AI GENERATED CNA PRACTICE Test – Multiple Choice with Rationales

Three questions per vocabulary term. Each section includes a definition, four answer choices, the correct answer, and a specific rationale.

1. Adaptive Device

Question:
Mrs. Reynolds uses a walker to move from her bed to the bathroom. As the CNA, what is the BEST action before she begins walking?

A. Hold the walker while she pulls herself up quickly
B. Check that the walker's rubber tips are secure and the path is clear
C. Tell her to walk independently to build strength
D. Move furniture while she is already standing

Correct Answer: B

Rationale:
Checking the rubber tips and clearing the path prevents falls and ensures the walker is safe to use. CNAs must verify that adaptive devices are functioning properly before assisting with ambulation. Safety comes before movement.

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2. Intake & Output

Question:
A resident drinks 8 oz of water, 4 oz of juice, and eats ½ cup of gelatin. How many milliliters (mL) of intake should the CNA record?
(1 oz = 30 mL, 1 cup = 240 mL)

A. 360 mL
B. 420 mL
C. 480 mL
D. 540 mL

Correct Answer: C

Rationale:
8 oz water = 240 mL
4 oz juice = 120 mL
½ cup gelatin (4 oz) = 120 mL

Total: 240 + 120 + 120 = **480 mL**

All liquids and foods that are liquid at room temperature count as intake, including gelatin.

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3. Standard Precautions

Question:
While helping a resident with perineal care, the CNA notices stool on the glove. What is the BEST next step?

A. Continue care and remove gloves after finishing
B. Wipe gloves with a towel and keep working
C. Remove gloves, perform hand hygiene, and apply clean gloves
D. Rinse gloves under water and reuse them

Correct Answer: C

Rationale:
Standard precautions require glove removal and hand hygiene when gloves become heavily soiled. Clean gloves must be applied before continuing care to prevent cross-contamination and infection transmission.

Adaptive Device

A tool that helps a resident function independently.

4.

A resident uses a walker to move from the bed to the bathroom. What should the CNA do FIRST?

A. Tell the resident to walk without assistance
B. Make sure the walker's rubber tips are secure and the path is clear

C. Pull the walker forward quickly
D. Hold the resident under the arms and lift

Correct Answer: B

Rationale:
Checking equipment safety and clearing the walking path prevents falls and ensures the adaptive device functions properly.

5.

Which of the following is considered an adaptive device?

A. Oxygen tank
B. Blood pressure cuff
C. Grab bar
D. Thermometer

Correct Answer: C

Rationale:
A grab bar helps residents maintain balance and independence during movement or toileting.

6.

A resident refuses to use her reacher to pick up an item from the floor and tries to bend down. What is the BEST CNA response?

A. Allow her to bend since it is her choice
B. Pick up the item without explanation
C. Remind her why the reacher helps prevent falls
D. Tell her she must stay in bed

Correct Answer: C

Rationale:
Education and encouragement promote safety and independence and reduce fall risk.

Admitting a Resident

Welcoming, orienting, and helping a new resident adjust.

7.

A new resident arrives and appears nervous. What is the BEST action for the CNA?

A. Leave the resident alone to adjust
B. Introduce yourself and explain routines
C. Tell the resident to read the handbook
D. Ask the nurse to handle everything

Correct Answer: B

Rationale:
Introducing yourself and explaining routines helps reduce anxiety and promotes comfort.

8.

When admitting a new resident, which item is MOST important to explain?

A. Staff break schedule
B. Visiting hours and call light use
C. Payroll policies
D. Supply storage locations

Correct Answer: B

Rationale:
Explaining how to get help and when visitors are allowed supports safety and independence.

9.

A new resident cannot find her room and seems confused. What should the CNA do?

A. Tell her to ask someone else
B. Walk her to her room and reassure her
C. Ignore the behavior
D. Report her immediately

Correct Answer: B

Rationale:
Assisting with orientation helps prevent anxiety and supports adjustment

10.

Which change is MOST commonly associated with normal aging?

A. Sudden memory loss
B. Slower reaction time
C. Complete vision loss
D. Severe personality change

Correct Answer: B

Rationale:
Slower reaction time is a normal part of aging. Sudden memory loss or major personality changes are not normal and should be reported.

11.

An older resident moves more slowly and needs extra time to dress. What should the CNA do?

A. Rush the resident to save time
B. Finish dressing the resident without asking
C. Allow extra time and encourage independence
D. Tell the resident to stay in bed

Correct Answer: C

Rationale:
Allowing extra time respects dignity and supports independence while recognizing age-related changes.

12.

Which statement about aging is TRUE?

A. All older adults become confused
B. Aging affects everyone the same way
C. Emotional health can remain strong with age
D. Most older adults cannot learn new skills

Correct Answer: C

Rationale:
Many older adults maintain good emotional health and continue learning. Aging affects individuals differently.

13.

A resident with Alzheimer's keeps asking, "When is my husband coming?" even though he passed away years ago. What is the BEST CNA response?

A. "He died a long time ago."
B. "You already asked me that."
C. "Tell me about your husband."
D. "You need to stop asking."

Correct Answer: C

Rationale:
Redirecting the resident to talk about meaningful memories provides comfort and avoids causing emotional distress.

14.

A resident with Alzheimer's tries to leave the unit saying she needs to go home. What should the CNA do FIRST?

