



PMHS Peds Mental Health Prep

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Practice Questions

Try all 30 first, then check the answer key at the back.

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1. When evaluating a 4-year-old child with suspected autism spectrum disorder, which component of the family history is MOST important to obtain?

- A. Parental education level
- B. Family income status
- C. Maternal age at delivery
- D. Presence of autism spectrum disorder in siblings

2. During evaluation of a 6-year-old with behavioral concerns, the child's mother appears distracted and minimizes the child's symptoms. The MOST appropriate next step is to

- A. Request a teacher observation form only
- B. Dismiss the behavioral concerns as insignificant
- C. Screen the mother for depression using a validated tool
- D. Refer the child for immediate psychiatric evaluation

3. A 15-year-old presents with academic difficulties and attention problems. Which previous assessment would be MOST valuable to review?

- A. Vision screening from last year
- B. Third grade psychoeducational testing results
- C. Recent sports physical examination
- D. Routine dental records

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4. When observing parent-child interactions during an evaluation, which behavior is MOST concerning?

- A. Parent and child avoid eye contact with each other
- B. Child occasionally interrupts parent
- C. Parent redirects child's behavior
- D. Child seeks parent's attention



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5. What is the MOST appropriate first step in evaluating a 12-year-old who recently moved from a refugee camp and presents with behavioral issues?

- A. Order a complete blood count
- B. Start behavioral therapy immediately
- C. Prescribe an antidepressant
- D. Obtain a trauma-informed history with a cultural interpreter

6. Which finding during a physical exam would be MOST concerning in a 5-year-old with new onset aggressive behavior?

- A. Mild speech delay
- B. Above average height
- C. Fresh bruises in various stages of healing
- D. Seasonal allergies

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7. When reviewing previous assessments for a 7-year-old with attention difficulties, what time period is MOST important to examine?

- A. The last two weeks
- B. Six months before and after starting school
- C. The past month only
- D. Birth to age one

8. Which social determinant of health is MOST critical to assess in a teenager presenting with depression?

- A. Food insecurity
- B. Access to recreational facilities
- C. Transportation availability
- D. Internet access

9. When evaluating a 3-year-old for developmental delay, which information source is MOST valuable?

- A. Grandparent report
- B. Sibling observations
- C. Neighbor's input
- D. Daycare provider observations



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10. During evaluation of an 8-year-old with sudden behavioral changes, which laboratory test should be ordered FIRST?

- A. Vitamin D level
- B. Iron studies
- C. Thyroid function tests
- D. Genetic testing

11. What is the MOST important consideration when selecting an assessment tool for a bilingual child?

- A. The age of the tool
- B. Whether the tool has been validated in the child's primary language
- C. The cost of the assessment
- D. The length of administration time

12. When evaluating a 16-year-old with school refusal, which assessment component should be prioritized?

- A. Comprehensive social media use history
- B. Detailed birth history
- C. Early childhood milestones
- D. Immunization status

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13. Which behavior during evaluation is MOST suggestive of autism spectrum disorder in a 2-year-old?

- A. Occasional tantrums
- B. Preference for certain foods
- C. Shy behavior with examiner
- D. No response to name being called across multiple attempts



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14. When evaluating a 10-year-old with aggressive behavior, which historical element is MOST important to document?

- A. Birth order
- B. Preferred activities
- C. Timing and context of first aggressive episode
- D. Parent's marital status

15. Which assessment approach is MOST appropriate for a 5-year-old from a cultural background that values collective decision-making?

- A. Rely on written questionnaires
- B. Include extended family members in the evaluation process
- C. Limit assessment to parent and child only
- D. Conduct individual child assessment first

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16. When evaluating a 14-year-old with new onset anxiety, which aspect of the physical exam is MOST important?

- A. Thyroid examination
- B. Skin examination
- C. Height measurement
- D. Vision screening

17. What is the MOST appropriate first step in evaluating a 6-year-old with suspected ADHD who lives in a rural area?

- A. Order neuroimaging
- B. Start medication trial
- C. Refer to specialist
- D. Send Vanderbilt forms to both parent and teacher

18. Which observation during evaluation is MOST concerning for a 3-year-old with language delay?

- A. Pronunciation errors
- B. Limited vocabulary
- C. Complete lack of gesture use
- D. Difficulty with plurals



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19. When evaluating an 8-year-old's executive functioning, which setting provides the MOST valuable information?

