



Registered Dietitian

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Practice Questions

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1. Which anthropometric measurement is most commonly used to assess body fat distribution and cardiovascular disease risk?

- A. Body mass index (BMI)
- B. Mid-upper arm circumference (MUAC)
- C. Waist circumference
- D. Skinfold thickness at the triceps

2. Which method is most commonly used to assess the nutritional needs of a community by collecting data on what individuals actually eat?

- A. 24-hour dietary recall
- B. Food frequency questionnaire administered once
- C. Biochemical blood panel
- D. Anthropometric measurements only

3. Which type of foodservice system produces meals in a central kitchen and transports them to satellite locations for service?

- A. Conventional system
- B. Commissary system
- C. Ready-prepared system
- D. Assembly-serve system

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4. In a conventional foodservice system, food is:

- A. Prepared and served in the same facility on the same day
- B. Prepared centrally and shipped frozen to sites
- C. Purchased fully cooked and only reheated
- D. Cooked, chilled, stored, and reheated later



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5. Which type of organizational structure groups employees by function (e.g., nutrition, food production, purchasing) under specialized department heads?

- A. Matrix structure
- B. Divisional structure
- C. Functional structure
- D. Flat structure

6. Which component typically accounts for the largest portion of total daily energy expenditure in a sedentary adult?

- A. Thermic effect of food
- B. Physical activity level
- C. Basal metabolic rate
- D. Adaptive thermogenesis

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7. Which anthropometric measurement is most commonly used to classify obesity in adults?

- A. Waist-to-hip ratio
- B. Mid-arm muscle circumference
- C. Body mass index (BMI)
- D. Triceps skinfold thickness

8. How many kilocalories per gram does dietary fat provide?

- A. 4 kcal/g
- B. 5 kcal/g
- C. 9 kcal/g
- D. 7 kcal/g

9. Which study design provides the strongest evidence for establishing a cause-and-effect relationship between an intervention and an outcome?

- A. Randomized controlled trial
- B. Prospective cohort study
- C. Case-control study
- D. Cross-sectional survey



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10. Which laboratory value is considered the best single marker of long-term glycemic control in patients with diabetes?

- A. Glycated hemoglobin (HbA1c)
- B. Fasting plasma glucose
- C. Serum fructosamine
- D. 2-hour postprandial glucose

11. A public health dietitian wants to estimate the prevalence of food insecurity in a county. Which data source would be MOST appropriate?

- A. National Health and Nutrition Examination Survey (NHANES)
- B. Behavioral Risk Factor Surveillance System (BRFSS) national data only
- C. USDA Economic Research Service county-level food environment atlas
- D. Hospital discharge records

12. In an assembly-serve foodservice system, the facility's primary role is to:

- A. Cook food from raw ingredients on site
- B. Blast-chill cooked food for later service
- C. Transport food to satellite kitchens
- D. Portion and heat pre-made, commercially prepared foods

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13. A manager who makes all decisions without consulting staff and closely supervises all work is using which leadership style?

- A. Autocratic
- B. Democratic
- C. Laissez-faire
- D. Transformational



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14. The thermic effect of food (TEF) represents approximately what percentage of total daily energy expenditure?

- A. 10%
- B. 25%
- C. 40%
- D. 60%

15. A 24-hour dietary recall is best described as which type of dietary assessment method?

- A. Retrospective, open-ended interview about intake in the past 24 hours
- B. Prospective food diary kept by the patient over 7 days
- C. Questionnaire about usual frequency of food consumption
- D. Observed weighed food record completed by a dietitian

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16. Protein and carbohydrate each provide how many kilocalories per gram?

- A. 4 kcal/g
- B. 7 kcal/g
- C. 9 kcal/g
- D. 2 kcal/g

17. In a case-control study investigating diet and colorectal cancer, the cases are individuals with colorectal cancer. What do the controls represent?

- A. Individuals who will develop colorectal cancer in the future
- B. Individuals without colorectal cancer drawn from the same source population as cases
- C. Individuals with other types of cancer
- D. Individuals who consume the same diet as the cases

18. The Subjective Global Assessment (SGA) classifies nutritional status into which categories?

- A. Adequate, At Risk, Severely Malnourished
- B. Well-nourished, Moderately malnourished, Severely malnourished
- C. Overweight, Normal, Underweight
- D. Adequate, Mild deficiency, Moderate deficiency, Severe deficiency



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19. When conducting a community needs assessment, the dietitian notes that 35% of children in the school district meet the 2020-2025 DGA recommendation for vegetable intake. This figure is an example of a:

- A. Process indicator
- B. Prevalence estimate
- C. Incidence rate
- D. Program output

20. A hospital produces large batches of food, quickly chills them, stores them chilled, then reheats to order. This is best described as:

- A. Conventional foodservice
- B. Commissary foodservice
- C. Ready-prepared (cook-chill) foodservice
- D. Assembly-serve foodservice

21. Which document provides a written description of the duties, responsibilities, and qualifications required for a specific position?

