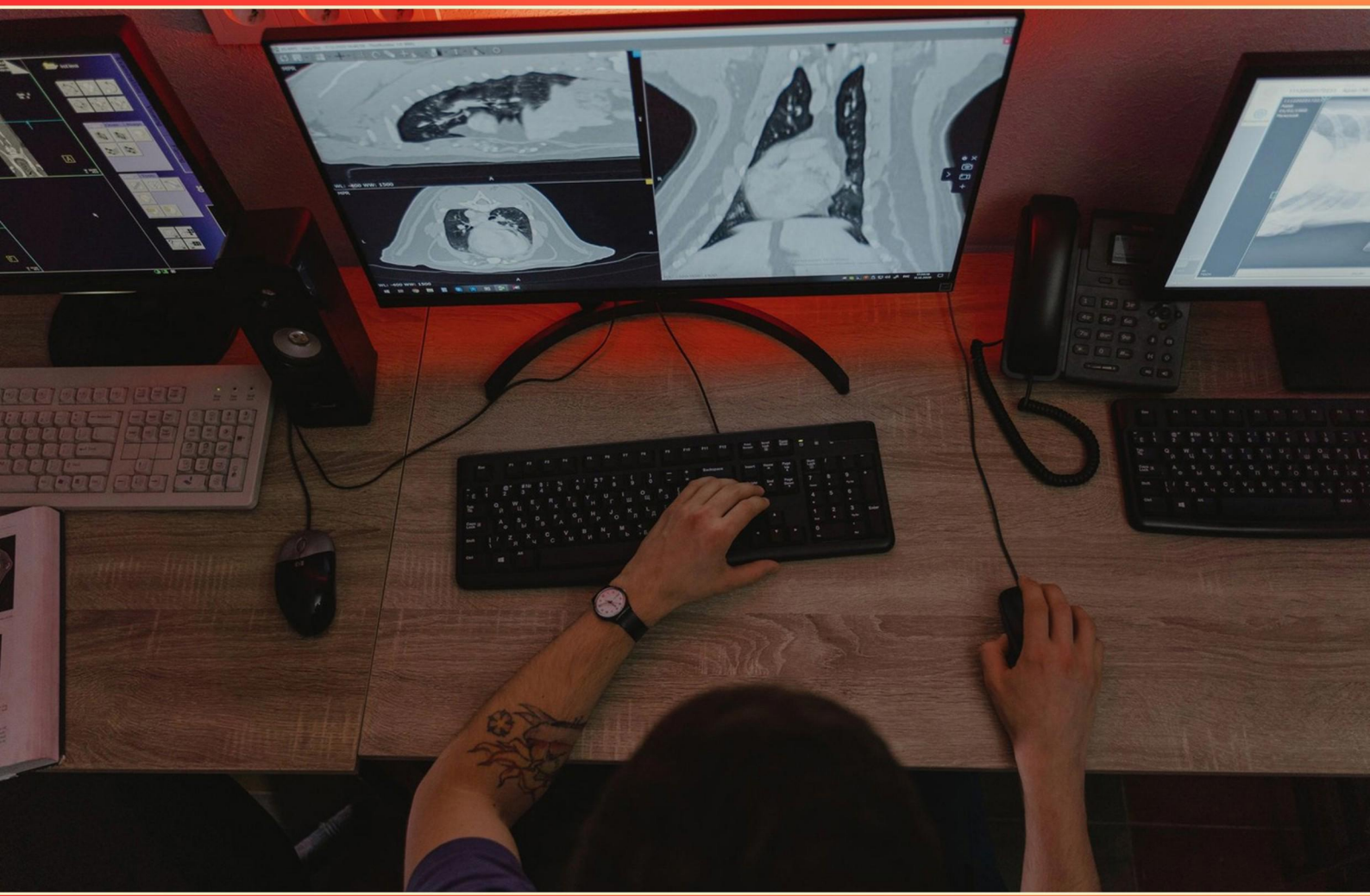
NEUROPSYCHOLOGY PRACTICE TEST (SAMPLE)

STUDY GUIDE



SAMPLE STUDY GUIDE WITH LIMITED QUESTIONS

VISIT US ONLINE FOR THE FULL VERSION STUDY GUIDE

https://neuropsychology.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. **Which statement best describes how normative data are established for a neuropsychological test?**

