

NUTRITION FOCUSED PHYSICAL EXAM PREP - EXAM 3

(250 QUESTIONS)

This 250-question practice exam reviews observation, documentation, and interpretation principles used in nutrition-focused physical examination. It is educational preparation, not a substitute for supervised clinical training, institutional policy, or patient-specific medical judgment. Select the single best answer for each item.

1. During inspection, which finding most strongly supports temporal muscle wasting?

- A. equal hair density at the temples
- B. smooth cheeks with normal fullness
- C. mild redness over the temples
- D. visible hollowing at both temples

2. During inspection, which finding most strongly supports clavicular muscle loss?

- A. warm skin over both clavicles
- B. soft tissue fullness above the clavicles
- C. prominent clavicles with reduced surrounding muscle
- D. symmetric shoulder skin pigmentation

3. During inspection, which finding most strongly supports scapular muscle wasting?

- A. soft tissue fullness over the upper back
- B. a small healed scar near one scapula
- C. even skin color across both scapulae
- D. prominent scapulae with reduced back muscle

4. During inspection, which finding most strongly supports interosseous muscle loss?

- A. uniform color across the back of hands
- B. depressed spaces between the metacarpals
- C. warm palms with brisk capillary refill
- D. short fingernails with smooth edges

5. During inspection, which finding most strongly supports quadriceps muscle wasting?

- A. intact skin over the distal thigh
- B. symmetric knee warmth after ambulation
- C. a sunken appearance above the knee
- D. a healed incision near the knee

6. During inspection, which finding most strongly supports gastrocnemius muscle wasting?

- A. a noticeably narrowed calf contour
- B. a faint old scar on the shin
- C. equal ankle warmth bilaterally
- D. intact skin over the lower leg

7. During inspection, which finding most strongly supports orbital fat loss?

- A. a hollowed appearance around the eyes
- B. smooth skin at the outer eye
- C. equal eyebrow thickness on both sides
- D. mild eyelid redness after crying

8. During inspection, which finding most strongly supports triceps fat loss?

- A. a freckle over the posterior arm
- B. equal skin tone on each upper arm
- C. minimal tissue when pinching the triceps
- D. a healed vaccination mark

9. During inspection, which finding most strongly supports rib and iliac fat loss?

- A. a small mole near the lower abdomen
- B. ribs and iliac crest appearing unusually prominent
- C. even trunk skin coloration
- D. a healed laparoscopic scar

10. During inspection, which finding most strongly supports mild peripheral edema?

- A. mild redness from tight socks
- B. equal pedal pulses bilaterally
- C. dry skin at both ankles
- D. slight bilateral ankle swelling with shallow pitting

11. During inspection, which finding most strongly supports severe peripheral edema?

- A. intact skin over both shins
- B. deep bilateral pitting that persists after pressure
- C. equal toe movement on command
- D. cool feet after removal of socks

12. During inspection, which finding most strongly supports sacral edema?

- A. a healed scar over the lower back
- B. mild dry skin at the coccyx
- C. dependent swelling over the sacral area

D. equal gluteal skin color

13. During inspection, which finding most strongly supports ascites concern?

- A. equal skin pigmentation on the abdomen
- B. a flat abdomen after a meal
- C. a small umbilical skin tag
- D. progressive abdominal distention with fluid-like fullness

14. During inspection, which finding most strongly supports hair changes?

- A. sparse, dry hair that breaks easily
- B. short hair trimmed near the ears
- C. even hair color from root to tip
- D. a small healed scalp scar

15. During inspection, which finding most strongly supports conjunctival pallor?

- A. equal eyelash length bilaterally
- B. pale inner lower eyelid tissue
- C. a small eyelid freckle
- D. clear sclera without redness

16. During inspection, which finding most strongly supports oral dryness?

- A. even lip color after eating
- B. a small healed lip piercing
- C. equal mouth opening on both sides
- D. dry mucosa with cracked lips

17. During inspection, which finding most strongly supports glossitis?

- A. normal saliva pooling in the mouth
- B. a small tongue piercing scar
- C. a smooth, sore-appearing tongue surface
- D. equal movement of the tongue