- A. Performance appraisal form
- B. Job description
- C. Organizational chart
- D. Policy manual

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22. A 35-year-old woman has a BMR of 1,400 kcal/day, a physical activity factor of 1.6, and consumes 2,400 kcal/day. What is her estimated energy balance?

- A. +176 kcal/day surplus
- B. +160 kcal/day surplus
- C. Energy balance (zero)
- D. -160 kcal/day deficit



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23. Which biochemical marker is considered the best indicator of long-term glycemic control in a patient with diabetes?

- A. Fasting plasma glucose
- B. Hemoglobin A1c (HbA1c)
- C. Postprandial blood glucose at 1 hour
- D. Fructosamine

24. Which organ is the primary site of glycogen storage in the body?

- A. Kidneys
- B. Liver
- C. Small intestine
- D. Pancreas

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25. A study follows a group of healthy adults who eat a Mediterranean diet and a group who eat a Western diet over 10 years, comparing rates of cardiovascular disease. This is best described as:

- A. Cross-sectional study
- B. Case-control study
- C. Randomized controlled trial
- D. Prospective cohort study

26. A hospitalized patient has a serum albumin of 2.8 g/dL. Which factor most limits the interpretation of albumin as a nutritional marker in this patient?

- A. Albumin is insensitive to nitrogen balance changes
- B. Albumin is produced mainly in the kidney
- C. Albumin has a very short half-life of 2 days
- D. Acute-phase response reduces albumin synthesis and increases its redistribution

27. Which of the following is the FIRST step in the program planning process for a community nutrition intervention?

- A. Implementing the program activities
- B. Evaluating program outcomes
- C. Securing funding for the program
- D. Conducting a community needs assessment



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28. A cycle menu repeats on a set schedule. The PRIMARY advantage of using a cycle menu in a long-term care facility is:

- A. It allows unlimited menu variety for residents
- B. It eliminates the need for standardized recipes
- C. It simplifies purchasing, production, and staffing planning
- D. It reduces the need for nutrient analysis

29. A budget built from zero each fiscal year, requiring managers to justify all expenditures, is called a:

- A. Static budget
- B. Flexible budget
- C. Capital budget
- D. Zero-based budget

30. Which of the following factors most strongly predicts an individual's basal metabolic rate?

- A. Age
- B. Sex
- C. Height
- D. Fat-free mass (lean body mass)



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Answer Key & Explanations

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1. C — Waist circumference

Waist circumference reflects visceral adiposity and is the most widely used anthropometric marker for cardiovascular and metabolic disease risk. BMI reflects total weight relative to height but does not distinguish fat distribution.

2. A — 24-hour dietary recall

The 24-hour dietary recall is the most commonly used method for estimating usual dietary intake at the population level. It provides detailed, quantitative food intake data for the previous 24 hours and is widely used in national surveys.

3. B — Commissary system

A commissary system centralizes production and distributes meals to satellite or remote service sites. This contrasts with a conventional system where food is both produced and served in the same facility.

4. A — Prepared and served in the same facility on the same day

The conventional system is the traditional model where food is prepared and served at the same location within a short time frame, requiring full on-site production capability.

5. C — Functional structure

A functional structure organizes employees by specialty or function, each under a department head with expertise in that area. This promotes efficiency and specialization within each function.

6. C — Basal metabolic rate

Basal metabolic rate (BMR) accounts for approximately 60–75% of total daily energy expenditure in sedentary individuals. The thermic effect of food is ~10% and physical activity is variable but typically lower in sedentary people.

7. C — Body mass index (BMI)

BMI (kg/m^2) is the standard screening tool for classifying underweight, normal weight, overweight, and obesity in adults. A BMI $\geq 30 \text{ kg}/\text{m}^2$ is classified as obesity by major clinical guidelines.

8. C — 9 kcal/g

Dietary fat provides 9 kcal per gram, which is more than twice the energy density of carbohydrates or protein (each 4 kcal/g). Alcohol provides 7 kcal/g but is not a macronutrient.

9. A — Randomized controlled trial

Randomized controlled trials (RCTs) randomly assign participants to intervention and control groups, minimizing confounding and allowing causal inference. Other designs are observational and cannot fully control for confounders.

