



CNA

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Practice Questions

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1. If a sterile washcloth fell on the floor, it is now:

- A. infected.
- B. disinfected.
- C. sterile.
- D. contaminated.

2. Mrs. Walker was diagnosed with colon cancer, and a descending colostomy was created. Which statement about ostomies is false?

- A. Good skin care around the stoma is essential.
- B. Deodorants can control odors.
- C. The person wears a pouch.
- D. Feces are always liquid.

3. Which site for taking a patient's temperature is the least reliable and is used mainly when the other sites cannot be used?

- A. temporal artery site
- B. rectal site
- C. tympanic membrane site
- D. axillary site

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4. In order to get an accurate reading, how long should you wait after a client smokes or drinks coffee before taking his or her blood pressure?

- A. 15 minutes
- B. 5 minutes
- C. 1 hour
- D. 30 minutes



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5. A type of quantitative data collection is:

- A. oral histories.
- B. focus groups.
- C. observations.
- D. questionnaires.

**6. You are doing hospice care for Mr. Jones.

Which of the following symptoms will let you know his death is near?**

- A. Cheyne stokes respirations, pulse rate 42-60 irregular, skin cool and moist, pulse oximetry of 76%
- B. Shallow rapid breathing, warm skin, heart rate 72, pulse oximetry of 92%
- C. Eupnea, irregular pulse rate 60-90, skin cool and dry, pulse oximetry of 89%
- D. Orthopnea, irregular pulse rate 110, skin warm moist, pulse oximetry 89%

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7. All of the following would be included in a patient's progress notes EXCEPT:

- A. the person's signs and symptoms
- B. procedures performed by the doctor
- C. information about treatments and drugs
- D. education and occupation

8. Mrs. Lewis normally eats meals independently in her room. You check on her and see her clutching her throat. She is unable to cough or speak. You put on the call light. Your next action should be to:

- A. Ask her if she is choking
- B. Perform 5 back blows
- C. Perform abdominal thrusts
- D. Give her a drink of water

9. If an aide restates a patient's message in their own words, then the aide is:

- A. repeating.
- B. paraphrasing.
- C. clarifying.
- D. correcting.

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10. The abdomen is divided into regional sections. A pain in the RUQ means that the pain is located in the:

- A. lower bowel
- B. remaining upper quadrant
- C. right upper quadrant
- D. regional upper quadrant

11. Which of the following statements is correct about ostomy care?

- A. Able clients can perform this procedure by themselves after a thorough health teaching.
- B. It is done under sterile technique.
- C. A doctor's order is needed for changing of ostomy pouches.
- D. The client can still defecate normally.

12. You are working in a community primary care center. It is your job to get the heights and weights of all patients. You are trying to measure a patient's height and you see that the patient is somewhat slouched. You should `<code>_____</code>`.

- A. Both a and b
- B. Skip the height and just do the patient's weight
- C. Ask the patient to stand up straight and erect so their height is accurate
- D. Tell the patient to see a physical therapist for posture training

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13. All of the following are part of good communication EXCEPT:

- A. Give facts and be specific.
- B. Give information in a logical manner.
- C. Be detailed and wordy.
- D. Use familiar words.

**14. Mr. Barry, a resident with dementia, asks you when his wife is coming to see him. You know his wife is deceased.

How should you answer him?**

- A. "She called and said she would be here later."
- B. "Tell me about Mrs. Barry. "
- C. "Let's see what's going on in Activities."
- D. "Now, Mr. Barry, you know your wife has passed on."



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15. Choose an example of negative body language.

- A. Touching a residents shoulder while talking
- B. Smiling and maintaining eye contact
- C. Placing hands on the hips
- D. Leaning toward the resident to communicate

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**16. Assuring your residents that you are listening to them is the best common response to give.

Which of the following would be the most effective way to demonstrate good listening skills?**

- A. Facing your patient while they are speaking and responding when you deem it to be appropriate.
- B. Directing the conversation further by asking the patient questions.
- C. Directing the conversation by speaking about your own experiences on the topic.
- D. Continuing to work while speaking with your patient.

17. In communicating with a person who has Alzheimer’s disease which of the following is NOT appropriate?

- A. speaking slowly in a calm, gentle voice
- B. using gestures or cues or pointing to objects
- C. approaching the person from the side or the back
- D. providing simple explanations of procedures and activities

**18. You are assisting Mr. Williams with dinner. The mashed potatoes are steaming

How can you be sure the food is not too hot?**

- A. Taste it yourself.
- B. Ask another CNA to taste it.
- C. Blow on the forkful of food to cool it off first.
- D. Drop a small amount on your wrist to test the temperature.

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**19. The patient is using crutches for the first time. He positions the crutches, moves his good foot forward, then moves the crutches forward.

Which type of gait is being used?**

- A. Four point gait
- B. Swing-through gait
- C. Swing-to gait
- D. Three point gait

**20. The nurse informs you Mr. Flores has started taking antihypertensive medication.

You will this information affect your care?**

- A. His appetite will increase.
- B. His ability to swallow will decrease.
- C. His risk for falls will increase.
- D. His risk for falls will decrease.

