



4. "Evaluate the data using reliable standards " belonging to which domain of NCP? -----
- Nutrition Assessment
 - Nutrition Diagnosis
 - Nutrition Intervention
 - Nutrition Monitoring and Evaluation
5. "Identify possible diagnostic labels" belonging to which domain of NCP? -----
- Nutrition Assessment
 - Nutrition Diagnosis
 - Nutrition Intervention
 - Nutrition Monitoring and Evaluation
6. The ultimate goal of the ----- will be to improve the individual's overall nutritional status and to support the medical care of that individual
- Nutrition assessment
 - Nutrition care process
 - Nutrition diagnosis
 - Nutrition intervention
7. In assessment, dietetics practitioners who serve clients at a women, infants, and children clinic will obtain anthropometric data on -----
- Body composition and amount of muscles, water and fat mass
 - Body fatness using skinfold thickness or bioelectrical impedance analysis.
 - Head circumference and height and weight plotted on growth charts
 - Height and weight measurements and compare it with BMI standards
8. One of the significant benefits of using the NCP is the ability to-----
- Address behaviors that impact food choices.
 - Clearly state patient goals and evaluate outcomes.
 - Create a realistic dietary menu
 - Assess a person's health and nutritional status

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9. In nutrition diagnosis step, to determine the etiology dietetic practitioners should -----
- Define the most reliable signs/symptoms
 - Determining what types of outcomes are desired
 - Review both related factors, and additional data from the assessment
 - Seek the answer to the question "what make this problem exist?"
10. The most interesting issue in NCP big picture (Second ring) is that it focus on -----
- Enhancement of dietetic practitioner's skills
 - Identifying factors that affect client's ability to receive nutrition care.
 - Providing care that is individualized and patient/client-centered.
 - Relationship between the client and the dietetics practitioners.
11. What's the difference between Marasmus and Kwashiorkor?
- Recovery from marasmus usually takes longer than kwashiorkor.
 - In marasmus patient has an illness causing them to have ascites.
 - Kwashiorkor existence increases prior to age, whereas marasmus rises > 18 months.
 - Both diseases are the leading cause of death in adult in developing countries.
12. Severe acute malnutrition in young children is defined as
- Weight-for-age Z score <-3.
 - Height-for-age Z score <-3 and edema.
 - Height-for-age Z score <-3 and weight-for-age Z score <-3.
 - Height-for-age Z score <-3 or weight-for-age Z score <-3 or edema.
13. What is a potential useful protein-energy malnutrition diagnostic?
- Prealbumin
 - Albumin
 - protein
 - glucose
14. Starvation lower than 3 days connected with
- reduction of energy expenditure.
 - increased glycogenolysis and lipolysis.
 - glycogen stores depletion.
 - the brain using ketones bodies as energy fuel.

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15. Children with severe acute malnutrition who are unwell or have poor appetite. So, must be correct electrolyte imbalance:

- Give extra sodium and magnesium daily but limit potassium.
- Give extra potassium and sodium daily but limit magnesium.
- Give extra potassium and magnesium daily but limit sodium.
- All of the above are correct.

16. As for treated children with severe acute malnutrition, must be correct micronutrient deficiencies:

- Give extra vitamin A, zinc, copper, folic acid and multivitamins. Do not give iron until the child is in the rehabilitation phase.
- Give extra vitamin A, zinc, copper, folic acid and multivitamins. Give iron in the stabilization phase.
- Give extra vitamin A, zinc, copper, folic acid and multivitamins. Do not give iron in the rehabilitation phase.
- All of the above are correct.

17. As for treated children with severe acute malnutrition, do not give iron until the child is in the rehabilitation phase because

- Giving iron can treat hypoglycemia.
- Giving iron can rehydrate more slowly.
- Giving iron can increase energy and protein.
- Giving iron can make infections worse.

18. To prevent hypoglycemia for children with severe acute malnutrition:

- Feed malnourished children any time on day or night.
- Feed malnourished children 2-3 hours per day and night.
- Feed malnourished children 4-5 hours per day and night.
- Feed malnourished children 3 times per day.

19. Infants and children who suffer from malnutrition have a higher mortality rate as a result of

- starving to death because of the lack of food.
- diarrhea due to drinking unhygienic water.
- decreased resistance to infectious diseases.
- Family genetic interactions.