A. Lock the door
B. Yell for help
C. Redirect and stay with the resident
D. Tell her she cannot leave

Correct Answer: C

Rationale:
Staying calm and redirecting helps keep the resident safe and reduces agitation. Safety and dignity must be maintained.

15.

Which symptom is MOST common in early Alzheimer's disease?

A. Sudden loss of speech
B. Short-term memory problems

C. High fever
D. Severe pain

Correct Answer: B

Rationale:
Short-term memory loss is usually one of the first signs of Alzheimer's disease.

16.

While checking a sleeping resident, the CNA notices the resident stops breathing for several seconds. What should the CNA do FIRST?

A. Shake the resident hard
B. Report the observation to the nurse
C. Ignore it if the resident wakes up
D. Give the resident water

Correct Answer: B

Rationale:
Periods of stopped breathing may indicate sleep apnea or respiratory problems. The CNA must report this to the nurse immediately.

17.

Which sign may indicate sleep apnea?

A. Constant coughing
B. Loud snoring and daytime sleepiness
C. Skin rash
D. Loss of appetite

Correct Answer: B

Rationale:
Loud snoring and excessive daytime sleepiness are common signs of sleep apnea.

18.

A resident with known apnea removes their oxygen mask at night. What is the BEST CNA action?

A. Leave it off if the resident prefers
B. Put it back on and report to the nurse
C. Hide the mask
D. Tell the resident they will be punished

Correct Answer: B

Rationale:
Oxygen helps prevent low oxygen levels during apnea. Reapplying it and notifying the nurse supports safety and proper care.

19.

A resident coughs and gags while drinking water. What should the CNA do FIRST?

A. Encourage more drinking
B. Stop feeding and report to the nurse
C. Lay the resident flat
D. Give thicker liquids without orders

Correct Answer: B

Rationale:
Coughing may indicate aspiration. Feeding must stop and be reported to prevent pneumonia.

20.

Which position helps prevent aspiration?

A. Flat on back
B. Side-lying
C. Sitting upright
D. Head lowered

Correct Answer: C

Rationale:
Upright positioning allows food to move safely to the stomach.

21.

Which resident is MOST at risk for aspiration?

A. One with arthritis
B. One with swallowing problems
C. One with poor eyesight
D. One with hearing loss

Correct Answer: B

Rationale:
Swallowing problems increase aspiration risk.

Bathing

Helping a resident clean their body.

22.

What should the CNA do FIRST before bathing a resident?

A. Gather supplies
B. Explain the procedure
C. Turn on water
D. Remove clothing

Correct Answer: B

Rationale:
Explaining promotes comfort and dignity.

23.

Which action maintains privacy during bathing?

A. Leaving the door open
B. Closing curtains and doors
C. Talking loudly
D. Rushing care

Correct Answer: B

Rationale:
Privacy protects dignity.

24.

Water temperature for a bath should be checked using:

A. Only the resident's hand
B. A thermometer
C. The CNA's wrist
D. Guessing

Correct Answer: C

Rationale:
The wrist is sensitive to heat and helps prevent burns.

Bedpan

A container used for toileting in bed.

25.

Before placing a bedpan, the CNA should:

A. Raise the bed
B. Lower the bed
C. Lock the wheels
D. Remove pillows

Correct Answer: C

Rationale:
Locked wheels prevent movement and injury.

26.

After using a bedpan, the CNA should:

A. Leave it in the room
B. Measure output if ordered
C. Throw it away
D. Hide it

Correct Answer: B

Rationale:
Output must be measured when ordered.

27.

Which position helps a resident use a bedpan?

A. Flat
B. Slightly raised head
C. Feet elevated
D. Side-lying

Correct Answer: B

Rationale:
A raised head supports natural positioning.

Bladder Retraining

Scheduled bathroom times.

28.

Bladder retraining helps residents:

A. Stop drinking fluids
B. Improve bladder control
C. Avoid walking
D. Sleep longer

Correct Answer: B

Rationale:
Scheduled toileting improves continence.

29.

A bladder program requires the CNA to:

A. Skip schedules
B. Follow timed toileting
C. Wait for accidents
D. Limit fluids

Correct Answer: B

Rationale:
Consistency is essential.

30.

Which should be reported?

A. Improved control
B. Increased accidents
C. Cooperation
D. Comfort

Correct Answer: B

Rationale:
Worsening symptoms need nurse review.

Body Mechanics

Safe movement and lifting.

31.

When lifting, the CNA should:

A. Bend at waist
B. Keep back straight

C. Twist body
D. Hold away

Correct Answer: B

Rationale:
A straight back prevents injury.

32.

Which foot position is safest?

A. Feet together
B. Wide stance
C. On toes
D. Crossed

Correct Answer: B

Rationale:
Wide stance provides balance.

33.

Why use proper mechanics?

A. Save time
B. Avoid injury
C. Impress staff
D. Lift faster

Correct Answer: B

Rationale:
Protects CNA and resident.

Care

Providing physical, emotional, and personal assistance.

34.

Which shows good care?

A. Rushing tasks
B. Listening to concerns
C. Ignoring complaints
D. Avoiding contact

Correct Answer: B

Rationale:
Emotional support is part of care.

35.

A resident is sad. What should the CNA do?

A. Walk away
B. Listen and report
C. Scold
D. Laugh

Correct Answer: B

Rationale:
Emotional needs must be addressed.

36.

Which is part of basic care?