- A. Art class
- B. Homework completion environment
- C. Physical education class
- D. Lunch period

20. Which finding during evaluation of a 12-year-old with depression requires IMMEDIATE action?

- A. Recent self-harm marks on arms
- B. Poor grades this semester
- C. Decreased appetite
- D. Social withdrawal

21. When discussing screen time limits with parents of a 3-year-old child, which recommendation best aligns with current health promotion guidelines?

- A. Allow unlimited educational content viewing
- B. Restrict all screen time until age 5
- C. Permit 3 hours of daily screen time
- D. Limit screen time to 1 hour per day of high-quality programming

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22. Which approach best promotes secure attachment between a caregiver and infant during the first year of life?

- A. Limiting physical contact to prevent dependency
- B. Allowing the infant to cry to develop self-soothing
- C. Responding consistently and promptly to the infant's cues
- D. Maintaining strict feeding schedules



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23. During a 15-month well-child visit, which screening tool is most appropriate for developmental surveillance?

- A. Beck Depression Inventory
- B. Ages & Stages Questionnaire (ASQ)
- C. CRAFFT Screening Interview
- D. HEADSSS Assessment

24. What is the most effective approach to promote healthy sleep habits in a 2-year-old child?

- A. Implementing a consistent bedtime routine
- B. Using melatonin supplements regularly
- C. Eliminating all daytime naps
- D. Varying bedtime based on daily activity level

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25. Which activity best promotes language development in an 18-month-old child?

- A. Watching educational television programs
- B. Using electronic language learning apps
- C. Practicing with vocabulary flash cards
- D. Reading together with interactive discussion

26. Which intervention best promotes social skills development in a shy 4-year-old starting preschool?

- A. Allowing complete social avoidance
- B. Implementing social skills drilling
- C. Gradually increasing social exposure with support
- D. Requiring immediate full participation

27. When screening for autism spectrum disorder in an 18-month-old, which tool should be used?

- A. Child Behavior Checklist
- B. M-CHAT-R/F
- C. ASQ-SE
- D. Pediatric Symptom Checklist



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28. Which strategy best promotes emotional regulation in a 3-year-old?

- A. Helping the child label and identify emotions
- B. Using time-outs for emotional outbursts
- C. Distracting from negative emotions
- D. Ignoring emotional displays

29. What is the most appropriate approach to promote healthy eating habits in a 5-year-old?

- A. Strictly controlling portion sizes
- B. Using food as rewards
- C. Requiring the plate to be cleaned
- D. Following division of responsibility in feeding

30. Which activity best promotes fine motor development in a 2-year-old?

- A. Using scissors with paper
- B. Playing electronic fine motor games
- C. Playing with playdough and modeling clay
- D. Practicing letter writing



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Answer Key & Explanations

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1. D — Presence of autism spectrum disorder in siblings

The presence of autism spectrum disorder in siblings is the most important family history component as it significantly increases the risk of ASD in subsequent children. Sibling recurrence risk is estimated at 20%, making it a crucial factor in evaluation compared to other family demographic factors.

2. C — Screen the mother for depression using a validated tool

Maternal mental health significantly impacts child behavior and symptom reporting. When a parent appears distracted or minimizing symptoms, screening for maternal depression is crucial as it can affect both the accuracy of reported symptoms and the child's behavior.

3. B — Third grade psychoeducational testing results

Previous psychoeducational testing results provide valuable baseline data about cognitive functioning and academic performance, helping to establish patterns and progression of difficulties over time.

4. A — Parent and child avoid eye contact with each other

Consistent avoidance of eye contact between parent and child may indicate attachment issues or relationship difficulties, which is more concerning than normal childhood behaviors like interrupting or attention-seeking.

5. D — Obtain a trauma-informed history with a cultural interpreter

A trauma-informed history with a cultural interpreter is essential as the first step for refugee children, as it considers cultural context and potential trauma exposure while ensuring accurate communication.

6. C — Fresh bruises in various stages of healing

Multiple bruises in various stages of healing may indicate physical abuse, which requires immediate investigation when evaluating new onset behavioral changes in young children.

7. B — Six months before and after starting school

The transition period around starting school is crucial for identifying the onset and pattern of attention difficulties, as this is when academic and social demands typically first impact functioning significantly.

8. A — Food insecurity

Food insecurity has a direct impact on brain development, mood regulation, and overall mental health, making it the most critical social determinant to assess in adolescent depression.

9. D — Daycare provider observations

Daycare provider observations offer consistent, comparative data about the child's development in relation to same-age peers across multiple domains in a structured setting.

10. C — Thyroid function tests

Thyroid dysfunction can present with sudden behavioral changes in children and is readily treatable, making it the most appropriate first-line laboratory test in this situation.



