

U.S. Preventive Services Task Force (USPSTF) Practice Exam (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. How does the USPSTF ensure their recommendations are broadly applicable?**
 - A. By focusing only on the wealthy demographics**
 - B. By ensuring they apply across diverse communities**
 - C. By providing only one recommendation for each category**
 - D. By using outdated data**

- 2. How often should gFOBT screening occur?**
 - A. Every two years**
 - B. Every five years**
 - C. Every year**
 - D. Every ten years**

- 3. What does a grade of 'A' indicate in USPSTF recommendations?**
 - A. The service is optional**
 - B. The service is recommended and there is high certainty of substantial net benefit**
 - C. Further research is needed**
 - D. The service is not recommended**

- 4. What is the primary goal of behavioral health screenings as per the USPSTF?**
 - A. To diagnose mental illness only**
 - B. To educate on lifestyle and behavior**
 - C. To solely focus on family therapy**
 - D. To promote academic testing**

- 5. What is the screening recommendation for adults aged 40 to 70 with overweight or obesity?**
 - A. Screen for hypertension**
 - B. Screen for diabetes**
 - C. Screen for depression**
 - D. Screen for hypothyroidism**

- 6. What is a common risk factor for STIs identified by the USPSTF?**
- A. Having a long-term partner**
 - B. Inconsistent condom use**
 - C. Being married**
 - D. Regular STI screenings**
- 7. Who does the USPSTF recommend to be screened for gonorrhea?**
- A. Only pregnant women**
 - B. Sexually active women aged 24 and younger and at-risk older women**
 - C. Women over the age of 40**
 - D. Men aged 30 and younger**
- 8. What is one of the criteria for increased risk for cholesterol issues?**
- A. Regular exercise**
 - B. Diabetes**
 - C. Low fatty diet**
 - D. Youth**
- 9. When should vision screening be conducted for children according to the USPSTF?**
- A. At least once between ages 3 and 5**
 - B. Only when signs of vision problems are observed**
 - C. Twice a year until age 10**
 - D. Only in school settings**
- 10. When should men aged 20 to 35 be screened for lipid disorders?**
- A. Always, regardless of risk**
 - B. If at increased risk for coronary heart disease**
 - C. Never**
 - D. Only if symptomatic**

Answers

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

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Explanations

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1. How does the USPSTF ensure their recommendations are broadly applicable?

- A. By focusing only on the wealthy demographics**
- B. By ensuring they apply across diverse communities**
- C. By providing only one recommendation for each category**
- D. By using outdated data**

The correct choice emphasizes the USPSTF's commitment to creating recommendations that are relevant and applicable to the entire population, not just select groups. By ensuring that their guidelines consider diverse communities, the USPSTF is able to address the varying health needs, risks, and benefits that different demographic groups experience. This holistic approach is crucial in public health, as it allows for tailored health interventions that can improve outcomes across various populations. This process involves reviewing a wide range of studies and data that reflect the experiences of different races, ethnicities, socioeconomic statuses, and geographic locations. By doing so, the USPSTF aims to promote health equity and ensure that all segments of the population can benefit from preventive services. The remaining options do not align with the USPSTF's mission of inclusivity and broad applicability. Focusing only on wealthy demographics would lead to recommendations that are not representative of the larger population, while providing just one recommendation per category risks oversimplifying the complexities of health care needs in diverse groups. Additionally, using outdated data would undermine the validity and relevance of the recommendations, making them less applicable to current health contexts.

2. How often should gFOBT screening occur?

- A. Every two years**
- B. Every five years**
- C. Every year**
- D. Every ten years**

The recommendation for guaiac-based fecal occult blood test (gFOBT) screening is to perform it annually. This frequent screening is essential as it helps in the early detection of colorectal cancer and precancerous adenomatous polyps. The rationale behind annual screening lies in the fact that colorectal cancer can develop over time, and regular screening increases the chances of detecting any abnormalities early before they progress to a more severe stage. Annual participation allows for consistent monitoring of an individual's colorectal health and facilitates timely intervention if necessary. This recommendation aligns with guidelines issued by the U.S. Preventive Services Task Force (USPSTF), which emphasizes the importance of regular screenings in populations at average risk for colorectal cancer starting at age 45. Other timeframes, such as every two years, five years, or ten years, are not recommended for gFOBT because they may fail to adequately surveil this at-risk population, potentially leading to missed opportunities for early diagnosis and treatment of colorectal cancer. Early detection through more frequent screening is pivotal in improving outcomes for patients at risk.

