

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. Which population is targeted for USPSTF-recommended counseling to minimize ultraviolet radiation exposure to reduce skin cancer risk?**
 - A. Adults over 65 with a history of skin cancer.**
 - B. All adults regardless of skin type.**
 - C. Persons aged 6 months to 24 years with fair skin types.**
 - D. Only children under 6 years.**

- 2. For children 6 years or older with BMI at or above the 95th percentile, what does USPSTF recommend?**
 - A. Provide or refer to comprehensive, intensive behavioral interventions.**
 - B. Only screen for obesity and monitor without intervention.**
 - C. No action unless BMI exceeds 99th percentile.**
 - D. Assure annual checkups without targeted intervention.**

- 3. Which population does USPSTF recommend for a one-time abdominal aortic aneurysm screening using ultrasonography?**
 - A. Screen men aged 65 to 75 years who have ever smoked, one time, with ultrasonography**
 - B. Screen men aged 50 to 70 who have ever smoked, annually with ultrasonography**
 - C. Screen women aged 65 to 75 who have ever smoked, one time, with ultrasonography**
 - D. Screen men aged 70 to 90 who have never smoked, one time, with ultrasonography**

- 4. What is the starting age for colorectal cancer screening according to USPSTF guidance?**
 - A. 40 years**
 - B. 45 years**
 - C. 50 years**
 - D. 60 years**

- 5. What does the USPSTF recommend regarding osteoporosis screening in postmenopausal women younger than 65 who are at increased risk?**
- A. The USPSTF recommends against screening in all women under 65.**
 - B. The USPSTF recommends screening only those with prior fracture history.**
 - C. The USPSTF recommends screening for osteoporosis in postmenopausal women younger than 65 who are at increased risk for fracture.**
 - D. The USPSTF recommends screening every 3 years in all women under 65.**
- 6. What grade did the USPSTF assign to screening for latent tuberculosis infection?**
- A. Grade A**
 - B. Grade C**
 - C. Grade D**
 - D. Grade B**
- 7. The USPSTF recommends screening for depression in which populations?**
- A. Screen only pregnant and postpartum women**
 - B. Screen only older adults**
 - C. Screen all adults including pregnant/postpartum and older adults**
 - D. Screen only individuals with mood disorders**
- 8. What is USPSTF's stance on HIV screening in pregnant women?**
- A. Screen all pregnant women, including those who present in labor or at delivery whose HIV status is unknown.**
 - B. Screen only in early pregnancy.**
 - C. Screen only if risk factors are present.**
 - D. Do not screen pregnant women.**

- 9. When does USPSTF recommend screening for hepatitis B in pregnancy?**
- A. At the first prenatal visit.**
 - B. Only if risk factors are present.**
 - C. During labor.**
 - D. Not routinely recommended.**
- 10. The USPSTF vision screening recommendation targets detecting which condition or risk factors in 3- to 5-year-olds?**
- A. Amblyopia or its risk factors**
 - B. Myopia**
 - C. Color vision deficiency**
 - D. Strabismus only**

Answers

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

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Explanations

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1. Which population is targeted for USPSTF-recommended counseling to minimize ultraviolet radiation exposure to reduce skin cancer risk?

- A. Adults over 65 with a history of skin cancer.**
- B. All adults regardless of skin type.**
- C. Persons aged 6 months to 24 years with fair skin types.**
- D. Only children under 6 years.**

The main idea being tested is who USPSTF advises to receive counseling on reducing UV exposure to lower skin cancer risk. The best choice is people aged 6 months to 24 years with fair skin types. This reflects the targeted preventive message: individuals with fair skin are at higher risk for sunburn and UV-related skin damage, and providing sun-protection counseling during childhood and adolescence is most impactful in establishing protective behaviors early in life. The evidence supports offering guidance on sun safety to this group to help reduce future skin cancer risk, and the guidance is not stated as a blanket recommendation for all adults or for other age/skin-type groups. Why the other options fit less well: older adults with a history of skin cancer are high risk, but the USPSTF's targeted counseling population emphasizes younger ages with fair skin, where preventive messaging can shape long-term habits. Counseling for all adults regardless of skin type lacks the age/skin-type focus that USPSTF highlights. Limiting counseling to children under 6 omits many who are included in the recommended age range up to 24 years.