**21. You are expecting a new resident in the nursing home where you work. The patient is ambulatory. You are asked to prepare the bed for the new resident.

Which of the following methods will you use?**

- A. closed bed
- B. occupied bed
- C. open bed
- D. surgical bed

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22. What should a nursing assistant do when he or she notices warning signs that indicate the patient may be developing a bedsore?

- A. Ignore the warning signs until a bedsore actually develops
- B. Administer the medication that is used for healing bedsores
- C. Immediately report the warning signs to the patient's assigned nurse
- D. Monitor the warning signs to see if they get worse

**23. The nurse aide has been asked to remove a soiled isolation gown from a client.

Which is the correct procedure?**

- A. Roll it dirty side in and away from the body.
- B. Remove from the client's weak side and shake it out.
- C. Ask the client to drop the gown to the floor and step out of it.
- D. Pull the gown over the client's head.



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24. Which of the following needs has the LEAST priority?

- A. A healthy and satisfying relationship
- B. Membership in a community group
- C. Reaching one's fullest potential
- D. An award or a special recognition

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25. In most facilities, what is a Code Red?

- A. A manpower call for patient out of control
- B. An impending natural disaster like a tornado
- C. A fire warning
- D. A cardiopulmonary arrest

26. How does dehydration affect the respiratory system?

- A. A lower heart rate decreases compensatory respiration.
- B. The mucus content of the body increases and causes congestion.
- C. None of the above.
- D. Less mucus is produced in the nasal passages setting up a pathway for infection.

27. Which of the following symptoms does not indicate depression?

- A. If your patient increases the amount that they sleep.
- B. If your patient becomes withdrawn.
- C. If your patient has a decrease in their appetite.
- D. If your patient's interest in joining the facility's social activities increases.

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28. Which of the following personal qualities is a nursing assistant demonstrating when he or she accepts a new assignment without complaint?

- A. Flexibility
- B. Being considerate
- C. Accountability
- D. Self-responsibility



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29. When is the best time to make disaster plans?

- A. While the patients are stable
- B. At staff meetings
- C. During a disaster while evacuating patients
- D. Before a disaster happens

30. Range-of-motion exercises move each muscle and joint through its full range of motion. Which type of range-of-motion exercise is the type in which the patient is able to move limbs through their range of motion unassisted?

- A. passive assist range-of-motion
- B. active assist range-of-motion
- C. active range-of-motion
- D. passive range-of-motion



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Answer Key & Explanations

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1. D — contaminated.

Anything that comes into contact with or mixes with something that is unclean, like the floor, is considered contaminated.
Disinfected (choice B) is a less-deadly process than sterilization because it kills certain bacteria and viruses from surfaces and eliminates and reduces harmful germs.
To be infected (choice C) means that an organism has entered the body and caused disease. To be sterile (choice D) means that the process of killing all germs has occurred.

2. D — Feces are always liquid.

Feces are not always liquid. Stool consistency depends on the colostomy site. Consistency ranges from liquid to formed. The more colon remaining to absorb water, the more solid and formed the stool. If the colostomy is near the start of the colon, stools are liquid. A colostomy near the end of the colon results in formed stools.

3. D — axillary site

The axillary site is less reliable than the other sites. It is used mainly when the other sites cannot be used. The axillary temperature is taken under the arm. The site must be dry when the temperature is taken.

4. D — 30 minutes

You should wait 30 minutes to take the client's blood pressure. Cigarette smoking and coffee cause vasoconstriction. Vasoconstriction leads to increased BP. Allowing the client to rest for 30 minutes will facilitate the return of normal blood circulation and can provide accurate BP reading.

5. D — questionnaires.

Questionnaires are a way to collect data in a quantitative manner. Observations (choice A), focus groups (choice C), and oral histories (choice D) collect data in a qualitative way.■.

6. A — Cheyne stokes respirations, pulse rate 42-60 irregular, skin cool and moist, pulse oximetry of 76%

Cheyne Stokes respirations are a sign of impending death. A pulse rate as low as 42-60 and irregular is a sign of cardiac issues. Skin being cool and moist may indicate shock. Lastly, a pulse oximetry that low indicates poor air exchange. The other answers have irregular vital signs but are not definitive signs of impending death.

7. D — education and occupation

Education and occupation would not be included in progress notes. They would be part of a person's health history.

8. C — Perform abdominal thrusts

Abdominal thrusts are indicated if a choking victim is unable to cough or speak. Because CNAs observe and feed residents with swallowing difficulties, they need to be competent in this skill.

9. B — paraphrasing.

Paraphrasing is restating a message in your own words. Clarifying (choice A) is to make a statement or



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situation understandable. Repeating (choice C) is to say or do something several times in the same way. Correcting (choice D) is to change something so that it is right.

10. C — right upper quadrant

The abdomen is divided into four regional quadrants. They are upper or lower and left or right. A pain in the RUQ is in the right upper quadrant.