   A. It is derived from a representative normative sample but not necessarily standardized.

   B. It relies on clinical judgment rather than empirical data.

   C. It uses only data from individuals with brain injury.

   D. It relies on data from a representative sample to generate normative data and enable comparisons to peers.

2. **Slice SM+1 depicts which anatomical features?**

   A. Body of lateral ventricle; Supramarginal gyrus; Angular gyrus (neck, brow, eye, nose)

   B. Choroid plexus; Atrium

   C. Fourth ventricle; Cerebellum

   D. Inferior portion; Anterior horn

3. **How do you differentiate mild cognitive impairment (MCI) from dementia in daily functioning?**

   A. MCI has objective cognitive decline without significant impairment in instrumental activities of daily living.

   B. MCI has impairment in basic ADLs

   C. Dementia has no cognitive decline

   D. MCI has impairment in instrumental ADLs

4. **In executive function assessment, which test is used to measure cognitive flexibility by requiring rule changes?**

   A. Trail Making Test Part A.

   B. Wisconsin Card Sorting Test.

   C. Trail Making Test Part B.

   D. Rey-Osterrieth Complex Figure.

5. **Which neuroimaging finding is commonly associated with Alzheimer's disease?**

   A. Medial temporal lobe atrophy on MRI and temporoparietal hypometabolism on PET.

   B. Frontal lobe hypermetabolism on PET.

   C. Occipital lobe atrophy.

   D. Diffuse brain edema.

SAMPLE

6. In apraxia, which brain region's disruption most commonly leads to impaired skilled movements, and what is the hallmark symptom?

A. Left frontal/postcentral-premotor networks; ideomotor apraxia (difficulty performing gestures on command)

B. Right frontal networks; ideomotor apraxia

C. Temporal-parietal junction networks; limb-kinetic apraxia

D. Left parietal/postcentral-premotor networks; ideomotor apraxia (difficulty performing gestures on command)

7. Extinction is best described as which of the following?

A. Extinction occurs even without contralesional stimuli.

B. Neglect is the only condition.

C. Extinction is failure to notice contralesional stimuli only when contralesional stimuli are presented with competing ipsilesional stimuli.

D. Extinction is a complete neglect of contralesional space.

8. Which feature best characterizes the logopenic variant of primary progressive aphasia?

A. Lower word-finding problems with intact phonological working memory.

B. Early semantic memory loss.

C. Features prominent word-finding problems and impaired phonological working memory with relatively preserved single-word semantics early on.

D. Nonverbal language deficits predominant.

9. Which artery supplies most of the lateral surfaces of the cerebral hemispheres?

A. Anterior Cerebral Artery

B. Posterior Cerebral Artery

C. Middle Cerebral Artery

D. Angiography

10. Which statement best describes the early presentation of frontotemporal dementia in relation to memory?

A. Memory is relatively spared in the early stages.

B. Visuospatial deficits are the earliest feature.

C. Memory is severely impaired in the early stages.

D. Motor symptoms dominate early.

SAMPLE

Answers

SAMPLE

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

SAMPLE

Explanations

SAMPLE

1. Which statement best describes how normative data are established for a neuropsychological test?

A. It is derived from a representative normative sample but not necessarily standardized.

B. It relies on clinical judgment rather than empirical data.

C. It uses only data from individuals with brain injury.

D. It relies on data from a representative sample to generate normative data and enable comparisons to peers.

Normative data come from collecting test scores from a large, representative sample of the population the test is designed for. The test is administered and scored in a standardized way, so the resulting distribution of scores (mean, variability, percentiles) can be used to interpret an individual's performance. This approach creates norms that let you compare a person to peers who share similar demographic characteristics like age and education. Without this representative foundation and standardized procedure, a raw score wouldn't have a meaningful context. Using data only from individuals with brain injuries would misrepresent typical functioning and lead to inappropriate interpretations. Relying on clinical judgment rather than empirical data would undermine reliability and validity. So the best description is that normative data are established from a representative sample to generate norms and enable comparisons to peers.