2. For children 6 years or older with BMI at or above the 95th percentile, what does USPSTF recommend?

- A. Provide or refer to comprehensive, intensive behavioral interventions.**
- B. Only screen for obesity and monitor without intervention.**
- C. No action unless BMI exceeds 99th percentile.**
- D. Assure annual checkups without targeted intervention.**

For children 6 years and older who have a BMI at or above the 95th percentile, the recommended approach is to provide or refer to comprehensive, intensive behavioral interventions. This means initiating a weight-management program that combines dietary changes, increased physical activity, and behavioral counseling, usually with family involvement and delivered in primary care or through specialized programs. The emphasis on "comprehensive" ensures multiple aspects of lifestyle are addressed, while "intensive" reflects a sustained, higher-contact approach shown to improve weight-related outcomes. This is preferred over simply screening and watching, or waiting for an even higher percentile. The guideline targets active intervention to help reduce excess weight and associated health risks, rather than assuming annual checkups alone will suffice.

3. Which population does USPSTF recommend for a one-time abdominal aortic aneurysm screening using ultrasonography?

A. Screen men aged 65 to 75 years who have ever smoked, one time, with ultrasonography

B. Screen men aged 50 to 70 who have ever smoked, annually with ultrasonography

C. Screen women aged 65 to 75 who have ever smoked, one time, with ultrasonography

D. Screen men aged 70 to 90 who have never smoked, one time, with ultrasonography

The main idea is identifying who benefits most from a one-time ultrasound screen for abdominal aortic aneurysm based on population risk and proven mortality benefit. The best answer matches USPSTF guidance: a one-time abdominal aortic aneurysm screening with ultrasonography for men aged 65 to 75 who have ever smoked. This group has the highest prevalence of AAA, and evidence shows that a single ultrasound screen reduces AAA-related deaths by detecting aneurysms before rupture. The screening is not routinely recommended for women in this age range (insufficient evidence for benefit), nor for men who have never smoked, and the guidelines do not endorse an annual screen or different age ranges outside 65-75 for this purpose.

4. What is the starting age for colorectal cancer screening according to USPSTF guidance?

A. 40 years

B. 45 years

C. 50 years

D. 60 years

Starting age for colorectal cancer screening in average-risk adults per USPSTF is 45 years. This update reflects evidence that colorectal cancer is increasingly diagnosed in people in their 40s and that beginning screening earlier improves the chance of detecting precancerous polyps and cancers at a treatable stage. If you're at average risk, you should start screening at 45 and continue through age 75, with the screening method and interval chosen based on patient preference and risk factors. Common options include colonoscopy every 10 years, or alternative tests such as sigmoidoscopy every 5 years, CT colonography every 5 years, or stool-based tests annually. Those with higher risk—such as a strong family history, certain hereditary conditions, or inflammatory bowel disease—might start earlier and/or have different intervals per clinical guidance.

5. What does the USPSTF recommend regarding osteoporosis screening in postmenopausal women younger than 65 who are at increased risk?
- A. The USPSTF recommends against screening in all women under 65.
 - B. The USPSTF recommends screening only those with prior fracture history.
 - C. The USPSTF recommends screening for osteoporosis in postmenopausal women younger than 65 who are at increased risk for fracture.**
 - D. The USPSTF recommends screening every 3 years in all women under 65.

Screening should be guided by fracture risk, not age alone. For postmenopausal women under 65 who have increased fracture risk—due to factors like a prior fragility fracture, glucocorticoid use, low body weight, smoking, heavy alcohol use, or a positive family history—a bone density test (DXA) is recommended to assess for osteoporosis or osteopenia. Detecting low bone density early allows targeted interventions, such as medications, calcium and vitamin D optimization, and lifestyle changes, to reduce future fracture risk. The other options don't fit this risk-based approach: screening all under 65 isn't recommended, limiting screening only to those with a prior fracture misses other high-risk individuals, and there isn't a blanket every-three-years schedule for all under-65 women.