A. Diagnosis
B. Feeding
C. Prescribing
D. Surgery

Correct Answer: B

Rationale:
Feeding is a CNA duty.

Choking

Blocked airway.

37.

A resident cannot speak and grabs throat. What does this indicate?

A. Stroke
B. Choking
C. Fatigue
D. Pain

Correct Answer: B

Rationale:
These are choking signs.

38.

What should the CNA do FIRST?

A. Call nurse later
B. Begin emergency response
C. Give water
D. Walk away

Correct Answer: B

Rationale:
Immediate action saves lives.

39.

Which food increases choking risk?

A. Soup
B. Steak
C. Pudding
D. Yogurt

Correct Answer: B

Rationale:
Tough meats are harder to chew.

Cognitive Impairment

Problems with thinking or memory.

40.

A resident forgets daily routines. This may indicate:

A. Fatigue
B. Cognitive impairment
C. Hunger
D. Pain

Correct Answer: B

Rationale:
Memory loss is a sign.

41.

How should CNAs communicate?

A. Speak loudly
B. Use simple instructions
C. Rush
D. Argue

Correct Answer: B

Rationale:
Clear communication reduces confusion.

42.

Which is helpful?

A. Repetition
B. Criticism
C. Isolation
D. Ignoring

Correct Answer: A

Rationale:
Repetition improves understanding.

Confused Resident

A resident who is disoriented.

43.

A confused resident thinks it is 1980. What should the CNA do?

A. Argue
B. Gently redirect
C. Laugh
D. Ignore

Correct Answer: B

Rationale:
Redirection reduces distress.

44.

Confusion may be caused by:

A. Infection
B. Happiness
C. Exercise
D. Hunger only

Correct Answer: A

Rationale:
Infections can cause sudden confusion.

45.

Which action improves safety?

A. Leaving alone
B. Keeping call light near
C. Dark room
D. Removing rails

Correct Answer: B

Rationale:
Easy access prevents falls.

CVA (Stroke)

Interrupted blood flow to the brain.

46.

Which is a common stroke sign?

A. Rash
B. Slurred speech
C. Fever
D. Cough

Correct Answer: B

Rationale:
Speech changes are classic signs.

47.

A resident has sudden weakness on one side. What should the CNA do?

A. Wait
B. Report immediately

C. Give food
D. Ignore

Correct Answer: B

Rationale:
Stroke is a medical emergency.

48.

After a stroke, residents may need help with:

A. Thinking only
B. Walking and eating
C. Sleeping only
D. Breathing only

Correct Answer: B

Rationale:
Strokes often affect movement and daily function.

Great—here is the **next combined section**, continuing your master file and numbering from **#49 to #78**.

You can paste this directly under the previous section.

CNA Vocabulary Practice (Continued)

Dehydration

Not having enough fluids in the body.

49.

Which sign may indicate dehydration?

A. Moist lips
B. Dark urine

C. Clear urine
D. Increased sweating

Correct Answer: B

Rationale:
Dark urine is a common sign of dehydration and low fluid intake.

50.

Which resident is MOST at risk for dehydration?

A. One who drinks regularly
B. One who refuses fluids
C. One who walks daily
D. One who sleeps often

Correct Answer: B

Rationale:
Refusing fluids increases dehydration risk.

51.

What should the CNA do to help prevent dehydration?

A. Limit water
B. Offer fluids often
C. Avoid reminders
D. Skip intake records

Correct Answer: B

Rationale:
Offering fluids regularly helps maintain hydration.

Delirium

Sudden confusion caused by illness or medication.

52.

Which behavior suggests delirium?

A. Long-term forgetfulness
B. Sudden confusion
C. Slow movement
D. Poor eyesight

Correct Answer: B

Rationale:
Delirium develops quickly and causes sudden mental changes.

53.

Delirium is often caused by:

A. Aging only
B. Infection or medication
C. Exercise
D. Hunger

Correct Answer: B

Rationale:
Illness and medications commonly trigger delirium.

54.

A resident becomes suddenly confused. What should the CNA do FIRST?

A. Ignore it
B. Report to the nurse
C. Argue
D. Restrain

Correct Answer: B

Rationale:
Sudden confusion must be reported immediately.

Delegation

Tasks assigned by a nurse to a CNA.

55.

Which task may be delegated to a CNA?

A. Giving injections
B. Taking vital signs
C. Diagnosing illness
D. Writing prescriptions

Correct Answer: B

Rationale:
CNAs may take vital signs when trained.

56.

If a CNA does not understand a delegated task, what should be done?

A. Guess
B. Ask the nurse
C. Skip it
D. Do something else

Correct Answer: B

Rationale:
Clarifying instructions prevents errors.

57.

A CNA must always report:

A. Completed tasks
B. TV problems
C. Break times
D. Staff gossip

Correct Answer: A

Rationale:
Nurses must know what care was provided.

Dementia

Loss of memory and thinking skills.

58.

Which is common in dementia?

A. Sudden fever
B. Memory loss
C. Broken bones
D. Skin rash

Correct Answer: B

Rationale:
Memory loss is a primary symptom.

59.

How should CNAs communicate with residents who have dementia?

A. Argue
B. Use calm, simple words
C. Rush
D. Shout

Correct Answer: B

Rationale:
Simple, calm communication reduces anxiety.

60.

Which action helps dementia residents feel safe?

