

United States Preventive Services Task Force (USPSTF) Guidelines 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

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- 1. What step is recommended before initiating treatment for hypertension identified on screening?**
 - A. Start treatment immediately.**
 - B. Confirm the diagnosis with repeated measurements in a clinical setting only.**
 - C. Use a lab-based test to confirm.**
 - D. Obtain measurements outside the clinical setting for diagnostic confirmation.**

- 2. What Grade does the USPSTF assign to these recommendations (alcohol screening, drug use screening, vision screening, weight loss interventions)?**
 - A. Grade B**
 - B. Grade A**
 - C. Grade C**
 - D. Grade D**

- 3. Rh(D) testing stance for all pregnant women: USPSTF guidance states what?**
 - A. Strongly recommended at the first prenatal visit.**
 - B. Optional, based on patient preference.**
 - C. Not recommended.**
 - D. Recommended only if there is a history of Rh incompatibility.**

- 4. Which of the following is NOT an approved cervical cancer screening option for women aged 30 to 65?**
 - A. Cytology alone every 3 years**
 - B. hrHPV testing alone every 5 years**
 - C. hrHPV testing in combination with cytology every 5 years**
 - D. Cytology every 2 years**

- 5. Which statement accurately reflects USPSTF alcohol screening guidance?**
 - A. The screening applies only to nonpregnant adults**
 - B. The guidance excludes pregnant women from screening**
 - C. The screening applies to adults 18+ in primary care, including pregnant women**
 - D. The screening is not recommended in primary care settings**

- 6. Describe USPSTF guidelines for using low-dose aspirin in pregnant women to prevent preeclampsia: when to initiate?**
- A. After 12 weeks of gestation in women at high risk for preeclampsia**
 - B. Before 12 weeks of gestation in all pregnant women**
 - C. After 28 weeks of gestation in all pregnant women**
 - D. Only postpartum aspirin trials are recommended**
- 7. What is the USPSTF stance on dental caries prevention in kids under 5 with fluoride varnish?**
- A. Fluoride varnish is not recommended for infants and children.**
 - B. Apply fluoride varnish only after the first birthday.**
 - C. Apply fluoride varnish only in high-risk children.**
 - D. Primary care clinicians should apply fluoride varnish to primary teeth starting at age of eruption.**
- 8. What grade does USPSTF assign to HBV screening for adults at increased risk?**
- A. Grade A**
 - B. Grade B**
 - C. Grade C**
 - D. Grade D**
- 9. What grade does the USPSTF assign to colorectal cancer screening for adults aged 50 to 75?**
- A. Grade A**
 - B. Grade B**
 - C. Grade C**
 - D. Grade D**
- 10. For which age group is major depressive disorder (MDD) screening recommended by the USPSTF?**
- A. Adolescents aged 12 to 18 years**
 - B. Children under 12 years**
 - C. Adults over 65 years**
 - D. All adults 18 years and older**

Answers

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

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Explanations

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1. What step is recommended before initiating treatment for hypertension identified on screening?

- A. Start treatment immediately.**
- B. Confirm the diagnosis with repeated measurements in a clinical setting only.**
- C. Use a lab-based test to confirm.**
- D. Obtain measurements outside the clinical setting for diagnostic confirmation.**

The main idea here is that a diagnosis of hypertension should be confirmed with measurements taken outside the clinical setting before starting treatment. A single elevated reading from screening can be misleading because factors like recent activity, caffeine, or anxiety can raise BP temporarily, and some people have white-coat hypertension in the clinic. By using home blood pressure monitoring (or ambulatory monitoring), you get multiple readings over days in the patient's usual environment. This average better reflects their true blood pressure and helps distinguish persistent hypertension from temporary elevations. If the home/ambulatory measurements remain elevated on repeated occasions, treatment is appropriate; if they normalize, you can avoid unnecessary therapy and continue monitoring. This approach avoids starting treatment based on a one-time in-office reading and aligns with how hypertension should be diagnosed in practice.

2. What Grade does the USPSTF assign to these recommendations (alcohol screening, drug use screening, vision screening, weight loss interventions)?