18. During inspection, which finding most strongly supports skin integrity risk?

- A. nonblanching redness over a bony prominence
- B. a healed superficial scratch
- C. a faint stable freckle on the arm
- D. equal skin tone on both legs

19. During inspection, which finding most strongly supports poor skin turgor?

- A. a small healed wrist scar
- B. normal warmth of the hand
- C. skin that returns slowly after gentle lift
- D. even skin color on the forearm

20. During inspection, which finding most strongly supports nail changes?

- A. short nails with clean edges
- B. a small white spot from trauma
- C. equal nail color after handwashing
- D. spoon-shaped, fragile fingernails

21. During inspection, which finding most strongly supports handgrip limitation?

- A. weak sustained grip during a standardized task
- B. a small scar on the dominant hand
- C. equal finger length on both hands
- D. warm palms with dry skin

22. During inspection, which finding most strongly supports sit-to-stand limitation?

- A. a healed mark on the forearm
- B. difficulty rising repeatedly without using arms
- C. a slow but steady seated posture
- D. equal knee skin color bilaterally

23. During inspection, which finding most strongly supports bilateral comparison?

- A. compare matching sites on both sides of the body
- B. inspect one body area without comparison
- C. skip sites without reported symptoms
- D. assess only the dominant side first

24. During inspection, which finding most strongly supports privacy and consent?

- A. begin palpation before describing the exam
- B. explain the exam and obtain permission before exposure
- C. document findings before meeting the patient
- D. ask a family member to decide for the patient

25. During inspection, which finding most strongly supports documentation?

- A. copy a previous note without reassessment
- B. write only that the exam was normal
- C. document a diagnosis without observed findings

D. record site, severity, laterality, and relevant context

26. Which observation should be documented as temporal muscle wasting?

- A. equal hair density at the temples
- B. smooth cheeks with normal fullness
- C. visible hollowing at both temples
- D. mild redness over the temples

27. Which observation should be documented as clavicular muscle loss?

- A. symmetric shoulder skin pigmentation
- B. warm skin over both clavicles
- C. soft tissue fullness above the clavicles
- D. prominent clavicles with reduced surrounding muscle

28. Which observation should be documented as scapular muscle wasting?

- A. even skin color across both scapulae
- B. prominent scapulae with reduced back muscle
- C. a small healed scar near one scapula
- D. soft tissue fullness over the upper back

29. Which observation should be documented as interosseous muscle loss?

- A. depressed spaces between the metacarpals
- B. uniform color across the back of hands
- C. short fingernails with smooth edges
- D. warm palms with brisk capillary refill

30. Which observation should be documented as quadriceps muscle wasting?

- A. a healed incision near the knee
- B. symmetric knee warmth after ambulation
- C. a sunken appearance above the knee
- D. intact skin over the distal thigh

31. Which observation should be documented as gastrocnemius muscle wasting?

- A. intact skin over the lower leg
- B. a faint old scar on the shin
- C. equal ankle warmth bilaterally
- D. a noticeably narrowed calf contour

32. Which observation should be documented as orbital fat loss?

- A. mild eyelid redness after crying
- B. equal eyebrow thickness on both sides
- C. a hollowed appearance around the eyes
- D. smooth skin at the outer eye

33. Which observation should be documented as triceps fat loss?

- A. a freckle over the posterior arm
- B. minimal tissue when pinching the triceps
- C. equal skin tone on each upper arm
- D. a healed vaccination mark

34. Which observation should be documented as rib and iliac fat loss?

- A. ribs and iliac crest appearing unusually prominent
- B. a healed laparoscopic scar
- C. a small mole near the lower abdomen
- D. even trunk skin coloration

35. Which observation should be documented as mild peripheral edema?

- A. equal pedal pulses bilaterally
- B. slight bilateral ankle swelling with shallow pitting
- C. mild redness from tight socks
- D. dry skin at both ankles

36. Which observation should be documented as severe peripheral edema?

- A. cool feet after removal of socks
- B. intact skin over both shins
- C. deep bilateral pitting that persists after pressure
- D. equal toe movement on command

37. Which observation should be documented as sacral edema?

- A. dependent swelling over the sacral area
- B. a healed scar over the lower back
- C. mild dry skin at the coccyx
- D. equal gluteal skin color