A. Changing routines often
B. Keeping routines consistent
C. Moving rooms frequently
D. Ignoring preferences

Correct Answer: B

Rationale:
Consistent routines reduce confusion.

Dentures

Artificial teeth.

61.

Where should dentures be stored?

A. Wrapped in tissue
B. In a labeled container
C. On bedside table
D. In sink

Correct Answer: B

Rationale:
Proper storage prevents loss or damage.

62.

When cleaning dentures, the CNA should:

A. Use hot water
B. Use cool water
C. Use bleach
D. Scrub with brush only

Correct Answer: B

Rationale:
Hot water can damage dentures.

63.

Why are dentures important?

A. For appearance only
B. For proper chewing
C. For sleeping
D. For speaking loudly

Correct Answer: B

Rationale:
Dentures support nutrition through proper chewing.

Dressing

Helping a resident put on clothes.

64.

Which side should be dressed FIRST for a weak resident?

A. Strong side
B. Weak side
C. Either side
D. Back side

Correct Answer: B

Rationale:
Dressing the weak side first makes dressing easier.

65.

What promotes independence during dressing?

A. Doing everything
B. Encouraging participation

C. Rushing
D. Choosing clothes without asking

Correct Answer: B

Rationale:
Participation maintains dignity and skills.

66.

When should privacy be provided?

A. Only at night
B. Always
C. Sometimes
D. Never

Correct Answer: B

Rationale:
Privacy is always required.

Draw Sheet

Small sheet used to reposition a resident.

67.

Why is a draw sheet used?

A. Decoration
B. Repositioning
C. Feeding
D. Dressing

Correct Answer: B

Rationale:
Draw sheets help move residents safely.

68.

When using a draw sheet, the CNA should:

A. Pull alone
B. Work with partner if needed
C. Twist body
D. Yank quickly

Correct Answer: B

Rationale:
Teamwork prevents injury.

69.

Where is the draw sheet placed?

A. Under mattress
B. Under shoulders and hips
C. At feet
D. On pillow

Correct Answer: B

Rationale:
Correct placement allows safe lifting.

Enema

Fluid placed in the rectum to relieve constipation.

70.

Before giving an enema, the CNA should:

A. Perform it alone
B. Follow nurse instructions
C. Skip gloves
D. Rush

Correct Answer: B

Rationale:
Enemas require proper orders and guidance.

71.

Which position is best for an enema?

A. Supine
B. Left side-lying
C. Sitting
D. Prone

Correct Answer: B

Rationale:
Left side helps fluid flow into colon.

72.

After an enema, the CNA should:

A. Leave resident
B. Provide toilet access
C. Ignore results
D. Remove bedding

Correct Answer: B

Rationale:
Residents need quick bathroom access.

Falls

Unplanned descent to the floor.

73.

Which increases fall risk?

A. Good lighting
B. Wet floors
C. Handrails
D. Proper shoes

Correct Answer: B

Rationale:
Wet floors are dangerous.

74.

After a fall, the CNA should FIRST:

A. Lift immediately
B. Call for help
C. Scold resident
D. Walk away

Correct Answer: B

Rationale:
Assessment is needed before moving.

75.

How can falls be prevented?

A. Removing call lights
B. Clearing pathways
C. Locking doors
D. Limiting walking

Correct Answer: B

Rationale:
Clear pathways reduce hazards.

Feeding

Helping a resident eat safely.

76.

What position is best during feeding?

A. Flat
B. Upright
C. Side
D. Prone

Correct Answer: B

Rationale:
Upright positioning prevents aspiration.

77.

If a resident coughs while eating, the CNA should:

A. Continue feeding
B. Stop and report
C. Give water
D. Ignore

Correct Answer: B

Rationale:
Coughing may indicate aspiration.

78.

Which food is safest for swallowing problems?

A. Steak
B. Mashed potatoes
C. Chips
D. Nuts

Correct Answer: B

Rationale:
Soft foods are easier to swallow.

79.

A resident says, “There are people in my room,” but no one is there. What should the CNA do?

A. Argue with the resident
B. Calmly reassure and report
C. Laugh
D. Ignore

Correct Answer: B

Rationale:
Hallucinations feel real to residents. Reassurance and reporting are appropriate.

80.

Which condition may cause hallucinations?

A. Dehydration
B. Infection
C. Medication side effects
D. All of the above

Correct Answer: D

Rationale:
Illness, dehydration, and medications can all cause hallucinations.

81.

How should a CNA respond to hallucinations?

A. Confirm they are real
B. Dismiss feelings
C. Provide emotional support
D. Scold

Correct Answer: C

Rationale:
Support helps reduce fear and anxiety.

Hearing Impaired

Having difficulty hearing.

82.

When speaking to a hearing-impaired resident, the CNA should:

A. Shout
B. Face the resident and speak clearly
C. Turn away
D. Whisper

Correct Answer: B

Rationale:
Facing the resident helps with lip-reading and understanding.

83.

Which device may help hearing-impaired residents?

A. Walker
B. Hearing aid
C. Brace
D. Catheter

Correct Answer: B

Rationale:
Hearing aids improve sound perception.

84.

Before speaking, the CNA should:

A. Start talking immediately
B. Get the resident’s attention
C. Turn off lights
D. Leave room

Correct Answer: B

Rationale:
Attention improves communication.

HOB (Head of Bed)

Adjustable top part of the bed.

85.

Raising the HOB helps prevent:

A. Fever
B. Aspiration
C. Infection
D. Rash

Correct Answer: B

Rationale:
Elevated position helps prevent choking.