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11. B — Whether the tool has been validated in the child's primary language

Using assessment tools validated in the child's primary language is crucial for accurate evaluation, as tools may not maintain their validity when translated or used with different cultural groups.

12. A — Comprehensive social media use history

In adolescents with school refusal, social media use patterns can reveal important information about social dynamics, cyberbullying, and other factors contributing to school avoidance.

13. D — No response to name being called across multiple attempts

Consistent lack of response to name is a significant red flag for autism spectrum disorder, whereas the other behaviors are common in typically developing toddlers.

14. C — Timing and context of first aggressive episode

The timing and context of the first aggressive episode provide crucial information about potential triggers and the progression of behavioral issues, aiding in diagnosis and treatment planning.

15. B — Include extended family members in the evaluation process

Including extended family members respects cultural values of collective decision-making and provides a more comprehensive understanding of the child's functioning within their cultural context.

16. A — Thyroid examination

Thyroid examination is crucial as thyroid dysfunction can present with anxiety symptoms in adolescents and requires medical intervention if present.

17. D — Send Vanderbilt forms to both parent and teacher

Obtaining standardized behavioral ratings from both home and school environments using Vanderbilt forms is the essential first step in ADHD evaluation, particularly in rural areas where specialist access may be limited.

18. C — Complete lack of gesture use

Complete absence of gestures is more concerning than other language-related issues as it suggests broader communication deficits and possible autism spectrum disorder.

19. B — Homework completion environment

The homework completion environment provides the best insight into executive functioning as it requires planning, organization, time management, and sustained attention without direct supervision.

20. A — Recent self-harm marks on arms

Evidence of recent self-harm requires immediate safety assessment and intervention, whereas other symptoms, while concerning, do not pose immediate safety risks.

21. D — Limit screen time to 1 hour per day of high-quality programming

The American Academy of Pediatrics recommends limiting screen time to 1 hour per day of high-quality programming for children ages 2-5 years. This guideline promotes optimal development by ensuring children have adequate time for physical activity, social interaction, and hands-on learning experiences. Longer durations of screen time are associated with language delays, decreased physical activity, and potential impacts on sleep patterns.

22. C — Responding consistently and promptly to the infant's cues

Consistent and prompt response to the infant's cues is fundamental to developing secure attachment. This approach helps the infant develop trust and security, knowing their needs will be met. This pattern of



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responsive caregiving leads to better emotional regulation and social development compared to scheduled feeding, limiting physical contact, or allowing prolonged crying.

23. B — Ages & Stages Questionnaire (ASQ)

The Ages & Stages Questionnaire (ASQ) is specifically designed for developmental screening at this age and provides comprehensive assessment of five developmental domains: communication, gross motor, fine motor, problem solving, and personal-social skills. It is validated for this age group and helps identify potential developmental delays early.

24. A — Implementing a consistent bedtime routine

Establishing a consistent bedtime routine helps regulate the child's circadian rhythm and provides predictability, which promotes better sleep habits. This approach is more effective than variable schedules, medication, or avoiding naps entirely. The routine should include calming activities and occur at approximately the same time each night.

25. D — Reading together with interactive discussion

Interactive reading with a caregiver provides optimal language stimulation through direct engagement, vocabulary exposure, and back-and-forth communication. This activity is superior to passive television viewing, independent play, or flash card use for language development at this age.

26. C — Gradually increasing social exposure with support

Gradual exposure to social situations with caregiver support allows the child to build confidence while maintaining security. This approach is more effective than forced interaction, isolation, or immediate full immersion, as it respects the child's temperament while promoting social development.

27. B — M-CHAT-R/F

The M-CHAT-R/F (Modified Checklist for Autism in Toddlers, Revised with Follow-up) is specifically designed and validated for autism screening at 18-24 months. It is the recommended screening tool at this age and helps identify children who may need further evaluation for autism spectrum disorder.

28. A — Helping the child label and identify emotions

Labeling emotions helps children develop emotional awareness and vocabulary to express their feelings, which is fundamental to emotional regulation. This approach is more effective than punishment, distraction, or ignoring emotions, as it builds emotional intelligence and coping skills.

29. D — Following division of responsibility in feeding

Division of responsibility in feeding (parents decide what and when to serve, children decide how much to eat) promotes healthy eating habits and prevents power struggles around food. This approach is more effective than strict portion control, food rewards, or forcing specific foods.

30. C — Playing with playdough and modeling clay

Playdough manipulation activities promote fine motor skills through hand strengthening, finger dexterity, and eye-hand coordination. This activity is more developmentally appropriate than writing practice, cutting activities, or electronic games at this age.



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