NATIONAL TUBERCULOSIS CONTROL PROGRAM PRACTICE TEST (SAMPLE)

STUDY GUIDE



SAMPLE STUDY GUIDE WITH LIMITED QUESTIONS

VISIT US ONLINE FOR THE FULL VERSION STUDY GUIDE

https://natltuberculosiscontprog.examzify.com

Copyright © 2026 by Examzify - A Kaluba Technologies Inc. product.

ALL RIGHTS RESERVED.

No part of this book may be reproduced or transferred in any form or by any means, graphic, electronic, or mechanical, including photocopying, recording, web distribution, taping, or by any information storage retrieval system, without the written permission of the author.

Notice: Examzify makes every reasonable effort to obtain accurate, complete, and timely information about this product from reliable sources.

SAMPLE

Table of Contents

Copyright 1

Table of Contents 2

Introduction 3

How to Use This Guide 4

Questions 5

Answers 8

Explanations 10

Next Steps 16

SAMPLE

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.

SAMPLE

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!

SAMPLE

Questions

SAMPLE

1. **Regular adherence counseling should be done at which point in relation to treatment?**

   A. Before Treatment

   B. Two weeks after Treatment

   C. Monthly throughout Treatment

   D. All of the above

2. **If a female patient vomits after taking a contraceptive tablet, what method should she use?**

   A. Symptom-thermal method

   B. Barrier method

   C. Lactation amenorrhea method

   D. Vasectomy

3. **In which case is a repeat Drug Susceptibility Test (DST) and TBMAC consultation NOT needed?**

   A. Recurrence of TB signs and symptoms

   B. With culture conversion

   C. No clinical improvement

   D. With culture reversion

4. **What is the best action for a patient under SLOR FQ - S with specific LPA results?**

   A. Shift to SLOR FQ - R and restart dose counting

   B. Review initial regimen and revise if needed

   C. Continue with SLOR FQ - S

   D. Shift to SLOR FQ - R and continue dose counting

5. **What is the primary purpose of changing contraceptive methods for women on TB therapy?**

   A. Prevent unwanted pregnancy

   B. Reduce risk of TB transmission

   C. Minimize drug interactions

   D. Enhance efficacy of TB treatment

SAMPLE

6. What is the primary systematic screening tool used in health facilities among walk-in patients?

A. Drenching night sweats

B. Cough of 2 weeks or more

C. Unexplained fever

D. Unexplained or unintentional weight loss

7. Information pertaining to TB literacy to the patient should include which of the following?

A. Disease transmissibility and infectiousness

B. Latent tuberculosis infection

C. Differences between TB and drug-resistant TB

D. All of the above

8. Which alternative regimen may be suitable for a patient with chronic liver disease recently diagnosed with Pulmonary Tuberculosis?

A. 2SHRE/6HR

B. 9RE

C. 2SHE/10HE

D. All of the above

9. Which of the following is a reportable adverse event according to the Philippines' national policy?

A. Gynecomastia

B. Hypokalemia

C. Headache

D. Mild dizziness

10. Which is a cause of electrolyte abnormalities among patients undergoing DR-TB treatment?

A. Nausea with vomiting

B. Diarrhea

C. Both A and B

D. None of the above

SAMPLE

Answers

SAMPLE

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

SAMPLE

Explanations

SAMPLE

1. Regular adherence counseling should be done at which point in relation to treatment?

A. Before Treatment

B. Two weeks after Treatment

C. Monthly throughout Treatment

D. All of the above

Regular adherence counseling is an essential component of the tuberculosis treatment process and should occur at multiple points during the treatment journey. The rationale behind this approach is to ensure that patients understand the importance of following their treatment regimen consistently, which is crucial for achieving successful outcomes in TB therapy. Before treatment begins, counseling can inform patients about what to expect, the significance of adhering to the prescribed medication, and how to handle potential side effects. This initial counseling sets the foundation for a strong understanding and commitment to the treatment process. Two weeks into treatment is also a critical point for adherence counseling, as patients may have started experiencing side effects or have questions about their progress. Regular check-ins help reinforce the importance of adherence, address any emerging concerns, and provide guidance or reassurance. Monthly counseling throughout the treatment is vital to continuously support patients. This helps them stay engaged, alters adherence strategies as necessary, and provides ongoing motivation to complete the full course of treatment, especially since TB treatment can extend for several months. By ensuring counseling occurs at all these stages—before, two weeks in, and monthly throughout—healthcare providers can significantly enhance the likelihood of treatment success and prevent the development of drug-resistant TB strains, which may arise from inconsistent adherence.