- A. Grade B**
- B. Grade A**
- C. Grade C**
- D. Grade D**

Grade B means there is moderate to substantial certainty that the net benefit is moderate, and the service should be offered or provided in practice. For these four recommendations, the USPSTF found consistent, meaningful benefits from screening or counseling that outweigh potential harms, but the overall benefit isn't large enough to push it into the highest category. Screening for unhealthy alcohol use in adults (and related brief counseling) has shown reductions in drinking levels and related harms when implemented in primary care, making it a recommended, practical approach. Screening for unhealthy drug use with brief intervention or referral similarly reduces use and adverse outcomes, supporting a favorable balance of benefits to harms. Vision screening in children detects issues like refractive errors and amblyopia early, leading to timely treatment and better visual outcomes, with benefits outweighing potential downsides. Weight loss interventions for adults who are overweight or obese lead to meaningful, though not dramatic, weight loss and improvements in cardiometabolic risk factors when integrated into primary care practice. Because the evidence supports a real but moderate benefit across these areas, they are graded as B rather than A.

3. Rh(D) testing stance for all pregnant women: USPSTF guidance states what?

- A. Strongly recommended at the first prenatal visit.**
- B. Optional, based on patient preference.**
- C. Not recommended.**
- D. Recommended only if there is a history of Rh incompatibility.**

Universal Rh(D) status testing at the first prenatal visit is strongly recommended because early identification of Rh status allows timely prevention of maternal alloimmunization and potential hemolytic disease of the fetus and newborn. If a mother is Rh-negative, prophylaxis with Rh(D) immune globulin can be given, typically around 28 weeks and after delivery if the infant is Rh-positive. This approach applies to all pregnant patients, not just those with a prior history, so it is universal rather than optional.

4. Which of the following is NOT an approved cervical cancer screening option for women aged 30 to 65?

- A. Cytology alone every 3 years**
- B. hrHPV testing alone every 5 years**
- C. hrHPV testing in combination with cytology every 5 years**
- D. Cytology every 2 years**

For women aged 30 to 65, approved screening options include cytology alone every 3 years, high-risk HPV testing alone every 5 years, or a combination of HPV testing with cytology every 5 years. Cytology every 2 years is not an approved schedule because the evidence supports a 3-year interval when using cytology alone, and longer intervals when using HPV-based strategies, to balance benefits with potential harms. More frequent screening with cytology increases false positives and unnecessary procedures without extra mortality benefit. Therefore, cytology every 2 years does not fit the approved options.

5. Which statement accurately reflects USPSTF alcohol screening guidance?

- A. The screening applies only to nonpregnant adults**
- B. The guidance excludes pregnant women from screening**
- C. The screening applies to adults 18+ in primary care, including pregnant women**
- D. The screening is not recommended in primary care settings**

Universal screening for unhealthy alcohol use is recommended for all adults 18 years and older who present in primary care, and this includes pregnant women. The rationale is that screening in a routine care setting allows early identification of risky drinking and the opportunity to provide brief counseling that can reduce consumption and related harms for both the patient and, in pregnancy, the fetus. Clinicians typically use brief validated screening tools, and a positive screen prompts counseling or further referral as needed. This is why the statement that it applies to adults 18+ in primary care, including pregnant women, best reflects USPSTF guidance. It isn't limited to nonpregnant adults, and it isn't unsupported in primary care settings; it does include pregnant women.

6. Describe USPSTF guidelines for using low-dose aspirin in pregnant women to prevent preeclampsia: when to initiate?

- A. After 12 weeks of gestation in women at high risk for preeclampsia**
- B. Before 12 weeks of gestation in all pregnant women**
- C. After 28 weeks of gestation in all pregnant women**
- D. Only postpartum aspirin trials are recommended**

