EATRIGHTPREP DOMAIN 2 PRACTICE TEST (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.

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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!

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Questions

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1. Which term best describes the mechanism by which the Nutrition Care Process communicates nutrition problems among care providers?

A. Information sharing technologies

B. PES statements

C. Standardized language

D. Nutrition Care Process framework

2. Which is the best tool for the community nutritionist to use to learn what locally grown foods residents consume most frequently?

A. Survey

B. Health Risk Appraisal

C. Screening

D. Focus Group

3. Which unit is used to specify the vitamin D dose for breastfed infants in the first 2 months of life?

A. mg

B. IU

C. mcg

D. g

4. Growth acceleration during puberty is largely related to the synergetic effects of gonadal sex steroids, growth hormone, intracellular growth factor-1 and _____.

A. Cortisol

B. Insulin

C. Glucagon

D. Thyroxine

5. A change in growth velocity pattern over time on a growth chart indicates potential risk requiring further evaluation.

A. Stable percentiles

B. No concerns

C. Crossing percentiles up or down

D. Inconsistent data

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6. The School Breakfast Program requires providing what fraction of the RDA for protein?

A. 1/2

B. 1/3

C. 1/4

D. 1/5

7. What is the typical sodium target recommended by DASH for many adults with hypertension?

A. Always 2300 mg/day

B. No limit is recommended

C. Often ≤1500 mg/day; may be up to 2300 mg/day depending on guidelines.

D. 1200 mg/day

8. What is the first step in the Nutrition Care Process?

A. Nutrition assessment

B. Goal setting

C. Nutrition screening

D. Nutrition diagnosis

9. Which action is recommended for individuals experiencing nausea?

A. Eat small meals throughout the day

B. Avoid any product made with ginger

C. Drink fruit juice throughout the day

D. Eat foods containing capsaicin

10. The optimal length of time to breastfeed an infant is

A. 3 months

B. 6 months

C. 9 months

D. 12 months

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Answers

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

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Explanations

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1. Which term best describes the mechanism by which the Nutrition Care Process communicates nutrition problems among care providers?

A. Information sharing technologies

B. PES statements

C. Standardized language

D. Nutrition Care Process framework

Clear, consistent communication about nutrition problems across care teams comes from using a standardized language within the Nutrition Care Process. That shared language lets different professionals interpret and act on the same information, reducing miscommunication. PES statements—Problem, Etiology, Signs/Symptoms—are the concrete way this standardized language is applied to document the issue, its cause, and supporting data. So, the mechanism described here is the standardized language, which is why that choice is the best. Information sharing technologies concern how data is exchanged, the framework is the overall structure, and PES statements are a way to use the standardized language, not the mechanism itself.

2. Which is the best tool for the community nutritionist to use to learn what locally grown foods residents consume most frequently?

A. Survey

B. Health Risk Appraisal

C. Screening

D. Focus Group

Assessing what residents actually eat from locally grown sources requires gathering dietary intake data from the community in a way that yields scalable, comparable information. A survey is the best tool because it can reach many people and consistently ask about how often a variety of foods are consumed, including items grown nearby. This produces quantitative data you can rank to see which locally grown foods are most popular and to spot patterns across different groups or times of year. Health Risk Appraisal focuses on overall health risks and usually collects data beyond dietary intake, but it isn't designed to map habitual food consumption patterns in a community. Screening identifies whether individuals might need further assessment, but it doesn't capture representative consumption data for the whole community. Focus groups provide rich, qualitative insights from a smaller number of participants, but their findings aren't as generalizable to the entire community and they're more time-consuming to conduct. In short, surveys give the broad, comparable, and actionable picture of local food consumption that a community nutritionist needs.

3. Which unit is used to specify the vitamin D dose for breastfed infants in the first 2 months of life?

A. mg

B. IU

C. mcg

D. g

Vitamin D dosing for breastfed infants in the early weeks is expressed in International Units because this unit reflects the vitamin's biological activity rather than its weight. The potency of vitamins is standardized in IU, so dosing guidelines specify how much activity the infant receives. For vitamin D, 1 microgram equals 40 IU, so the typical recommended amount (about 400 IU per day) corresponds to roughly 10 micrograms, but the unit used in guidelines and labeling is IU. Mass units like milligrams, micrograms, and grams don't capture the activity level in the same way, which is why IU is the standard for this purpose.

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4. Growth acceleration during puberty is largely related to the synergetic effects of gonadal sex steroids, growth hormone, intracellular growth factor-1 and _____.

A. Cortisol

B. Insulin

C. Glucagon

D. Thyroxine

Growth acceleration in puberty comes from the GH/IGF-1 axis working with sex steroids to drive rapid bone and lean-tissue growth. Insulin provides an essential anabolic environment that supports this process by promoting glucose and amino acid uptake into cells, enabling protein synthesis and tissue building. It also helps tissues respond more effectively to GH and IGF-1, amplifying their growth-promoting effects. While cortisol can dampen growth and glucagon is more about glucose regulation, insulin uniquely serves as the permissive, growth-supporting hormone in this combination. Thyroxine is important for growth in general, but the question highlights the specific partner that enhances GH/IGF-1–driven growth during puberty, which is insulin.