فأدباً مني
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أحمد عبد الله



20. Which of the following statements concerning serving size is/are Correct?

- a. It is found on the food pyramid. b. It is found on nutrition labels.
c. It is a confusing term. d. All of the above are correct.

21. Common manifestation chronic Protein-Energy Malnutrition is

- a. Wasting b. Stunting c. Obesity d. Over weight

22. Which of the following relating to eating disorders is Incorrect?

- a. Bulimia Nervosa b. Anorexia Nervosa
c. Diabetes Mellitus d. Binge Eating

23. The amount blood glucose is lowered by the injection of 1 unit of insulin is called

- a. carbohydrate to insulin ratio. b. insulin sensitivity factor.
c. total dose insulin. d. correction dose.

24. If the current pre meal blood sugar is 360mg/dL, meal insulin dose should be

- a. CHO insulin dose + correction dose.
b. High blood sugar correction dose.
c. Carb. insulin dose.
d. Background insulin dose.

25. Insulin-to-carbohydrate ratios are used to determine how much long-acting insulin should be taken at meals to cover the amount of expected carbohydrate intake.

- a. True b. False

26. The carbohydrate-to-insulin ratio is the number of grams of carbohydrate that are covered by 1 unit of insulin.

- a. True b. False

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27. The carbohydrate-to-insulin ratio may be different for different meals of the day.

- a. True b. False

28. Patient usually take basal insulin dose higher than bolus insulin.

- a. True b. False

29. Patient usually take basal insulin after each meal.

- a. True b. False

30. Basal insulin need to act over a relatively long period of time and therefore basal insulin will either be rapid acting insulin or short acting insulin.

- a. True b. False

Second question (20 marks)

1) From your point of view why RDs needs standardized nutrition language (2 mark) - 2 reasons enough

2) Each piece of nutrition assessment data is collected for a specific purpose. What is the questions it should help in answering it? (3 mark)- only two

3) What is the major objectives of NCP (3 marks)

4) Give the full meanings of the following abbreviations (2 marks)

1	NPO	
2	MST	
3	ADIME	
4	NCP	

خالد شحاتة
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صالح



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Best Wishes

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5) List five examples of the following (10 points - 2.5/Q):

- Kidney disease.
- Diseases of Esophagus.
- Symptoms associated with GERD.
- Signs of magnesium toxicity.

Third Question (20 marks)

Write a brief note about the relationship between nutrition and (diabetes , cardiovascular disease) on your research

Best Wishes

انتهت الأسئلة

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اختبار الفصل الدراسي الثاني للعام الجامعي 2021 / 2022 م

Clinical Nutrition NPH123	اسم المقرر وكود المقرر	تغذية وعلوم أطفمة	القسم
الجمعة 27 / 5 / 2022 م	تاريخ الامتحان	أولى دكتوراه	الفرقة / الشعبة
ثلاث ساعات	زمن الامتحان	13	عدد الطلاب
60 درجة	الدرجة الكلية	الغلاف + 7 ورقات وجه	عدد أوراق الاسئلة

جميع الأسئلة إجباريه:

Answer the following question

First Question: Choose the correct answer? (20 marks – 1 mark for questions from 1 to 10 and 0.5 marks for questions 11 to 30)

1. Nutrition assessment is the first step of the NCP provides important information that helps determine a person's health and nutritional status, and is initiated by -----
 - a) Determining what types of outcomes are desired
 - b) Obtaining, verifying, and interpreting data
 - c) Screening of individuals for nutritional risk factors
 - d) Understanding the wide variety of underlying factors
2. Three-day food records reveal average kcal intake of approximately 50% of estimated needs, which of the following can be used to obtain such data? -----
 - a) The Client's medical history
 - b) Dietary intake data compared to requirements
 - c) Food/ nutrient intake history
 - d) Food/nutrient-related history
3. Nutrition intervention strategies are selected based on the nutrition diagnoses and their etiologies and are intended to change the following EXCEPT for ----- :
 - a) Access to supportive care and services.
 - b) Environmental conditions
 - c) Food consumption pattern
 - d) Nutrition-related knowledge or behavior

فانيسا حسن فاضل احمد السيد حسن