38. Which observation should be documented as ascites concern?

- A. equal skin pigmentation on the abdomen
- B. a small umbilical skin tag
- C. a flat abdomen after a meal

D. progressive abdominal distention with fluid-like fullness

39. Which observation should be documented as hair changes?

- A. a small healed scalp scar
- B. short hair trimmed near the ears
- C. even hair color from root to tip
- D. sparse, dry hair that breaks easily

40. Which observation should be documented as conjunctival pallor?

- A. clear sclera without redness
- B. pale inner lower eyelid tissue
- C. a small eyelid freckle
- D. equal eyelash length bilaterally

41. Which observation should be documented as oral dryness?

- A. a small healed lip piercing
- B. even lip color after eating
- C. dry mucosa with cracked lips
- D. equal mouth opening on both sides

42. Which observation should be documented as glossitis?

- A. a smooth, sore-appearing tongue surface
- B. equal movement of the tongue
- C. a small tongue piercing scar
- D. normal saliva pooling in the mouth

43. Which observation should be documented as skin integrity risk?

- A. equal skin tone on both legs
- B. nonblanching redness over a bony prominence
- C. a healed superficial scratch
- D. a faint stable freckle on the arm

44. Which observation should be documented as poor skin turgor?

- A. even skin color on the forearm
- B. a small healed wrist scar
- C. skin that returns slowly after gentle lift
- D. normal warmth of the hand

45. Which observation should be documented as nail changes?

- A. equal nail color after handwashing
- B. short nails with clean edges
- C. a small white spot from trauma
- D. spoon-shaped, fragile fingernails

46. Which observation should be documented as handgrip limitation?

- A. weak sustained grip during a standardized task
- B. warm palms with dry skin
- C. a small scar on the dominant hand
- D. equal finger length on both hands

47. Which observation should be documented as sit-to-stand limitation?

- A. equal knee skin color bilaterally
- B. a healed mark on the forearm
- C. a slow but steady seated posture
- D. difficulty rising repeatedly without using arms

48. Which observation should be documented as bilateral comparison?

- A. assess only the dominant side first
- B. compare matching sites on both sides of the body
- C. inspect one body area without comparison
- D. skip sites without reported symptoms

49. Which observation should be documented as privacy and consent?

- A. explain the exam and obtain permission before exposure
- B. begin palpation before describing the exam
- C. ask a family member to decide for the patient
- D. document findings before meeting the patient

50. Which observation should be documented as documentation?

- A. copy a previous note without reassessment
- B. write only that the exam was normal
- C. record site, severity, laterality, and relevant context
- D. document a diagnosis without observed findings

51. A patient reports reduced intake. Which physical finding is most relevant to temporal muscle wasting?

- A. mild redness over the temples
- B. visible hollowing at both temples

- C. equal hair density at the temples
- D. smooth cheeks with normal fullness

52. A patient reports reduced intake. Which physical finding is most relevant to clavicular muscle loss?

- A. soft tissue fullness above the clavicles
- B. symmetric shoulder skin pigmentation
- C. warm skin over both clavicles
- D. prominent clavicles with reduced surrounding muscle

53. A patient reports reduced intake. Which physical finding is most relevant to scapular muscle wasting?

- A. soft tissue fullness over the upper back
- B. even skin color across both scapulae
- C. prominent scapulae with reduced back muscle
- D. a small healed scar near one scapula

54. A patient reports reduced intake. Which physical finding is most relevant to interosseous muscle loss?

- A. depressed spaces between the metacarpals
- B. warm palms with brisk capillary refill
- C. uniform color across the back of hands
- D. short fingernails with smooth edges

55. A patient reports reduced intake. Which physical finding is most relevant to quadriceps muscle wasting?

- A. a sunken appearance above the knee
- B. a healed incision near the knee

- C. intact skin over the distal thigh
- D. symmetric knee warmth after ambulation

56. A patient reports reduced intake. Which physical finding is most relevant to gastrocnemius muscle wasting?

- A. equal ankle warmth bilaterally
- B. a noticeably narrowed calf contour
- C. a faint old scar on the shin
- D. intact skin over the lower leg