86.

When should HOB be raised?

A. During feeding
B. During sleep only
C. During bathing only
D. Never

Correct Answer: A

Rationale:
Upright position during meals prevents aspiration.

87.

Before raising the HOB, the CNA should:

A. Pull quickly
B. Explain to resident
C. Ignore comfort
D. Remove pillows

Correct Answer: B

Rationale:
Explanation promotes comfort and cooperation.

HS Care (Hour of Sleep Care)

Bedtime hygiene and comfort care.

88.

HS care usually includes:

A. Breakfast
B. Oral care and toileting
C. Exercise
D. Therapy

Correct Answer: B

Rationale:
Bedtime hygiene improves comfort.

89.

Why is HS care important?

A. Saves time
B. Improves sleep and comfort
C. Prevents walking
D. Reduces meals

Correct Answer: B

Rationale:
Comfort promotes better rest.

90.

When should HS care be given?

A. Morning
B. Afternoon
C. Before bedtime
D. After breakfast

Correct Answer: C

Rationale:
HS care prepares residents for sleep.

Myocardial Infarction (MI)

Heart attack caused by blocked blood flow.

91.

Which symptom suggests MI?

A. Leg pain
B. Chest pressure
C. Rash
D. Earache

Correct Answer: B

Rationale:
Chest pressure is a common sign.

92.

A resident complains of chest pain. What should the CNA do FIRST?

A. Give water
B. Report immediately

C. Ignore
D. Walk away

Correct Answer: B

Rationale:
MI is a medical emergency.

93.

Which resident is at higher risk for MI?

A. Young athlete
B. Smoker with high BP
C. Child
D. Healthy adult

Correct Answer: B

Rationale:
Smoking and hypertension increase risk.

Infection Control

Preventing the spread of germs.

94.

Most effective way to prevent infection?

A. Gloves only
B. Handwashing
C. Masks only
D. Shoes

Correct Answer: B

Rationale:
Hand hygiene is most effective.

95.

When should gloves be worn?

A. Only sometimes
B. With body fluids
C. Never
D. Only at night

Correct Answer: B

Rationale:
Gloves protect against contamination.

96.

Used gloves should be:

A. Washed
B. Reused
C. Discarded
D. Stored

Correct Answer: C

Rationale:
Single-use gloves prevent spread.

Intake and Output (I&O)

Recording fluids in and out.

97.

Which counts as intake?

A. Ice cream
B. Soup
C. Water
D. All of the above

Correct Answer: D

Rationale:
All liquids count.

98.

Why is I&O important?

A. Billing
B. Monitor hydration
C. Entertainment
D. Scheduling

Correct Answer: B

Rationale:
Tracks fluid balance.

99.

Which output should be recorded?

A. Sweat
B. Urine
C. Tears
D. Saliva

Correct Answer: B

Rationale:
Urine output reflects kidney function.

Interpersonal Skills

How you communicate with others.

100.

Good interpersonal skills include:

A. Listening
B. Interrupting
C. Yelling
D. Ignoring

Correct Answer: A

Rationale:
Listening builds trust.

101.

Which improves communication?

A. Eye contact
B. Distraction
C. Rushing
D. Complaining

Correct Answer: A

Rationale:
Eye contact shows respect.

102.

How should CNAs handle conflict?

A. Argue
B. Stay calm and professional
C. Gossip
D. Avoid

Correct Answer: B

Rationale:
Professionalism maintains teamwork.

Isolation

Separating residents to prevent infection spread.

103.

Why is isolation used?

A. Punishment
B. Prevent infection
C. Save space
D. Reduce staff

Correct Answer: B

Rationale:
Isolation protects others.

104.

When entering isolation room, CNA should:

A. Skip PPE
B. Wear protective equipment
C. Hurry
D. Remove signs

Correct Answer: B

Rationale:
PPE prevents spread.

105.

After leaving isolation room, CNA must:

A. Eat
B. Wash hands
C. Rest
D. Report

Correct Answer: B

Rationale:
Hand hygiene is critical.

106.

Which is part of CNA job?

A. Diagnosis
B. Bathing residents
C. Prescribing meds
D. Surgery

Correct Answer: B

Rationale:
Bathing is CNA responsibility.

107.

If asked to do a task outside job role, CNA should:

A. Do it anyway
B. Ask nurse
C. Ignore
D. Argue

Correct Answer: B

Rationale:
Clarification protects safety.

108.

Why follow job description?

A. Avoid work
B. Maintain safety
C. Impress friends
D. Save time

Correct Answer: B

Rationale:
Proper roles prevent errors.

Lift

Mechanical device for safe transfers.

109.

Before using a lift, the CNA should:

A. Guess weight
B. Check equipment
C. Rush
D. Skip instructions

Correct Answer: B

Rationale:
Equipment safety is essential.

110.

Using a lift helps prevent:

A. Infection
B. Back injuries
C. Dehydration
D. Confusion

Correct Answer: B

Rationale:
Lifts reduce strain.

111.

Who should operate a lift?

A. One CNA only
B. Trained staff
C. Visitors
D. Residents

Correct Answer: B

Rationale:
Training ensures safety.

Linen

Sheets, towels, blankets, gowns.

112.

Soiled linen should be:

A. Shaken
B. Held close to body
C. Placed in proper bag
D. Put on floor

Correct Answer: C

Rationale:
Proper handling prevents contamination.