10. A — Glycated hemoglobin (HbA1c)

HbA1c reflects average blood glucose over approximately 2–3 months and is the gold standard for monitoring



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long-term glycemic control. Fasting glucose and postprandial glucose are point-in-time measurements.

11. C — USDA Economic Research Service county-level food environment atlas

The USDA ERS Food Environment Atlas provides county-level data on food access, food security, and related socioeconomic factors, making it the most appropriate source for county-level food insecurity estimates.

12. D — Portion and heat pre-made, commercially prepared foods

Assembly-serve systems purchase fully prepared foods and assemble/heat them for service, requiring minimal cooking equipment. Raw cooking and commissary distribution are features of other system types.

13. A — Autocratic

The autocratic style is characterized by centralized decision-making, minimal staff input, and close supervision. It can be effective in emergencies but may reduce morale over time.

14. A — 10%

TEF, also called diet-induced thermogenesis, accounts for roughly 10% of total daily energy expenditure. It reflects the energy cost of digesting, absorbing, and metabolizing nutrients.

15. A — Retrospective, open-ended interview about intake in the past 24 hours

The 24-hour recall is a retrospective method in which a trained interviewer asks the client to recall all foods and beverages consumed in the prior 24 hours. It differs from prospective records and food frequency questionnaires.

16. A — 4 kcal/g

Both protein and carbohydrate yield 4 kcal per gram upon complete oxidation. This is a foundational value used in calculating total energy content of foods.

17. B — Individuals without colorectal cancer drawn from the same source population as cases

Controls in a case-control study represent the source population from which cases arose, allowing estimation of exposure odds. They should be comparable to cases in all respects except the outcome.

18. B — Well-nourished, Moderately malnourished, Severely malnourished

SGA uses clinical judgment incorporating history and physical findings to classify patients as A (well-nourished), B (moderately malnourished), or C (severely malnourished). It does not use a four-tier system.

19. B — Prevalence estimate

A prevalence estimate describes the proportion of a population with a characteristic (meeting vegetable intake guidelines) at a given point in time. Incidence rates track new cases over time; process indicators and outputs measure program activities.

20. C — Ready-prepared (cook-chill) foodservice

Cook-chill (ready-prepared) systems cook food, rapidly chill it to safe temperatures, hold it chilled, and reheat at the point of service. This decouples production from service timing.

21. B — Job description

A job description outlines specific duties, responsibilities, qualifications, and reporting relationships. It is used in recruiting, orienting, and evaluating employees.



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22. B — +160 kcal/day surplus

Estimated total energy expenditure = BMR \times activity factor = $1,400 \times 1.6 = 2,240$ kcal/day. Energy balance = intake – expenditure = $2,400 - 2,240 = +160$ kcal/day surplus.

23. B — Hemoglobin A1c (HbA1c)

HbA1c reflects average blood glucose over the preceding 2–3 months because glucose irreversibly binds to hemoglobin. It is the gold standard for monitoring long-term glycemic control in diabetes management.

24. B — Liver

The liver stores glycogen and releases glucose into the blood to maintain euglycemia. Skeletal muscle also stores glycogen but uses it locally. The liver's glycogen is critical for whole-body glucose homeostasis.

25. D — Prospective cohort study

A prospective cohort study follows disease-free participants forward in time, measuring exposures at baseline and tracking incident outcomes. This allows assessment of incidence rates and relative risks.

26. D — Acute-phase response reduces albumin synthesis and increases its redistribution

Albumin is a negative acute-phase protein; inflammation, stress, and illness suppress its synthesis and cause fluid shifts that lower serum levels independently of nutritional intake. Its 20-day half-life makes it a poor marker of short-term nutrition changes as well.

27. D — Conducting a community needs assessment

Community needs assessment is the foundational first step that identifies problems, assets, and priorities before planning, funding, or implementing any intervention.

28. C — It simplifies purchasing, production, and staffing planning

Cycle menus repeat predictably, which allows managers to streamline purchasing quantities, production schedules, and labor forecasting. They do not eliminate the need for recipes or nutrient analysis.

29. D — Zero-based budget

A zero-based budget starts from scratch each year; every expense must be justified regardless of prior-year spending. This reduces waste but is more time-intensive than incremental budgeting.

30. D — Fat-free mass (lean body mass)

Fat-free mass (lean body mass) is the single strongest predictor of BMR because metabolically active tissue drives resting energy demands. Age, sex, and height correlate with BMR largely because they correlate with lean mass.



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