57. A patient reports reduced intake. Which physical finding is most relevant to orbital fat loss?

- A. smooth skin at the outer eye
- B. mild eyelid redness after crying
- C. equal eyebrow thickness on both sides
- D. a hollowed appearance around the eyes

58. A patient reports reduced intake. Which physical finding is most relevant to triceps fat loss?

- A. a healed vaccination mark
- B. a freckle over the posterior arm
- C. minimal tissue when pinching the triceps
- D. equal skin tone on each upper arm

59. A patient reports reduced intake. Which physical finding is most relevant to rib and iliac fat loss?

- A. ribs and iliac crest appearing unusually prominent
- B. a healed laparoscopic scar
- C. even trunk skin coloration
- D. a small mole near the lower abdomen

60. A patient reports reduced intake. Which physical finding is most relevant to mild peripheral edema?

- A. dry skin at both ankles
- B. equal pedal pulses bilaterally
- C. slight bilateral ankle swelling with shallow pitting
- D. mild redness from tight socks

61. A patient reports reduced intake. Which physical finding is most relevant to severe peripheral edema?

- A. cool feet after removal of socks
- B. deep bilateral pitting that persists after pressure
- C. intact skin over both shins
- D. equal toe movement on command

62. A patient reports reduced intake. Which physical finding is most relevant to sacral edema?

- A. equal gluteal skin color
- B. mild dry skin at the coccyx
- C. a healed scar over the lower back
- D. dependent swelling over the sacral area

63. A patient reports reduced intake. Which physical finding is most relevant to ascites concern?

- A. progressive abdominal distention with fluid-like fullness
- B. equal skin pigmentation on the abdomen
- C. a small umbilical skin tag
- D. a flat abdomen after a meal

64. A patient reports reduced intake. Which physical finding is most relevant to hair changes?

- A. even hair color from root to tip
- B. a small healed scalp scar
- C. sparse, dry hair that breaks easily
- D. short hair trimmed near the ears

65. A patient reports reduced intake. Which physical finding is most relevant to conjunctival pallor?

- A. clear sclera without redness
- B. pale inner lower eyelid tissue
- C. equal eyelash length bilaterally
- D. a small eyelid freckle

66. A patient reports reduced intake. Which physical finding is most relevant to oral dryness?

- A. equal mouth opening on both sides
- B. dry mucosa with cracked lips
- C. even lip color after eating
- D. a small healed lip piercing

67. A patient reports reduced intake. Which physical finding is most relevant to glossitis?

- A. normal saliva pooling in the mouth
- B. equal movement of the tongue
- C. a small tongue piercing scar
- D. a smooth, sore-appearing tongue surface

68. A patient reports reduced intake. Which physical finding is most relevant to skin integrity risk?

- A. nonblanching redness over a bony prominence
- B. equal skin tone on both legs
- C. a healed superficial scratch
- D. a faint stable freckle on the arm

69. A patient reports reduced intake. Which physical finding is most relevant to poor skin turgor?

- A. normal warmth of the hand
- B. even skin color on the forearm
- C. a small healed wrist scar
- D. skin that returns slowly after gentle lift

70. A patient reports reduced intake. Which physical finding is most relevant to nail changes?

- A. equal nail color after handwashing
- B. short nails with clean edges
- C. spoon-shaped, fragile fingernails
- D. a small white spot from trauma

71. A patient reports reduced intake. Which physical finding is most relevant to handgrip limitation?

- A. equal finger length on both hands
- B. warm palms with dry skin
- C. weak sustained grip during a standardized task
- D. a small scar on the dominant hand

72. A patient reports reduced intake. Which physical finding is most relevant to sit-to-stand limitation?

- A. difficulty rising repeatedly without using arms
- B. equal knee skin color bilaterally
- C. a healed mark on the forearm

D. a slow but steady seated posture

73. A patient reports reduced intake. Which physical finding is most relevant to bilateral comparison?

- A. assess only the dominant side first
- B. compare matching sites on both sides of the body
- C. skip sites without reported symptoms
- D. inspect one body area without comparison

74. A patient reports reduced intake. Which physical finding is most relevant to privacy and consent?

- A. document findings before meeting the patient
- B. ask a family member to decide for the patient
- C. begin palpation before describing the exam
- D. explain the exam and obtain permission before exposure