113.

Clean linen should be stored:

A. On floor
B. In clean area
C. In bathroom
D. Under bed

Correct Answer: B

Rationale:
Clean storage prevents contamination.

114.

Why change linens regularly?

A. Appearance only
B. Comfort and hygiene
C. Decoration
D. Schedule

Correct Answer: B

Rationale:
Clean linens promote health and comfort.

115.

According to Maslow's Hierarchy, which need must be met FIRST?

A. Self-esteem
B. Love and belonging
C. Food and water
D. Achievement

Correct Answer: C

Rationale:
Basic physical needs must be met before higher-level needs.

116.

A resident is hungry and anxious. What should the CNA address FIRST?

A. Social needs
B. Nutrition
C. Recreation
D. Counseling

Correct Answer: B

Rationale:
Physical needs take priority.

117.

Which is a safety need?

A. Friendship
B. Shelter
C. Hobbies
D. Praise

Correct Answer: B

Rationale:
Shelter provides protection and safety.

Mental Illness

Disorders affecting mood and thinking.

118.

Which is a sign of mental illness?

A. Occasional sadness
B. Persistent mood changes
C. Short naps
D. Hunger

Correct Answer: B

Rationale:
Ongoing mood changes may indicate illness.

119.

How should a CNA treat residents with mental illness?

A. Avoid them
B. With respect and patience
C. Strictly
D. Dismissively

Correct Answer: B

Rationale:
Respect promotes trust and care.

120.

Which action is appropriate?

A. Share diagnosis
B. Report unusual behavior
C. Argue
D. Ignore symptoms

Correct Answer: B

Rationale:
Reporting helps ensure treatment.

Microorganism

Tiny living organisms like bacteria.

121.

Which is a microorganism?

A. Hair
B. Virus
C. Bone
D. Muscle

Correct Answer: B

Rationale:
Viruses are microscopic organisms.

122.

How are microorganisms MOST commonly spread?

A. Talking
B. Hands

C. Shoes
D. Hair

Correct Answer: B

Rationale:
Hands spread germs easily.

123.

Best way to reduce microorganisms?

A. Perfume
B. Handwashing
C. Fans
D. Gloves only

Correct Answer: B

Rationale:
Handwashing removes germs.

Misappropriation of Property

Using belongings without permission.

124.

Which is misappropriation?

A. Returning items
B. Borrowing money
C. Safekeeping valuables
D. Reporting loss

Correct Answer: B

Rationale:
Using money without permission is theft.

125.

If a CNA sees another staff member take property, they should:

A. Ignore
B. Report
C. Join
D. Joke

Correct Answer: B

Rationale:
Reporting protects residents.

126.

Why is misappropriation serious?

A. It wastes time
B. It violates trust and law
C. It annoys staff
D. It delays care

Correct Answer: B

Rationale:
It is illegal and unethical.

Neglect

Failure to provide proper care.

127.

Which is an example of neglect?

A. Offering help
B. Ignoring call light
C. Documenting care
D. Reporting pain

Correct Answer: B

Rationale:
Ignoring needs is neglect.

128.

If neglect is suspected, the CNA should:

A. Confront alone
B. Report immediately
C. Ignore
D. Quit

Correct Answer: B

Rationale:
Reporting protects residents.

129.

Neglect may cause:

A. Comfort
B. Injury
C. Recovery
D. Strength

Correct Answer: B

Rationale:
Lack of care leads to harm.

NPO (Nothing by Mouth)

No food or drink allowed.

130.

A resident is NPO. What does this mean?

A. Clear liquids allowed
B. No intake at all
C. Soft foods only
D. Ice chips anytime

Correct Answer: B

Rationale:
NPO means nothing by mouth.

131.

If an NPO resident asks for water, the CNA should:

A. Give water
B. Explain and report
C. Ignore
D. Hide cup

Correct Answer: B

Rationale:
Orders must be followed.

132.

Why are residents placed NPO?

A. Punishment
B. Surgery preparation
C. Convenience
D. Cost

Correct Answer: B

Rationale:
Empty stomach prevents aspiration.

Ombudsman

Advocate for resident rights.

133.

The ombudsman helps residents with:

A. Meals
B. Complaints and rights
C. Medication
D. Therapy

Correct Answer: B

Rationale:
They protect resident rights.

134.

When should a CNA suggest contacting an ombudsman?

A. Minor delays
B. Unresolved concerns
C. Routine care
D. Daily tasks

Correct Answer: B

Rationale:
They help when issues persist.

135.

Which is TRUE about ombudsmen?

A. Work for facility
B. Are independent advocates
C. Enforce discipline
D. Replace nurses

Correct Answer: B

Rationale:
They act independently.

Oxygen

Gas used to help breathing.

136.

Oxygen supports:

A. Digestion
B. Breathing
C. Movement
D. Sleep only

Correct Answer: B

Rationale:
Oxygen helps lungs function.

137.

When using oxygen, CNAs must avoid:

A. Smoking nearby
B. Talking
C. Walking
D. Eating

Correct Answer: A

Rationale:
Oxygen is flammable.

138.

If oxygen equipment malfunctions, CNA should:

A. Fix alone
B. Report immediately

C. Turn off
D. Ignore

Correct Answer: B

Rationale:
Malfunctions are dangerous.

Person-Centered Care

Care based on resident preferences.

139.

