

# NUTRITION TEST

Name: \_\_\_\_\_

Score: \_\_\_\_\_ Pass / Fail

Date: \_\_\_\_\_

1. Why is nutrition important?

\_\_\_\_\_

\_\_\_\_\_

2. What are the five (5) nutrients necessary for growth, normal functioning, and maintaining life?

1. _____	4. _____
2. _____	5. _____
3. _____	_____

3. List the five (5) food groups from MyPyramid. How many servings of each should you have? Why is each category important for good nutrition, i.e., high in fiber?

Food Group	Servings per day	Importance

4. Approximately 50 % of Adults with developmental disabilities living in the United States is obese.

A. TRUE      B. FALSE

5. What is the difference between a “Modified Diet” and a “Content Modified Diet?”

\_\_\_\_\_

\_\_\_\_\_

6. Swallowing difficulties or dysphagia put people at risk for choking or aspiration. List some of the signs and symptoms of dysphagia.

\_\_\_\_\_

\_\_\_\_\_

7. People should drink lots of water every day because it has no calories.

A. TRUE      B. FALSE

8. A **physician** must write a prescription or sign a diet order if a person is on a modified diet.

A. TRUE

B. FALSE

9. List three (3) ways to make mealtime “special”.

1.

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2.

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3.

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10. List the signs and symptoms of Food-borne Illness.

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11. List four (4) steps to food safety.

1.

3.

2.

4.

12. What is the food temperature DANGER ZONE for bacteria to grow?

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13. How can frozen foods be safely thawed?

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14. What is the single most important factor of safe food handling?

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15. Food should be refrigerated in small, shallow containers immediately after food service.

A. True

B. False

16. If menu substitutions are wanted or needed, staff should follow \_\_\_\_\_ provided by the home’s dietician.

17. List at least three benefits from regular exercise:

1.

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2.

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3.

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18. List the four (4) food shopping tips:

1.

3.

2.

4.

19. List two (2) acceptable ways to dry dishes.

1. \_\_\_\_\_

2. \_\_\_\_\_

20. List the names of the individuals you assist. Review each person's Person Centered Plan, Physicians Orders, and medical protocols. For each individual list the type of diet they are on, one preference, and one food that is not liked.

Diet Type

Likes

Dislikes

1.

2.

3.

4.

5.

6.

7.

8.

THE END!