75. A patient reports reduced intake. Which physical finding is most relevant to documentation?

- A. record site, severity, laterality, and relevant context
- B. copy a previous note without reassessment
- C. document a diagnosis without observed findings
- D. write only that the exam was normal

76. When comparing bilateral sites, which result is most consistent with temporal muscle wasting?

- A. smooth cheeks with normal fullness
- B. mild redness over the temples
- C. visible hollowing at both temples
- D. equal hair density at the temples

77. When comparing bilateral sites, which result is most consistent with clavicular muscle loss?

- A. warm skin over both clavicles
- B. soft tissue fullness above the clavicles
- C. symmetric shoulder skin pigmentation
- D. prominent clavicles with reduced surrounding muscle

78. When comparing bilateral sites, which result is most consistent with scapular muscle wasting?

- A. a small healed scar near one scapula
- B. prominent scapulae with reduced back muscle
- C. even skin color across both scapulae
- D. soft tissue fullness over the upper back

79. When comparing bilateral sites, which result is most consistent with interosseous muscle loss?

- A. short fingernails with smooth edges
- B. depressed spaces between the metacarpals
- C. warm palms with brisk capillary refill
- D. uniform color across the back of hands

80. When comparing bilateral sites, which result is most consistent with quadriceps muscle wasting?

- A. symmetric knee warmth after ambulation
- B. intact skin over the distal thigh
- C. a sunken appearance above the knee
- D. a healed incision near the knee

81. When comparing bilateral sites, which result is most consistent with gastrocnemius muscle wasting?

- A. a faint old scar on the shin
- B. equal ankle warmth bilaterally
- C. intact skin over the lower leg
- D. a noticeably narrowed calf contour

82. When comparing bilateral sites, which result is most consistent with orbital fat loss?

- A. a hollowed appearance around the eyes
- B. smooth skin at the outer eye
- C. mild eyelid redness after crying
- D. equal eyebrow thickness on both sides

83. When comparing bilateral sites, which result is most consistent with triceps fat loss?

- A. equal skin tone on each upper arm
- B. minimal tissue when pinching the triceps
- C. a healed vaccination mark
- D. a freckle over the posterior arm

84. When comparing bilateral sites, which result is most consistent with rib and iliac fat loss?

- A. a small mole near the lower abdomen
- B. even trunk skin coloration
- C. a healed laparoscopic scar
- D. ribs and iliac crest appearing unusually prominent

85. When comparing bilateral sites, which result is most consistent with mild peripheral edema?

- A. slight bilateral ankle swelling with shallow pitting
- B. dry skin at both ankles
- C. equal pedal pulses bilaterally

D. mild redness from tight socks

86. When comparing bilateral sites, which result is most consistent with severe peripheral edema?

- A. equal toe movement on command
- B. cool feet after removal of socks
- C. deep bilateral pitting that persists after pressure
- D. intact skin over both shins

87. When comparing bilateral sites, which result is most consistent with sacral edema?

- A. mild dry skin at the coccyx
- B. dependent swelling over the sacral area
- C. equal gluteal skin color
- D. a healed scar over the lower back

88. When comparing bilateral sites, which result is most consistent with ascites concern?

- A. a flat abdomen after a meal
- B. a small umbilical skin tag
- C. equal skin pigmentation on the abdomen
- D. progressive abdominal distention with fluid-like fullness

89. When comparing bilateral sites, which result is most consistent with hair changes?

- A. a small healed scalp scar
- B. even hair color from root to tip
- C. sparse, dry hair that breaks easily
- D. short hair trimmed near the ears

90. When comparing bilateral sites, which result is most consistent with conjunctival pallor?

- A. pale inner lower eyelid tissue
- B. a small eyelid freckle
- C. clear sclera without redness
- D. equal eyelash length bilaterally

91. When comparing bilateral sites, which result is most consistent with oral dryness?

- A. dry mucosa with cracked lips
- B. equal mouth opening on both sides
- C. a small healed lip piercing
- D. even lip color after eating

92. When comparing bilateral sites, which result is most consistent with glossitis?

- A. a small tongue piercing scar
- B. normal saliva pooling in the mouth
- C. a smooth, sore-appearing tongue surface
- D. equal movement of the tongue