Person-centered care means:

A. Same routine for all
B. Respecting choices
C. Staff convenience
D. Speed

Correct Answer: B

Rationale:
Care focuses on individual needs.

140.

Which shows person-centered care?

A. Choosing clothes without asking
B. Allowing meal choices
C. Ignoring preferences
D. Rushing care

Correct Answer: B

Rationale:
Choice promotes dignity.

141.

Why is this approach important?

A. Saves money
B. Improves satisfaction
C. Reduces staff
D. Limits care

Correct Answer: B

Rationale:
Residents feel respected.

Positioning

Placing a resident properly.

142.

Repositioning helps prevent:

A. Dehydration
B. Pressure ulcers
C. Fever
D. Infection only

Correct Answer: B

Rationale:
Position changes relieve pressure.

143.

How often should immobile residents be repositioned?

A. Every 8 hours
B. Every 2 hours
C. Once daily
D. Weekly

Correct Answer: B

Rationale:
Two-hour intervals prevent skin damage.

144.

Which position aids breathing?

A. Flat
B. Upright
C. Prone
D. Twisted

Correct Answer: B

Rationale:
Upright improves lung expansion.

Pressure Ulcer

Skin breakdown from pressure.

145.

Pressure ulcers usually form over:

A. Soft tissue
B. Bony areas
C. Fatty areas
D. Hair

Correct Answer: B

Rationale:
Bones create pressure points.

146.

Which prevents ulcers?

A. Staying in one position
B. Frequent turning
C. Tight clothes
D. Limited fluids

Correct Answer: B

Rationale:
Movement improves circulation.

147.

Early sign of pressure ulcer:

A. Blue skin
B. Red area
C. Bleeding
D. Swelling

Correct Answer: B

Rationale:
Redness is an early warning.

Privacy

Respecting dignity and personal space.

148.

How should privacy be maintained?

A. Leave doors open
B. Close curtains
C. Talk loudly
D. Rush care

Correct Answer: B

Rationale:
Curtains protect dignity.

149.

When discussing care, CNAs should:

A. Speak in hallway
B. Use private area
C. Share freely
D. Post online

Correct Answer: B

Rationale:
Confidentiality is required.

150.

Why is privacy important?

A. Rules
B. Respect
C. Speed
D. Cost

Correct Answer: B

Rationale:
It maintains dignity.

Property

Resident's personal belongings.

151.

Which belongs to resident?

A. Facility bed
B. Clothing

C. Medical chart
D. Wheelchair

Correct Answer: B

Rationale:
Personal clothing is property.

152.

If property is lost, CNA should:

A. Ignore
B. Report
C. Replace secretly
D. Blame resident

Correct Answer: B

Rationale:
Reporting protects accountability.

153.

Why protect property?

A. Decoration
B. Trust
C. Speed
D. Rules only

Correct Answer: B

Rationale:
Respect builds trust.

Pulse

Heartbeat felt in an artery.

154.

Common place to check pulse:

A. Ankle
B. Wrist
C. Elbow
D. Shoulder

Correct Answer: B

Rationale:
Radial pulse is easy to access.

155.

Pulse measures:

A. Breathing
B. Heart rate
C. Blood sugar
D. Temperature

Correct Answer: B

Rationale:
Pulse reflects heart beats.

156.

If pulse is very fast or slow, CNA should:

A. Ignore
B. Report
C. Retake later only
D. Hide

Correct Answer: B

Rationale:
Abnormal pulse requires nurse review.

Perfect — here is your **final combined section**, continuing your numbering from **#157 to #192**.

You can paste this directly into your master workbook.

CNA Vocabulary Practice (Continued)

Range of Motion (ROM)

Exercises to keep joints flexible.

157.

Range of motion exercises help prevent:

A. Infection
B. Joint stiffness
C. Dehydration
D. Confusion

Correct Answer: B

Rationale:
ROM keeps joints flexible and prevents stiffness.

158.

ROM exercises should be performed:

A. Quickly
B. Slowly and gently
C. Forcefully
D. Without explanation

Correct Answer: B

Rationale:
Slow movements prevent injury.

159.

If a resident reports pain during ROM, the CNA should:

A. Continue
B. Stop and report
C. Ignore
D. Move faster

Correct Answer: B

Rationale:
Pain may indicate injury.

Rehabilitation

Restoring strength and skills.

160.

Rehabilitation focuses on:

A. Rest only
B. Regaining abilities
C. Isolation
D. Limiting activity

Correct Answer: B

Rationale:
Rehab helps residents regain function.

161.

A CNA supports rehab by:

A. Doing tasks for resident
B. Encouraging participation
C. Rushing care
D. Ignoring therapy

Correct Answer: B

Rationale:
Participation builds strength.

162.

Which professional often leads rehab?

A. Dietitian
B. Therapist
C. Housekeeper
D. Visitor

Correct Answer: B

Rationale:
Therapists guide rehabilitation programs.

Respite Care

Temporary relief for caregivers.

163.

Respite care is designed to:

A. Replace family permanently
B. Give caregivers a break
C. Reduce services
D. Shorten life

Correct Answer: B

Rationale:
It provides temporary relief.

164.

Respite stays are usually:

A. Permanent
B. Short-term
C. Emergency only
D. Night-only

Correct Answer: B

Rationale:
Respite care is temporary.

165.

Respite care benefits:

A. Staff only
B. Families and caregivers
C. Insurance
D. Vendors

Correct Answer: B

Rationale:
It supports family well-being.