5. A change in growth velocity pattern over time on a growth chart indicates potential risk requiring further evaluation.

A. Stable percentiles

B. No concerns

C. Crossing percentiles up or down

D. Inconsistent data

Growth velocity is the rate at which a child grows over time, shown as the trajectory on a growth chart. When the pattern changes enough that the child's measurements cross from one percentile line to another on successive visits, that indicates a shift in growth velocity. Crossing percentiles up or down signals that the growth rate is no longer following the expected path and can point to potential issues such as nutritional problems, chronic illness, or hormonal or metabolic concerns, all of which warrant further evaluation. If measurements stay on the same percentile, growth is proceeding consistently and typically raises fewer concerns. Data that look inconsistent may reflect measurement error, but the important clinical clue is crossing percentiles.

6. The School Breakfast Program requires providing what fraction of the RDA for protein?

A. 1/2

B. 1/3

C. 1/4

D. 1/5

In the School Breakfast Program, each breakfast must provide one-quarter of the daily protein recommendation (RDA). This per-meal target helps distribute protein intake across the day so a child's total daily protein meets the RDA when combined with other meals and snacks. The RDA is the amount of a nutrient scientists say is adequate to meet the needs of most healthy individuals in a group, and setting a per-meal portion ensures the breakfast contributes a meaningful, consistent share without overloading a single meal. For example, if the daily protein RDA for a child is around 34 g, breakfast should provide about 8–9 g of protein. The other fractions listed aren't used in this program's guidance, which is why one-quarter is the correct standard.

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7. What is the typical sodium target recommended by DASH for many adults with hypertension?

A. Always 2300 mg/day

B. No limit is recommended

C. Often ≤1500 mg/day; may be up to 2300 mg/day depending on guidelines.

D. 1200 mg/day

Reducing sodium intake is a central part of following DASH to help lower blood pressure. For many adults with hypertension, the typical target is about 1500 mg of sodium per day or less, because this level tends to yield greater blood pressure reductions and cardiovascular benefits when paired with the DASH eating pattern. Some guidelines acknowledge a bit more flexibility and allow up to 2300 mg per day as an upper limit, depending on individual risk factors and what's feasible in a person's diet. A target as low as 1200 mg per day is generally more restrictive than needed for most adults and isn't considered necessary across the board. So the statement that sodium intake is often aimed at 1500 mg per day, with up to 2300 mg per day depending on guidelines, best reflects how DASH is typically applied in hypertension management.

8. What is the first step in the Nutrition Care Process?

A. Nutrition assessment

B. Goal setting

C. Nutrition screening

D. Nutrition diagnosis

The first thing to do in the Nutrition Care Process is gather and interpret information about the person's nutrition status. This comprehensive nutrition assessment pulls together dietary intake, medical history, medications, anthropometrics, lab data, physical findings, and relevant social and environmental factors to understand what nutrition problems exist and what the priorities are. This data-driven understanding guides the rest of the process, including identifying the nutrition diagnosis, planning interventions, and monitoring progress. While nutrition screening is used to flag individuals who may need a full assessment, the actual first step in the NCP sequence is the comprehensive nutrition assessment.

9. Which action is recommended for individuals experiencing nausea?

A. Eat small meals throughout the day

B. Avoid any product made with ginger

C. Drink fruit juice throughout the day

D. Eat foods containing capsaicin

Nausea is often best managed by eating small, frequent meals that are bland and easy to digest. This approach prevents the stomach from becoming overwhelmed by a large meal and helps keep blood sugar stable, both of which can reduce nausea episodes. Ginger is widely used to relieve nausea, so avoiding all ginger-containing products isn't aligned with common guidance. Hydration matters, but drinking fruit juice throughout the day can be acidic and high in sugar, which may irritate the stomach and not provide the steady, gentle intake that helps most. Spicy foods containing capsaicin can further irritate the stomach lining and worsen nausea, so they're not recommended when feeling nauseated. Therefore, choosing small meals spread across the day best supports comfort and digestion.

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10. The optimal length of time to breastfeed an infant is

A. 3 months

B. 6 months

C. 9 months

D. 12 months

Optimal duration to breastfeed is 12 months. This fits with the pattern of exclusive breastfeeding for the first 6 months, then continuing to breastfeed while introducing complementary foods, to support ongoing nutrition and immune protection during a key growth period. Among the given options, 12 months best represents the target length that maximizes benefits; shorter times miss the ongoing protection and nutrition, and stopping at 6 months ends the recommended total duration rather than the full feeding period.

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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://eatrightprepdomain2.examzify.com

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

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