2. If a female patient vomits after taking a contraceptive tablet, what method should she use?

A. Symptom-thermal method

B. Barrier method

C. Lactation amenorrhea method

D. Vasectomy

When a female patient vomits shortly after taking a contraceptive tablet, it can affect the absorption of the medication, potentially rendering it ineffective. In such cases, using a barrier method of contraception is advisable. Barrier methods, such as condoms, provide immediate protection against pregnancy and are not influenced by the ingestion of hormonal contraceptives. The symptom-thermal method relies on tracking the menstrual cycle and recognizing signs of fertility, which may not be reliable in the short term after an episode of vomiting. The lactation amenorrhea method is effective only under specific circumstances related to breastfeeding and infant age, making it unsuitable in the event of an unexpected need for reliable contraception after vomiting. Additionally, a vasectomy is a permanent surgical procedure meant for male sterilization and would not apply in this context. Choosing a barrier method in this situation allows for immediate preventive action against unintended pregnancy while ensuring that other methods, which may have been compromised, can be reassessed or reapplied at a later time.

SAMPLE

3. In which case is a repeat Drug Susceptibility Test (DST) and TBMAC consultation NOT needed?

A. Recurrence of TB signs and symptoms

B. With culture conversion

C. No clinical improvement

D. With culture reversion

A repeat Drug Susceptibility Test (DST) and TBMAC consultation are generally required in cases where there are indications that the treatment may not be effective, such as when there is a recurrence of symptoms, lack of clinical improvement, or culture reversion. However, culture conversion, which indicates that the bacteria are no longer present in the culture and the patient is responding to treatment, suggests that the antibiotics are effective. In this scenario, the absence of active bacteria diminishes the immediate need for a repeat DST since the goal is to ensure that the treatment is working. Therefore, the need for additional testing in the context of culture conversion is not warranted, distinguishing it as the correct situation where a repeat DST and TBMAC consultation are not needed.

4. What is the best action for a patient under SLOR FQ - S with specific LPA results?

A. Shift to SLOR FQ - R and restart dose counting

B. Review initial regimen and revise if needed

C. Continue with SLOR FQ - S

D. Shift to SLOR FQ - R and continue dose counting

The best action for a patient identified as SLOR FQ - S (susceptible to fluoroquinolones) with specific line probe assay (LPA) results is to shift to SLOR FQ - R (resistant to fluoroquinolones) and restart dose counting. This approach is crucial when LPA results indicate a change in susceptibility or resistance patterns in the patient's Mycobacterium tuberculosis strain. Shifting to SLOR FQ - R suggests that there is a need to modify the treatment to address potential resistance issues that were discovered through the LPA testing. Restarting dose counting ensures that the treatment regimen is effectively managed and adheres to standard protocols for monitoring medication effectiveness from the beginning. This approach emphasizes the importance of responding dynamically to laboratory results, which can significantly impact treatment outcomes and help prevent further resistance development. The success of tuberculosis treatment often hinges on the timely adjustment of therapy based on genetic and phenotypic resistance information. Staying on the current regimen when there is evidence of resistance can lead to treatment failure and further complications. Therefore, the decision reflects a proactive stance on managing the patient's care effectively.

SAMPLE

5. What is the primary purpose of changing contraceptive methods for women on TB therapy?

A. Prevent unwanted pregnancy

B. Reduce risk of TB transmission

C. Minimize drug interactions

D. Enhance efficacy of TB treatment

The primary purpose of changing contraceptive methods for women on TB therapy is primarily focused on minimizing drug interactions. Certain medications used in tuberculosis treatment, such as rifampicin, can significantly affect the efficacy of hormonal contraceptives. Rifampicin is known to induce the metabolism of hormonal contraceptives, thereby reducing their effectiveness and potentially leading to unintended pregnancies. Moving to a non-hormonal method or an alternative contraceptive can help ensure that the chosen method remains effective in preventing pregnancy while the woman is undergoing TB treatment. This consideration is critical as the interaction between TB medications and hormonal contraceptives can compromise reproductive health and family planning. Therefore, in the context of TB therapy, it is essential to minimize drug interactions to maintain effective contraceptive control.

6. What is the primary systematic screening tool used in health facilities among walk-in patients?

A. Drenching night sweats

B. Cough of 2 weeks or more

C. Unexplained fever

D. Unexplained or unintentional weight loss

The primary systematic screening tool used in health facilities for identifying potential tuberculosis cases among walk-in patients is the presence of a cough lasting 2 weeks or more. This symptom is a significant indicator of pulmonary tuberculosis, as persistent cough is one of the most common symptoms experienced by individuals infected with TB. A cough of this duration indicates a chronic respiratory issue, which warrants further investigation for tuberculosis, especially in regions where the disease prevalence is high. Identifying this symptom early allows for timely testing and treatment, ultimately helping to control the spread of tuberculosis within the community. While other symptoms such as night sweats, unexplained fever, and weight loss can also be associated with tuberculosis, they are typically less specific or may occur later in the disease progression. Coughing for an extended period is a direct sign that leads healthcare providers to consider the possibility of TB more urgently, making it the key screening criterion in health facilities.