6. What grade did the USPSTF assign to screening for latent tuberculosis infection?
- A. Grade A
 - B. Grade C
 - C. Grade D
 - D. Grade B**

Grade B is the correct assignment. This means there is at least moderate certainty that screening for latent tuberculosis infection in people who are at increased risk provides a moderate to substantial net benefit. The recommendation targets groups with higher risk of exposure or progression, such as close contacts of someone with active TB, people born in or frequently visiting regions with high TB prevalence, and individuals who are immunocompromised (including HIV). Screening tests typically include the tuberculin skin test or an IGRA, and a positive result leads to further evaluation to exclude active TB and consideration of treatment to prevent progression to active disease. This broader screening is not recommended for the general population because the net benefit is not as favorable in low-risk groups.

7. The USPSTF recommends screening for depression in which populations?

- A. Screen only pregnant and postpartum women**
- B. Screen only older adults**
- C. Screen all adults including pregnant/postpartum and older adults**
- D. Screen only individuals with mood disorders**

The key idea is universal screening: depression screening is recommended for adults across the lifespan, not just a targeted subset. The USPSTF supports screening all adults 18 and older, including pregnant and postpartum women, as long as there are adequate systems in place to diagnose, treat, and follow up. This means using validated tools (like PHQ-2 or PHQ-9) as part of routine primary care, with clear pathways for diagnostic assessment and treatment available if the screen is positive. Pregnant and postpartum women have a higher risk of depression, and identifying it early can improve outcomes for both mother and child, which is why perinatal depression screening is included in the universal approach. Older adults are at risk too, and depression can be overlooked as simply a part of aging; routine screening helps uncover treatable depression and connect individuals to care. So, screening all adults—including those who are pregnant or postpartum and older adults—fits the recommendation, rather than limiting screening to only certain groups or to those with known mood disorders.

8. What is USPSTF's stance on HIV screening in pregnant women?

- A. Screen all pregnant women, including those who present in labor or at delivery whose HIV status is unknown.**
- B. Screen only in early pregnancy.**
- C. Screen only if risk factors are present.**
- D. Do not screen pregnant women.**

The key idea is universal screening for HIV during pregnancy to prevent mother-to-child transmission. USPSTF recommends screening all pregnant women, including those who present in labor or at delivery with unknown HIV status, using an opt-out approach in routine care. This broad approach matters because identifying HIV infection early allows timely antiretroviral therapy for the mother and appropriate neonatal interventions, which dramatically reduces the risk of transmitting HIV to the baby. Relying on risk-based screening or screening only in early pregnancy misses infections that are not identified by risk factors or that are discovered later in pregnancy, or at delivery, and would fail to prevent transmission. An opt-out framework helps ensure testing is done unless the patient declines, improving uptake and the overall public health benefit.

9. When does USPSTF recommend screening for hepatitis B in pregnancy?

- A. At the first prenatal visit.**
- B. Only if risk factors are present.**
- C. During labor.**
- D. Not routinely recommended.**

Screening for hepatitis B in pregnancy is about preventing mother-to-child transmission by identifying infection early so the newborn receives protection right away. The USPSTF recommends universal testing for hepatitis B surface antigen at the first prenatal visit. Detecting infection early allows the newborn to get hepatitis B vaccine and hepatitis B immune globulin within hours of birth, which dramatically reduces the chance of the infant developing chronic hepatitis B. Testing only if risk factors are present would miss many infections, and testing during labor is too late to ensure timely neonatal prophylaxis. Not routinely screening would miss the opportunity to prevent transmission to the newborn.

10. The USPSTF vision screening recommendation targets detecting which condition or risk factors in 3- to 5-year-olds?

- A. Amblyopia or its risk factors**
- B. Myopia**
- C. Color vision deficiency**
- D. Strabismus only**

The main point this question tests is that USPSTF vision screening for 3- to 5-year-olds is designed to find amblyopia and the factors that can lead to it, not just a single refractive error or other eye conditions. Amblyopia is reduced vision in one eye that results when normal visual development is disrupted, often starting in early childhood. Because treatment works best when started early, screening focuses on catching amblyopia or risk factors before permanent vision changes occur. Risk factors include significant refractive error (for example, large differences between the eyes, or substantial hyperopia or myopia), strabismus, or other conditions that can lead to amblyopia. Detecting these allows timely interventions such as glasses, patching, or other therapies to promote normal visual development. Color vision deficiency and screening for myopia alone aren't the primary targets of the USPSTF preschool vision screening recommendation, though they may be noted in broader eye examinations. The emphasis remains on identifying amblyopia and its risk factors to improve long-term vision outcomes.

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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