93. When comparing bilateral sites, which result is most consistent with skin integrity risk?

- A. a healed superficial scratch
- B. a faint stable freckle on the arm
- C. equal skin tone on both legs
- D. nonblanching redness over a bony prominence

94. When comparing bilateral sites, which result is most consistent with poor skin turgor?

- A. normal warmth of the hand
- B. skin that returns slowly after gentle lift
- C. even skin color on the forearm
- D. a small healed wrist scar

95. When comparing bilateral sites, which result is most consistent with nail changes?

- A. a small white spot from trauma
- B. spoon-shaped, fragile fingernails
- C. equal nail color after handwashing
- D. short nails with clean edges

96. When comparing bilateral sites, which result is most consistent with handgrip limitation?

- A. a small scar on the dominant hand
- B. equal finger length on both hands
- C. warm palms with dry skin
- D. weak sustained grip during a standardized task

97. When comparing bilateral sites, which result is most consistent with sit-to-stand limitation?

- A. difficulty rising repeatedly without using arms
- B. a slow but steady seated posture
- C. equal knee skin color bilaterally
- D. a healed mark on the forearm

98. When comparing bilateral sites, which result is most consistent with bilateral comparison?

- A. inspect one body area without comparison
- B. assess only the dominant side first
- C. compare matching sites on both sides of the body

D. skip sites without reported symptoms

99. When comparing bilateral sites, which result is most consistent with privacy and consent?

- A. ask a family member to decide for the patient
- B. explain the exam and obtain permission before exposure
- C. document findings before meeting the patient
- D. begin palpation before describing the exam

100. When comparing bilateral sites, which result is most consistent with documentation?

- A. record site, severity, laterality, and relevant context
- B. document a diagnosis without observed findings
- C. copy a previous note without reassessment
- D. write only that the exam was normal

101. Which finding should prompt the clinician to consider temporal muscle wasting in the nutrition assessment?

- A. equal hair density at the temples
- B. smooth cheeks with normal fullness
- C. mild redness over the temples
- D. visible hollowing at both temples

102. Which finding should prompt the clinician to consider clavicular muscle loss in the nutrition assessment?

- A. warm skin over both clavicles
- B. soft tissue fullness above the clavicles
- C. prominent clavicles with reduced surrounding muscle
- D. symmetric shoulder skin pigmentation

103. Which finding should prompt the clinician to consider scapular muscle wasting in the nutrition assessment?

- A. soft tissue fullness over the upper back
- B. a small healed scar near one scapula
- C. even skin color across both scapulae
- D. prominent scapulae with reduced back muscle

104. Which finding should prompt the clinician to consider interosseous muscle loss in the nutrition assessment?

- A. uniform color across the back of hands
- B. short fingernails with smooth edges
- C. depressed spaces between the metacarpals
- D. warm palms with brisk capillary refill

105. Which finding should prompt the clinician to consider quadriceps muscle wasting in the nutrition assessment?

- A. a sunken appearance above the knee
- B. symmetric knee warmth after ambulation
- C. intact skin over the distal thigh
- D. a healed incision near the knee

106. Which finding should prompt the clinician to consider gastrocnemius muscle wasting in the nutrition assessment?

- A. a faint old scar on the shin
- B. a noticeably narrowed calf contour
- C. equal ankle warmth bilaterally

D. intact skin over the lower leg

107. Which finding should prompt the clinician to consider orbital fat loss in the nutrition assessment?

- A. a hollowed appearance around the eyes
- B. smooth skin at the outer eye
- C. equal eyebrow thickness on both sides
- D. mild eyelid redness after crying

108. Which finding should prompt the clinician to consider triceps fat loss in the nutrition assessment?

- A. a freckle over the posterior arm
- B. equal skin tone on each upper arm
- C. minimal tissue when pinching the triceps
- D. a healed vaccination mark

109. Which finding should prompt the clinician to consider rib and iliac fat loss in the nutrition assessment?

- A. a small mole near the lower abdomen
- B. ribs and iliac crest appearing unusually prominent
- C. even trunk skin coloration
- D. a healed laparoscopic scar