3. What does a grade of 'A' indicate in USPSTF recommendations?

- A. The service is optional
- B. The service is recommended and there is high certainty of substantial net benefit**
- C. Further research is needed
- D. The service is not recommended

A grade of 'A' in the context of USPSTF recommendations signifies that the preventive service is strongly recommended due to high certainty that it provides substantial net benefits. This classification indicates that there is a strong evidence base supporting the effectiveness of the service, and it is likely to lead to significant health improvements for patients. In practical terms, when a service receives an 'A' grade, healthcare providers are encouraged to offer the service to eligible patients, as the positive impact of the service outweighs any potential risks or downsides. This designation provides clear guidance for clinicians in making decisions about patient care, reinforcing the importance of preventive measures in maintaining health. Other options suggest conditions or conclusions that do not align with the established effective benefits of the service, such as making the service optional or indicating uncertainty in its effectiveness. However, a grade of 'A' clearly affirms the service's strong recommendation based on solid evidence.

4. What is the primary goal of behavioral health screenings as per the USPSTF?

- A. To diagnose mental illness only
- B. To educate on lifestyle and behavior**
- C. To solely focus on family therapy
- D. To promote academic testing

The primary goal of behavioral health screenings, according to the U.S. Preventive Services Task Force (USPSTF), is to educate individuals about lifestyle and behavior factors that can impact their overall health and well-being. This approach allows healthcare providers to identify at-risk individuals and offer appropriate interventions, which may include counseling, education, and resources to support healthier behaviors. Behavioral health screenings are designed to assess a range of factors including mental health issues, substance use, and other behaviors that can lead to negative health outcomes. By focusing on education about lifestyle decisions and behaviors, these screenings aim to empower individuals with knowledge and tools needed for positive change. The other options do not encapsulate the broader aim of behavioral health screenings. While diagnosing mental illness is a component of the process, the holistic approach emphasizes education and prevention rather than solely confirming a diagnosis. Focusing on family therapy is too narrow and not representative of the screenings' broader scope, which encompasses various aspects of individual and community health. Additionally, academic testing is not relevant to the objectives of behavioral health screenings.

5. What is the screening recommendation for adults aged 40 to 70 with overweight or obesity?

- A. Screen for hypertension**
- B. Screen for diabetes**
- C. Screen for depression**
- D. Screen for hypothyroidism**

The screening recommendation for adults aged 40 to 70 with overweight or obesity emphasizes the importance of early detection and management of diabetes. The U.S. Preventive Services Task Force (USPSTF) advises screening for type 2 diabetes in this population due to their increased risk. Overweight and obesity are significant risk factors for the development of diabetes, and screening helps identify individuals who may benefit from lifestyle modifications or medical interventions to prevent progression to diabetes or related complications. Screening for diabetes in this demographic allows for timely intervention, which can significantly improve health outcomes. Regular screening can lead to early identification, enabling individuals to make necessary changes in diet, exercise, and medication if needed, ultimately reducing the risk of diabetes-related complications.

6. What is a common risk factor for STIs identified by the USPSTF?

- A. Having a long-term partner**
- B. Inconsistent condom use**
- C. Being married**
- D. Regular STI screenings**

Inconsistent condom use is recognized as a significant risk factor for sexually transmitted infections (STIs) by the USPSTF. This is because condoms are a primary method of reducing the transmission of STIs during sexual activity. When individuals do not consistently use condoms, they increase their risk of exposure to infections, especially if they engage in sexual activities with multiple partners or if their partner's STI status is unknown. In contrast, having a long-term partner and being married could imply a lower risk for STIs, assuming mutual monogamy and mutual testing. Regular STI screenings are preventive measures that help identify and treat infections early but do not in themselves constitute a risk factor; instead, they are part of a proactive health strategy. Therefore, inconsistent condom use stands out as a direct behavior that increases susceptibility to STIs.