Restraint

Device that limits movement (used only with order).

166.

Restraints may be used only:

A. For convenience
B. With a doctor’s order
C. During busy shifts
D. Anytime

Correct Answer: B

Rationale:
Restraints require authorization.

167.

Which is an example of a restraint?

A. Walker
B. Seatbelt preventing exit
C. Pillow
D. Blanket

Correct Answer: B

Rationale:
Limiting movement is restraint.

168.

Restraints can increase risk of:

A. Comfort
B. Injury
C. Appetite
D. Sleep

Correct Answer: B

Rationale:
Restraints may cause harm.

Restorative Care

Maintaining independence.

169.

Restorative care helps residents:

A. Lose skills
B. Maintain abilities

C. Stay inactive
D. Avoid therapy

Correct Answer: B

Rationale:
It preserves independence.

170.

Which is restorative care?

A. Feeding entirely
B. Encouraging self-feeding
C. Ignoring weakness
D. Bed rest only

Correct Answer: B

Rationale:
Participation maintains skills.

171.

Restorative programs should be:

A. Inconsistent
B. Regular and structured
C. Rare
D. Optional

Correct Answer: B

Rationale:
Consistency improves outcomes.

Safety

Preventing injuries and accidents.

172.

Which promotes safety?

A. Wet floors
B. Cluttered halls
C. Clear pathways
D. Broken equipment

Correct Answer: C

Rationale:
Clear paths reduce falls.

173.

Bed wheels should be:

A. Unlocked
B. Locked
C. Removed
D. Ignored

Correct Answer: B

Rationale:
Locked wheels prevent movement.

174.

Call lights should be:

A. Out of reach
B. Within reach
C. Removed
D. Stored

Correct Answer: B

Rationale:
Residents need quick help access.

Standard Precautions

Infection control for all residents.

175.

Standard precautions apply to:

A. Some residents
B. All residents
C. Only isolation rooms
D. Visitors only

Correct Answer: B

Rationale:
They protect everyone.

176.

When should hands be washed?

A. After contact
B. Once daily
C. Weekly
D. Before shift only

Correct Answer: A

Rationale:
Hand hygiene prevents spread.

177.

Personal protective equipment includes:

A. Gloves
B. Shoes
C. Watch
D. Badge

Correct Answer: A

Rationale:
Gloves are PPE.

Sundowning

Evening confusion in dementia.

178.

Sundowning occurs mostly:

A. Morning
B. Afternoon
C. Evening
D. Night only

Correct Answer: C

Rationale:
Symptoms worsen late in day.

179.

How can sundowning be reduced?

A. Bright noise
B. Calm routine
C. Isolation
D. Arguing

Correct Answer: B

Rationale:
Calm environments reduce agitation.

180.

Which resident is most likely to sundown?

A. Young adult
B. Dementia resident
C. Athlete
D. Visitor

Correct Answer: B

Rationale:
Common in dementia.

Supine

Lying flat on the back.

181.

Supine means:

A. Side-lying
B. Sitting
C. Flat on back
D. Prone

Correct Answer: C

Rationale:
Supine = back.

182.

Before placing supine, CNA should:

A. Remove pillows
B. Explain procedure
C. Rush
D. Ignore comfort

Correct Answer: B

Rationale:
Communication promotes comfort.

183.

Supine position is common during:

A. Feeding
B. Exams
C. Walking
D. Toileting

Correct Answer: B

Rationale:
Often used during assessments.

Toileting

Helping with bathroom use.

184.

Toileting assistance helps prevent:

A. Dehydration
B. Skin breakdown
C. Fever
D. Cough

Correct Answer: B

Rationale:
Prompt toileting prevents skin issues.

185.

Before toileting, CNA should:

A. Ignore privacy
B. Provide privacy

C. Rush
D. Leave door open

Correct Answer: B

Rationale:
Dignity is essential.

186.

If resident refuses toileting, CNA should:

A. Force
B. Document and report
C. Argue
D. Ignore

Correct Answer: B

Rationale:
Refusals must be documented.

Tube Feeding

Nutrition through a feeding tube.

187.

Before tube feeding, CNA should:

A. Lay flat
B. Raise HOB
C. Remove tubing
D. Ignore order

Correct Answer: B

Rationale:
Elevating HOB prevents aspiration.

188.

If tube becomes disconnected, CNA should:

A. Reinsert
B. Report immediately
C. Ignore
D. Tape loosely

Correct Answer: B

Rationale:
Nurse must assess.

189.

Tube feeding is used when resident:

A. Can swallow normally
B. Cannot swallow safely
C. Refuses water
D. Wants diet change

Correct Answer: B

Rationale:
Tube feeding supports nutrition.

Vision Impaired

Difficulty seeing.

190.

When guiding a vision-impaired resident, the CNA should:

A. Push ahead
B. Offer elbow
C. Walk behind
D. Leave alone

Correct Answer: B

Rationale:
Offering your arm provides safe guidance.

191.

Furniture should be:

A. Moved daily
B. Kept consistent
C. Rearranged often
D. Removed

Correct Answer: B

Rationale:
Consistency prevents injury.

192.

Before touching a vision-impaired resident, the CNA should:

A. Surprise them
B. Announce presence
C. Grab quickly
D. Whisper

Correct Answer: B

Rationale:
Verbal cues prevent fear and promote safety.