110. Which finding should prompt the clinician to consider mild peripheral edema in the nutrition assessment?

- A. mild redness from tight socks
- B. equal pedal pulses bilaterally
- C. dry skin at both ankles
- D. slight bilateral ankle swelling with shallow pitting

111. Which finding should prompt the clinician to consider severe peripheral edema in the nutrition assessment?

- A. intact skin over both shins
- B. equal toe movement on command
- C. cool feet after removal of socks
- D. deep bilateral pitting that persists after pressure

112. Which finding should prompt the clinician to consider sacral edema in the nutrition assessment?

- A. dependent swelling over the sacral area
- B. mild dry skin at the coccyx
- C. equal gluteal skin color
- D. a healed scar over the lower back

113. Which finding should prompt the clinician to consider ascites concern in the nutrition assessment?

- A. a small umbilical skin tag
- B. a flat abdomen after a meal
- C. progressive abdominal distention with fluid-like fullness
- D. equal skin pigmentation on the abdomen

114. Which finding should prompt the clinician to consider hair changes in the nutrition assessment?

- A. short hair trimmed near the ears
- B. sparse, dry hair that breaks easily
- C. even hair color from root to tip
- D. a small healed scalp scar

115. Which finding should prompt the clinician to consider conjunctival pallor in the nutrition assessment?

- A. equal eyelash length bilaterally
- B. a small eyelid freckle
- C. pale inner lower eyelid tissue
- D. clear sclera without redness

116. Which finding should prompt the clinician to consider oral dryness in the nutrition assessment?

- A. even lip color after eating
- B. dry mucosa with cracked lips
- C. equal mouth opening on both sides
- D. a small healed lip piercing

117. Which finding should prompt the clinician to consider glossitis in the nutrition assessment?

- A. equal movement of the tongue
- B. a small tongue piercing scar
- C. normal saliva pooling in the mouth
- D. a smooth, sore-appearing tongue surface

118. Which finding should prompt the clinician to consider skin integrity risk in the nutrition assessment?

- A. nonblanching redness over a bony prominence
- B. a healed superficial scratch
- C. a faint stable freckle on the arm
- D. equal skin tone on both legs

119. Which finding should prompt the clinician to consider poor skin turgor in the nutrition assessment?

- A. a small healed wrist scar
- B. normal warmth of the hand
- C. even skin color on the forearm
- D. skin that returns slowly after gentle lift

120. Which finding should prompt the clinician to consider nail changes in the nutrition assessment?

- A. spoon-shaped, fragile fingernails
- B. a small white spot from trauma
- C. equal nail color after handwashing
- D. short nails with clean edges

121. Which finding should prompt the clinician to consider handgrip limitation in the nutrition assessment?

- A. equal finger length on both hands
- B. a small scar on the dominant hand
- C. weak sustained grip during a standardized task
- D. warm palms with dry skin

122. Which finding should prompt the clinician to consider sit-to-stand limitation in the nutrition assessment?

- A. a healed mark on the forearm
- B. difficulty rising repeatedly without using arms
- C. a slow but steady seated posture
- D. equal knee skin color bilaterally

123. Which finding should prompt the clinician to consider bilateral comparison in the nutrition assessment?

- A. skip sites without reported symptoms
- B. inspect one body area without comparison
- C. compare matching sites on both sides of the body
- D. assess only the dominant side first

124. Which finding should prompt the clinician to consider privacy and consent in the nutrition assessment?

- A. explain the exam and obtain permission before exposure
- B. ask a family member to decide for the patient
- C. document findings before meeting the patient
- D. begin palpation before describing the exam

125. Which finding should prompt the clinician to consider documentation in the nutrition assessment?

- A. write only that the exam was normal
- B. record site, severity, laterality, and relevant context
- C. document a diagnosis without observed findings
- D. copy a previous note without reassessment

126. In an NFPE note, which description best represents temporal muscle wasting?

- A. equal hair density at the temples
- B. mild redness over the temples
- C. smooth cheeks with normal fullness
- D. visible hollowing at both temples

127. In an NFPE note, which description best represents clavicular muscle loss?

- A. symmetric shoulder skin pigmentation
- B. warm skin over both clavicles
- C. prominent clavicles with reduced surrounding muscle
- D. soft tissue fullness above the clavicles