The timing being tested is when to start low-dose aspirin for preventing preeclampsia. The guideline recommends beginning a daily low-dose aspirin (commonly 81 mg) after 12 weeks of gestation in women who are at high risk for preeclampsia, with the goal of reducing the chance of developing the condition and related adverse outcomes. This window aligns with placentation processes early in pregnancy, where aspirin's antiplatelet and anti-inflammatory effects can help improve placental development and blood flow. High-risk groups include women with a history of preeclampsia, multifetal pregnancy, chronic hypertension, diabetes, kidney disease, autoimmune diseases such as systemic lupus erythematosus or antiphospholipid syndrome, and other significant risk factors. The point is not to give aspirin to all pregnant individuals, but to target those at higher risk within the recommended early-to-mid second trimester window. Starting before 12 weeks hasn't shown consistent benefit in the general population, and starting after the late second trimester misses a key window for impacting placental development, so the initiation is specifically after 12 weeks in those at high risk.

7. What is the USPSTF stance on dental caries prevention in kids under 5 with fluoride varnish?

- A. Fluoride varnish is not recommended for infants and children.**
- B. Apply fluoride varnish only after the first birthday.**
- C. Apply fluoride varnish only in high-risk children.**
- D. Primary care clinicians should apply fluoride varnish to primary teeth starting at age of eruption.**

Fluoride varnish is a simple, low-risk, and effective preventive measure that primary care clinicians can deliver during well-child visits. The guidance emphasizes starting varnish application with the eruption of the primary teeth and continuing as part of routine preventive care in early childhood. This broad approach helps reduce caries risk across all young children and improves access to prevention, since it can be done in a medical office rather than requiring a dental visit. It is not limited to only high-risk kids and is not delayed until after the first birthday. So, clinicians should apply fluoride varnish to the primary teeth starting at eruption.

8. What grade does USPSTF assign to HBV screening for adults at increased risk?

- A. Grade A
- B. Grade B**
- C. Grade C
- D. Grade D

Screening decisions rely on how USPSTF grades the net benefit of a test. For HBV screening in adults at increased risk, the recommendation is Grade B, meaning there is at least moderate certainty that the net benefit is moderate to substantial for this specific group. Why this fits: testing adults who have risk factors for hepatitis B (such as injection drug use, certain sexual risk factors, birth in regions with high HBV prevalence, HIV infection, or household contact with an infected person) can identify infection earlier. Early identification allows appropriate care, monitoring to prevent liver disease progression, and vaccination of susceptible contacts, which helps reduce transmission. The balance of benefits to harms is favorable in these at-risk populations, but the certainty or magnitude of benefit isn't so large across all adults that it would rise to Grade A. That's why it's a Grade B recommendation: clear and meaningful benefit in those at risk, with moderate certainty about that benefit.

9. What grade does the USPSTF assign to colorectal cancer screening for adults aged 50 to 75?

- A. Grade A**
- B. Grade B
- C. Grade C
- D. Grade D

Grade A means there is high certainty that the net benefit of colorectal cancer screening for average-risk adults aged 50 to 75 is substantial, so the service should be offered. This reflects strong, evidence-based support from multiple studies showing that screening reduces both the incidence and mortality of colorectal cancer, with harms that are generally outweighed by the benefits. The recommended options include colonoscopy every 10 years, flexible sigmoidoscopy every 5 years plus stool testing, CT colonography every 5 years, or annual stool-based tests, and the broad consensus across these modalities contributes to the Grade A designation.

10. For which age group is major depressive disorder (MDD) screening recommended by the USPSTF?

- A. Adolescents aged 12 to 18 years**
- B. Children under 12 years**
- C. Adults over 65 years**
- D. All adults 18 years and older**

Screening for major depressive disorder is recommended when there is a system in place to ensure accurate diagnosis, effective treatment, and appropriate follow-up. For adolescents, there is a clear USPSTF recommendation to screen in primary care settings for those aged 12 to 18 years, because evidence shows that identifying depression in this age group can lead to timely treatment and better outcomes, provided the care pathway is available. For younger children, the evidence isn't sufficient to support routine screening in the general population. For adults, there is also a separate, ongoing recommendation for routine screening in adults 18 and older, but the question here points to the adolescent-specific endorsement, making the 12-to-18-year-old group the best fit.

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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://uspstfguidelines.examzify.com>

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

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