11. A — Able clients can perform this procedure by themselves after a thorough health teaching.

Able clients can perform this procedure by themselves after a thorough health teaching. Ostomy care is done aseptically (according to rules of cleanliness). Changing the ostomy pouch does not require a doctor's order. The collection bag must be changed when it is full or when the adhering seal is broken. A client with an ostomy will not defecate normally; rather, the fecal matter will be collected through an appliance that is held over the stoma by a special adhesive or paste.

12. C — Ask the patient to stand up straight and erect so their height is accurate

You should ask the patient to stand up straight and erect so that you are better able to get an accurate height. The patient may just be carelessly slouching. If the person cannot stand up straight, report it to the nurse in the primary care center. It is not the job of a CNA to refer people to a physical therapist.

13. C — Be detailed and wordy.

It is best to be brief and concise and to stay on the subject. Do not add unrelated or unnecessary information or get wordy.

14. B — "Tell me about Mrs. Barry. "

When dealing with dementia residents seek the emotion behind the words. Mr. Barry is unable to deal with the fact of his wife's death. He is likely missing her and may receive comfort from talking about her. Distraction may be effective but does not deal with the emotion the resident is experiencing.

15. C — Placing hands on the hips

With negative body language, the meaning of your words can be powerful and actually canceled. A physical barrier between you and other people is represented by placing your hands on your hips, crossing your arms, or making a "steeple" with your fingers. More than half of all Communication is nonverbal. Use your gestures to support others rather than to push them away.

16. A — Facing your patient while they are speaking and responding when you deem it to be appropriate.

Stopping what you're doing, facing your patient, and making eye contact with them are ways to signal that you're paying attention and that what they have to say matters. The other choices may discourage future conversations.

17. C — approaching the person from the side or the back

You should approach the person with AD from the front; never from the side or back. This can startle the person.

18. D — Drop a small amount on your wrist to test the temperature.

This method will ensure the food is at a safe temperature and will not compromise infection control when hand hygiene is performed before and after the procedure.



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19. D — Three point gait

The patient moves forward on one good leg when using a three-point gait. When using a four-point gait, the patient will move forward using both legs. The right crutch is moved forward and then the left foot. The left crutch is moved forward followed by the right foot. The swing-to gait involves moving both crutches forward then the person lifts both legs and swings to the crutches. With the swing-through gait, the person moves the crutches forward then lifts both legs and swings through the crutches. Gait is an important factor to note.

20. C — His risk for falls will increase.

Antihypertensive medication lowers blood pressure. Elderly residents starting blood pressure medication should be closely monitored for dizziness, which increases the risk for falls.

21. A — closed bed

For a new ambulatory resident you would make a closed bed. This means that the top linens are not folded back because the bed is not in use. This is also done for residents who are up during the day.

22. C — Immediately report the warning signs to the patient's assigned nurse

The nursing assistant should immediately report the warning signs to the patient's assigned nurse. It is the legal and ethical responsibility of a nursing assistant to report all patient abnormalities to the patient's nurse as soon as they are identified. Therefore, the nursing assistant should not continue to monitor the patient's warning signs or ignore the warning signs completely. A nursing assistant is not certified to prescribe medication or to treat patients. [Category: Role of the Nurse Aide].

23. A — Roll it dirty side in and away from the body.

The correct way to remove a dirty isolation gown is to roll it dirty side in and away from the body. This contains contamination. Soiled linens or gowns should never be shaken. This could contaminate the client, the nurse aide, and the room.

24. C — Reaching one's fullest potential

The lowest priority of all of these needs is reaching one's fullest potential (a self-actualization need). The other needs in terms of priority are self-esteem and esteem by others (awards or another form of recognition), then love and belonging (membership in a community group), followed by safety and security (healthy and satisfying relationships).

25. C — A fire warning

Many hospitals use a Code Red for fire warning.

26. D — Less mucus is produced in the nasal passages setting up a pathway for infection.

With less hydration nasal mucus is lessened and the defense against infection is reduced. Answer C is incorrect because symptoms of dehydration are increased heart rates and increased respiration.

27. D — If your patient's interest in joining the facility's social activities increases.

If a person is suffering from depression, their desire to participate in social activities won't grow. In fact, that desire would decrease. Depression is characterized by an increase in sleep duration, a decrease in appetite, and a withdrawal from social situations.

28. A — Flexibility

Flexibility is the personal quality in which a nursing assistant would accept a new assignment without complaint. As a nursing assistant, you will most likely be re-assigned to a new patient group or unit



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during your career and you will need to be flexible and accept the new disruption in your work routine.

Being considerate is the act of being thoughtful, kind, and caring towards patients and coworkers.

Self-responsibility is the act showing responsibility for yourself by wearing the appropriate personal protective equipment, caring for your own personal health, keeping your workspace safe from hazards, and conserving energy by streamlining your work duties.

Accountability is your ability to perform the job duties for which you have been trained and to bring up any concerns privately with your immediate supervisor.

29. D — Before a disaster happens

Disaster plans should be constructed and in place before a disaster happens. These should be reviewed and practiced regularly.

30. C — active range-of-motion

In active range-of-motion exercises the patient is able to move limbs through their range of motion unassisted. In active assist range-of-motion the patient participates to the extent that the patient is able.



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