7. Who does the USPSTF recommend to be screened for gonorrhea?

A. Only pregnant women

B. Sexually active women aged 24 and younger and at-risk older women

C. Women over the age of 40

D. Men aged 30 and younger

The U.S. Preventive Services Task Force (USPSTF) recommends screening for gonorrhea specifically for sexually active women aged 24 and younger, as well as for older women who are considered at-risk. This recommendation is based on data showing that younger women have a higher prevalence of gonorrhea compared to older women, and therefore, targeted screening in this age group can help detect and treat the infection early, reducing the risk of complications. At-risk older women might include those who have multiple sexual partners, a history of sexually transmitted infections (STIs), or those who engage in unprotected sex. The focus on this demographic allows for effective use of resources and helps prevent further spread of the infection, highlighting the importance of proactive health measures in groups identified as having higher prevalence rates. In contrast, other groups indicated in the incorrect options do not fall under the specific recommendations laid out by the USPSTF regarding gonorrhea screening. For instance, while pregnant women do need to be screened for various STIs, the recommendation specifically emphasizes the broader screening strategy in younger and at-risk women rather than limiting screening to just pregnant individuals. Additionally, older women without significant risk factors, men over 30, and men under 30 are not part of

8. What is one of the criteria for increased risk for cholesterol issues?

A. Regular exercise

B. Diabetes

C. Low fatty diet

D. Youth

Individuals with diabetes are recognized as having an increased risk for cholesterol issues due to the metabolic alterations that accompany the condition. Diabetes often leads to dyslipidemia, characterized by elevated levels of triglycerides and low levels of high-density lipoprotein (HDL) cholesterol, which can contribute to atherosclerosis and cardiovascular disease. Therefore, having diabetes is a significant risk factor that warrants more proactive management of cholesterol levels. In the context of the other options, regular exercise is generally associated with improved cholesterol profiles, as physical activity can help raise HDL cholesterol and lower LDL cholesterol. A low-fat diet, if well-balanced, typically supports healthy cholesterol levels and does not indicate increased risk. Youth, while generally associated with lower risk factors, does not adequately account for metabolic condition risk factors such as diabetes that can increase cholesterol issues at any age. The presence of diabetes stands out as a clear criterion for increased risk, emphasizing the importance of monitoring and managing cholesterol levels in these individuals.

9. When should vision screening be conducted for children according to the USPSTF?

- A. At least once between ages 3 and 5**
- B. Only when signs of vision problems are observed**
- C. Twice a year until age 10**
- D. Only in school settings**

The recommendation for vision screening in children established by the USPSTF indicates that screening should occur at least once between the ages of 3 and 5 years. This age range is critical because early detection of vision problems can significantly impact a child's development, learning, and quality of life. By conducting routine screening during this period, healthcare providers can identify and address potential issues before they become more serious or lead to long-term difficulties. Screening during these early years aligns with developmental milestones and helps ensure that any visual impairments are detected when interventions can be most effective. By making this a standard practice, the aim is to improve overall child health and educational outcomes, as undiagnosed vision problems can lead to challenges in school and daily activities. Other approaches, such as waiting for symptoms to arise or limiting assessments to specific settings, would not sufficiently address the proactive nature of early detection, potentially allowing significant vision issues to go unnoticed during pivotal developmental periods.

10. When should men aged 20 to 35 be screened for lipid disorders?

- A. Always, regardless of risk**
- B. If at increased risk for coronary heart disease**
- C. Never**
- D. Only if symptomatic**

The correct answer highlights the importance of targeted screening for lipid disorders based on individual risk factors for coronary heart disease (CHD) rather than a blanket approach for all men aged 20 to 35. This approach is informed by guidelines that suggest screening should focus on those who are at an increased risk for developing CHD, which can include factors such as family history, obesity, hypertension, diabetes, and lifestyle factors like smoking. By concentrating on individuals who demonstrate these risk characteristics, healthcare providers can more effectively identify and treat dyslipidemia, potentially preventing the progression of cardiovascular diseases. Screening all men in the 20 to 35 age group is not recommended because the prevalence of clinically significant lipid disorders is lower in this demographic unless risk factors are present. Additionally, screening asymptomatic individuals without risk factors may lead to unnecessary tests and treatments, which could impose more risks than benefits. It is also generally advised not to screen based solely on symptoms (as suggested in some incorrect options), as many patients with lipid disorders may be asymptomatic until significant cardiovascular events occur. Prioritizing screening for those at higher risk aligns with evidence-based practices aimed at prevention and early intervention.

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://uspstf.examzify.com>

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

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