2. Slice SM+1 depicts which anatomical features?

A. Body of lateral ventricle; Supramarginal gyrus; Angular gyrus (neck, brow, eye, nose)

B. Choroid plexus; Atrium

C. Fourth ventricle; Cerebellum

D. Inferior portion; Anterior horn

This slice is through the temporoparietal junction, so the structures you expect to see are the components of the lateral ventricle's body and the parietal association cortex wrapping around the Sylvian fissure. The body of the lateral ventricle appears as a curved CSF-filled cavity within the white matter of the parietal region. Adjacent to it, you can identify the supramarginal gyrus, which runs along the upper edge of the lateral sulcus, and just posterior to that the angular gyrus, forming the posterior part of the inferior parietal lobule. This combination of a ventricular body plus these two gyri is the hallmark of this level. Why the other possibilities don't fit at this plane: a slice that shows the fourth ventricle and cerebellum would be much lower and in the posterior fossa, not near the lateral ventricle and temporoparietal junction. The choroid plexus and the atrium can be seen in ventricle-related images, but they don't capture the specific pairing of the supramarginal and angular gyri around the Sylvian fissure. An anterior horn would be more frontal and not near the temporoparietal structures described here.

SAMPLE

3. How do you differentiate mild cognitive impairment (MCI) from dementia in daily functioning?

A. MCI has objective cognitive decline without significant impairment in instrumental activities of daily living.

B. MCI has impairment in basic ADLs

C. Dementia has no cognitive decline

D. MCI has impairment in instrumental ADLs

Daily functioning is what separates MCI from dementia. Instrumental activities of daily living are the complex tasks that keep someone independent in daily life—things like managing money, taking medications correctly, using transportation, cooking, and shopping. In mild cognitive impairment, you can find objective cognitive deficits on tests, but these individuals generally maintain independence in these instrumental tasks and can still perform basic self-care. This preservation of IADLs distinguishes MCI from dementia, where the cognitive problems progress to interfere with instrumental daily activities, and eventually with basic activities of daily living as the condition worsens. So, the idea that MCI involves objective cognitive decline while instrumental daily functioning remains largely intact best captures the difference.

4. In executive function assessment, which test is used to measure cognitive flexibility by requiring rule changes?

A. Trail Making Test Part A.

B. Wisconsin Card Sorting Test.

C. Trail Making Test Part B.

D. Rey-Osterrieth Complex Figure.

Cognitive flexibility, an executive function, is the ability to adjust thinking and behavior when rules or goals change. The Wisconsin Card Sorting Test is designed to tap this directly: you sort cards by a dimension (color, shape, or number) without being told the current rule, and after a while the rule changes. You must infer the new rule from feedback and shift your strategy accordingly. Success hinges on recognizing the new criterion and avoiding sticking with the old rule, which is called perseveration. This direct demand to adapt to changing contingencies is why this test best measures cognitive flexibility. The other tests don't target rule-changing flexibility as clearly. Trail Making Test Part A mainly tests processing speed and visual search; Trail Making Test Part B involves switching between sequences (numbers and letters) but doesn't require deducing a new rule from feedback; the Rey-Osterrieth Complex Figure assesses visuoconstruction and memory rather than flexible rule shifting.

SAMPLE

5. Which neuroimaging finding is commonly associated with Alzheimer's disease?

A. Medial temporal lobe atrophy on MRI and temporoparietal hypometabolism on PET.

B. Frontal lobe hypermetabolism on PET.

C. Occipital lobe atrophy.

D. Diffuse brain edema.

Alzheimer's disease is most often linked to degeneration starting in the medial temporal structures, especially the hippocampus, which underlies early memory problems. On MRI this shows as atrophy of the medial temporal lobe, and on FDG-PET the typical pattern is hypometabolism in the temporoparietal cortex. Seeing medial temporal atrophy alongside temporoparietal hypometabolism is a classic imaging signature of Alzheimer's disease. The other options don't fit: frontal lobe hypermetabolism isn't characteristic of AD and is more aligned with other conditions; occipital lobe atrophy is not typical of standard AD; and diffuse brain edema points to acute processes rather than chronic neurodegeneration.

6. In apraxia, which brain region's disruption most commonly leads to impaired skilled movements, and what is the hallmark symptom?

