefer damp outdoor areas or basements rather than interiors; American cockroaches are also larger and more often associated with outdoor habitats, sewers, or expansive spaces; brownbanded cockroaches can infest indoors but are not as widespread nationwide.

6. Prevalence is defined as the total existing cases at a given time divided by the population; it can increase even if incidence remains constant. Which option best reflects this definition and scenario?

A. Prevalence = the number of new cases in a population during a specified time period; it increases when incidence rises.

B. Prevalence = total existing cases at a given time divided by the population; it can increase with longer disease duration or decreased mortality/remission.

C. Prevalence = incidence rate multiplied by average duration of disease.

D. Prevalence = the proportion of the population currently at risk of disease.

Prevalence measures how many people in a population are living with a disease at a given moment, expressed as existing cases divided by the population. It can rise even if incidence stays the same because people with the disease may live longer or have reduced mortality/remission, keeping them in the pool of existing cases for a longer time. That's why the statement that prevalence is total existing cases divided by the population and can increase with longer disease duration or decreased mortality/remission best captures the concept. In contrast, describing prevalence as new cases over time reflects incidence, not prevalence; a prevalence–incidence–duration relationship is a useful rule-of-thumb but depends on steady-state assumptions; and prevalence is not the same as the proportion at risk of disease.

7. In the Social Ecological Model, which level operates at broadest societal influence?

A. Individual

B. Interpersonal

C. Community

D. Policy

The Social Ecological Model shows health behaviors are shaped by multiple layers of influence, from personal factors to broad societal forces. The level with the broadest reach is the policy level. Laws, regulations, and systemic decisions at this level shape environments and opportunities for large populations, extending far beyond any single individual or small group. For example, public smoking bans, nutrition standards in schools, and funding for health programs create conditions that influence what people can do and what resources are available, affecting behavior across communities and beyond. This top-level influence sets the context in which interpersonal relationships, organizational settings, and community norms operate, making policy the broadest influence in the model. In contrast, the individual level covers personal knowledge and attitudes, the interpersonal level encompasses relationships, and the community level involves local norms and networks.

8. Explain positive predictive value (PPV) and negative predictive value (NPV) and how disease prevalence affects them.

A. PPV = probability a positive test is a true case; NPV = probability a negative test is a true non-case; Both are independent of prevalence.

B. PPV = probability a positive test is a true case; NPV = probability a negative test is a true non-case; Both depend on disease prevalence.

C. PPV = probability of disease given a positive test; NPV = probability of non-disease given a negative test; Both depend on test specificity.

D. PPV = probability of false positive given a positive test; NPV = probability of false negative given a negative test; Both depend on prevalence.

PPV and NPV are about what a test result means for the individual. Positive predictive value is the probability that a person truly has the disease given that their test result is positive. Negative predictive value is the probability that a person truly does not have the disease given that their test result is negative. These are conditional probabilities that hinge on how common the disease is in the population (prevalence) as well as on the test's performance (sensitivity and specificity). The prevalence of disease shifts these values because it changes the balance between true and false results. In a setting where the disease is rare, even a good test will yield relatively more false positives compared with true positives, so PPV tends to be low, while NPV tends to be very high. In a setting with higher disease prevalence, PPV rises because positive results are more likely to be true positives, while NPV falls because a negative result is more likely to miss a true case. For example, with common test performance, a very low-prevalence population might have a PPV around a modest fraction, while a high-prevalence population pushes PPV toward higher values; NPV would be high when prevalence is low and decrease as prevalence increases. This illustrates why the correct description states that PPV is the probability a positive test is a true case and NPV is the probability a negative test is a true non-case, and both depend on disease prevalence (along with the test's sensitivity and specificity).

9. What is the condition in which living tissue is infested with maggots?

A. Myiasis.

B. Vagabond's disease.

C. Pediculosis.

D. Tularemia.

Maggot infestation of living tissue is called myiasis. It happens when fly larvae, or maggots, invade wounds or even intact skin and feed on the host's tissue, which can cause tissue damage and risk of secondary infection. There are different forms, such as wound myiasis where larvae develop in open wounds and furuncular myiasis where they form under the skin. This term is distinct from vagabond's disease (long-standing body lice infestation with dermatitis), pediculosis (lice infestation), and Tularemia (a bacterial infection), which is not related to maggots.

10. During World War II, why did two Allied units withdraw from positions previously occupied by Germans in the North African Desert?

A. Dengue fever infected the camp.

B. Malaria infected one-half of the camp.

C. Flies spread disease from the exposed feces.

D. Heat stroke affected the leaders in the desert.

When disease can spread quickly through a community of soldiers, commanders may decide to pull back to stop the outbreak and protect the remaining troops. In camps during the North African Desert campaign, waste and feces often sat exposed, and flies could move pathogens from feces to food and water. This creates a rapid spread of illnesses like dysentery, weakening units and making continued occupation untenable. Pulling back allows medical teams to treat the sick, improve sanitation, and prevent further transmission, which is why withdrawal occurred in this scenario. The other options don't fit the same mechanism: dengue and malaria involve mosquitoes and operate differently in that environment, and heat stroke, while dangerous, isn't about fecal-oral transmission in the way described.

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://publichealthjourneyman.examzify.com

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