SAMPLE

7. Information pertaining to TB literacy to the patient should include which of the following?

A. Disease transmissibility and infectiousness

B. Latent tuberculosis infection

C. Differences between TB and drug-resistant TB

D. All of the above

The inclusion of all the mentioned topics—disease transmissibility and infectiousness, latent tuberculosis infection, and differences between TB and drug-resistant TB—is essential in ensuring comprehensive tuberculosis (TB) literacy for patients. Understanding disease transmissibility and infectiousness is crucial as it helps patients recognize how TB spreads and the importance of adhering to preventative measures. This knowledge empowers patients to take necessary precautions to protect themselves and others, thereby reducing transmission rates within the community. Knowledge about latent tuberculosis infection is equally important. Many individuals may be infected with the TB bacteria but are asymptomatic and non-infectious. Educating patients about latent TB helps them understand the significance of monitoring and potentially treating this condition to prevent reactivation of the disease later on. Furthermore, differentiating between regular TB and drug-resistant TB provides critical information about treatment options, potential complications, and the need for adherence to prescribed regimens. Understanding the distinction ensures that patients are aware of the challenges involved in managing drug-resistant strains and the importance of completing their treatment. Together, these components form a holistic approach to TB literacy, equipping patients with the information they need for better health outcomes and community health awareness.

8. Which alternative regimen may be suitable for a patient with chronic liver disease recently diagnosed with Pulmonary Tuberculosis?

A. 2SHRE/6HR

B. 9RE

C. 2SHE/10HE

D. All of the above

The answer indicates that all listed alternative regimens could be suitable for a patient with chronic liver disease recently diagnosed with Pulmonary Tuberculosis. When considering treatment for patients with underlying liver conditions, it is crucial to choose regimens that minimize hepatotoxicity while effectively managing the tuberculosis infection. The regimens mentioned—2SHRE/6HR, 9RE, and 2SHE/10HE—each reflect variations in the use of anti-tuberculosis medications that are adjusted according to the patient's liver function status. 2SHRE/6HR, which includes rifampicin and isoniazid, offers a six-month treatment option that is commonly administered to patients while being cognizant of potential hepatic side effects. 9RE refers to a shorter regimen that is also tailored to decrease the duration of treatment while caring for liver function, which is beneficial in chronic liver disease where prolonged therapy could lead to increased toxicity. 2SHE/10HE is another variation that ensures an extended treatment duration that's effective against resistant strains while retaining safety for those with liver concerns. The flexibility in these regimens allows healthcare providers to select an appropriate protocol based not only on the tuberculosis infection but also on the individual patient's health status and disease severity.

SAMPLE

9. Which of the following is a reportable adverse event according to the Philippines' national policy?

A. Gynecomastia

B. Hypokalemia

C. Headache

D. Mild dizziness

Hypokalemia is considered a reportable adverse event according to the Philippines' national policy for several reasons. First, it is a significant electrolyte imbalance that can have serious health consequences if left unmonitored or untreated. Hypokalemia can lead to critical issues such as cardiac arrhythmias, muscle weakness, and respiratory failure, which necessitate timely medical intervention. The national policy focuses on monitoring adverse events that could impact patient safety and treatment outcomes. This is crucial in the context of tuberculosis treatment, where medications can sometimes lead to complications that must be carefully tracked to ensure the well-being of patients. On the other hand, the other conditions listed, such as gynecomastia, headache, and mild dizziness, while they can affect patient comfort and experience, are generally not classified as immediate health threats that require mandatory reporting due to their less severe nature compared to hypokalemia. Therefore, hypokalemia stands out as an adverse event that needs to be reported for effective monitoring and management within the national tuberculosis control framework.

10. Which is a cause of electrolyte abnormalities among patients undergoing DR-TB treatment?

A. Nausea with vomiting

B. Diarrhea

C. Both A and B

D. None of the above

Electrolyte abnormalities can arise from a variety of factors in patients undergoing treatment for drug-resistant tuberculosis (DR-TB), particularly due to gastrointestinal symptoms such as nausea with vomiting and diarrhea. Both conditions can lead to significant fluid and electrolyte losses, contributing to imbalances in the body. Nausea and vomiting can cause the loss of vital electrolytes, such as sodium, potassium, and chloride, as well as dehydration. This loss can disrupt normal physiological functions, leading to symptoms like muscle weakness, fatigue, and changes in heart rhythms. Diarrhea has similar effects, as it can result in rapid fluid depletion and the excretion of electrolytes, compounding the issue of imbalances. In DR-TB treatment, where medications may have gastrointestinal side effects, the risk for both nausea with vomiting and diarrhea increases, heightening the potential for electrolyte disturbances. Consequently, the combination of these two symptoms is particularly significant in this context. Therefore, recognizing that both nausea with vomiting and diarrhea are causes of electrolyte abnormalities is essential for effective patient management and monitoring during DR-TB treatment.

SAMPLE

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://natltuberculosiscontprog.examzify.com

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

SAMPLE