A. Left frontal/postcentral-premotor networks; ideomotor apraxia (difficulty performing gestures on command)

B. Right frontal networks; ideomotor apraxia

C. Temporal-parietal junction networks; limb-kinetic apraxia

D. Left parietal/postcentral-premotor networks; ideomotor apraxia (difficulty performing gestures on command)

Skilled movements rely on a left-hemisphere network that links sensory information with motor planning, particularly the parietal region near the postcentral gyrus and its connections to premotor areas. When this left parietal/postcentral-premotor system is disrupted, the brain struggles to translate a desired gesture into the correct motor sequence. That deficit characterizes ideomotor apraxia: a person understands the task and can move, but on command has difficulty performing gestures or pantomiming tool use, even though automatic or spontaneous actions may be relatively preserved. This reflects a breakdown in translating intention into purposeful action, rather than a primary motor weakness or a neglect-like deficit.

SAMPLE

7. Extinction is best described as which of the following?

A. Extinction occurs even without contralesional stimuli.

B. Neglect is the only condition.

C. Extinction is failure to notice contralesional stimuli only when contralesional stimuli are presented with competing ipsilesional stimuli.

D. Extinction is a complete neglect of contralesional space.

Extinction arises when a patient with unilateral parietal damage cannot detect a contralesional stimulus only when another stimulus is present on the ipsilesional side. The contralesional input is noticed if it's shown alone, which means basic sensory processing is intact; the difficulty is in selective attention when two stimuli compete for processing resources. So the description that fits best is: a failure to notice contralesional stimuli only when those stimuli are presented together with competing ipsilesional stimuli. The other statements don't fit because extinction requires contralesional input to be present for the deficit to emerge, and it reflects a selective attention problem rather than a blanket lack of awareness. It's not that neglect never occurs, but extinction is a specific, competition-driven subset of neglect. And it isn't a complete neglect of the contralesional space, since the person can perceive those stimuli in isolation.

8. Which feature best characterizes the logopenic variant of primary progressive aphasia?

A. Lower word-finding problems with intact phonological working memory.

B. Early semantic memory loss.

C. Features prominent word-finding problems and impaired phonological working memory with relatively preserved single-word semantics early on.

D. Nonverbal language deficits predominant.

Logopenic PPA is defined by problems with phonological processing and word retrieval, not by loss of word meanings or nonverbal skills. The core signs are frequent word-finding pauses and difficulty holding and manipulating sounds in memory, which makes repeating phrases or sequences hard. Yet, early on, the meanings of individual words are largely preserved, so single-word comprehension and understanding stay relatively intact. This combination—startled, slowed speech with word-finding trouble plus impaired phonological working memory while semantics stay relatively intact—is what sets this variant apart. So, the best description focuses on prominent word-finding problems paired with impaired phonological working memory, with relatively preserved single-word semantics early on. The other options don't fit: one suggests intact phonological memory, another points to early semantic loss, and another emphasizes nonverbal language deficits, which are not the hallmark of this variant.

SAMPLE

9. Which artery supplies most of the lateral surfaces of the cerebral hemispheres?

A. Anterior Cerebral Artery

B. Posterior Cerebral Artery

C. Middle Cerebral Artery

D. Angiography

The middle cerebral artery is the main supplier of the lateral surfaces of the cerebral hemispheres. It runs in the lateral fissure and fans out to perfuse the lateral frontal, parietal, and temporal lobes, covering areas responsible for movement and sensation of the face and arm, as well as language regions in the dominant hemisphere. Because it covers the majority of the lateral cortex, it explains why MCA lesions produce strong deficits in those regions. By contrast, the anterior cerebral artery mainly vascularizes the medial aspects of the hemispheres and the leg areas, the posterior cerebral artery supplies the occipital and inferior temporal regions, and angiography is a technique for imaging blood vessels, not a vessel itself.

10. Which statement best describes the early presentation of frontotemporal dementia in relation to memory?

A. Memory is relatively spared in the early stages.

B. Visuospatial deficits are the earliest feature.

C. Memory is severely impaired in the early stages.

D. Motor symptoms dominate early.

Memory is relatively spared in the early stages of frontotemporal dementia. This pattern arises because the disease initially targets the frontal and anterior temporal regions, which disrupt behavior, personality, and language rather than the hippocampus and memory networks fed by the medial temporal lobe. As a result, early on patients often show changes in social conduct, motivation, or speech, while standard memory performance remains relatively intact. Visuospatial deficits and motor symptoms are not the hallmark early features of FTLD; those patterns point more toward other dementias or specific FTLD variants. Over time, as the disease progresses to memory-related regions, memory can decline, but the initial presentation is dominated by behavioral and language changes with memory preserved.

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://neuropsychology.examzify.com

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

SAMPLE