128. In an NFPE note, which description best represents scapular muscle wasting?

- A. prominent scapulae with reduced back muscle
- B. soft tissue fullness over the upper back
- C. a small healed scar near one scapula
- D. even skin color across both scapulae

129. In an NFPE note, which description best represents interosseous muscle loss?

- A. warm palms with brisk capillary refill
- B. uniform color across the back of hands
- C. short fingernails with smooth edges
- D. depressed spaces between the metacarpals

130. In an NFPE note, which description best represents quadriceps muscle wasting?

- A. a healed incision near the knee
- B. a sunken appearance above the knee
- C. symmetric knee warmth after ambulation
- D. intact skin over the distal thigh

131. In an NFPE note, which description best represents gastrocnemius muscle wasting?

- A. intact skin over the lower leg
- B. a noticeably narrowed calf contour
- C. a faint old scar on the shin

D. equal ankle warmth bilaterally

132. In an NFPE note, which description best represents orbital fat loss?

- A. mild eyelid redness after crying
- B. equal eyebrow thickness on both sides
- C. a hollowed appearance around the eyes
- D. smooth skin at the outer eye

133. In an NFPE note, which description best represents triceps fat loss?

- A. minimal tissue when pinching the triceps
- B. a freckle over the posterior arm
- C. equal skin tone on each upper arm
- D. a healed vaccination mark

134. In an NFPE note, which description best represents rib and iliac fat loss?

- A. a healed laparoscopic scar
- B. even trunk skin coloration
- C. a small mole near the lower abdomen
- D. ribs and iliac crest appearing unusually prominent

135. In an NFPE note, which description best represents mild peripheral edema?

- A. equal pedal pulses bilaterally
- B. mild redness from tight socks
- C. dry skin at both ankles
- D. slight bilateral ankle swelling with shallow pitting

136. In an NFPE note, which description best represents severe peripheral edema?

- A. cool feet after removal of socks
- B. intact skin over both shins
- C. deep bilateral pitting that persists after pressure
- D. equal toe movement on command

137. In an NFPE note, which description best represents sacral edema?

- A. a healed scar over the lower back
- B. dependent swelling over the sacral area
- C. mild dry skin at the coccyx
- D. equal gluteal skin color

138. In an NFPE note, which description best represents ascites concern?

- A. progressive abdominal distention with fluid-like fullness
- B. equal skin pigmentation on the abdomen
- C. a flat abdomen after a meal
- D. a small umbilical skin tag

139. In an NFPE note, which description best represents hair changes?

- A. sparse, dry hair that breaks easily
- B. short hair trimmed near the ears
- C. a small healed scalp scar
- D. even hair color from root to tip

140. In an NFPE note, which description best represents conjunctival pallor?

- A. clear sclera without redness
- B. pale inner lower eyelid tissue
- C. a small eyelid freckle
- D. equal eyelash length bilaterally

141. In an NFPE note, which description best represents oral dryness?

- A. equal mouth opening on both sides
- B. even lip color after eating
- C. a small healed lip piercing
- D. dry mucosa with cracked lips

142. In an NFPE note, which description best represents glossitis?

- A. equal movement of the tongue
- B. a small tongue piercing scar
- C. a smooth, sore-appearing tongue surface
- D. normal saliva pooling in the mouth

143. In an NFPE note, which description best represents skin integrity risk?

- A. equal skin tone on both legs
- B. a healed superficial scratch
- C. a faint stable freckle on the arm
- D. nonblanching redness over a bony prominence

144. In an NFPE note, which description best represents poor skin turgor?

- A. even skin color on the forearm
- B. skin that returns slowly after gentle lift
- C. normal warmth of the hand

D. a small healed wrist scar

145. In an NFPE note, which description best represents nail changes?

- A. a small white spot from trauma
- B. short nails with clean edges
- C. spoon-shaped, fragile fingernails
- D. equal nail color after handwashing

146. In an NFPE note, which description best represents handgrip limitation?

- A. weak sustained grip during a standardized task
- B. warm palms with dry skin
- C. a small scar on the dominant hand
- D. equal finger length on both hands

147. In an NFPE note, which description best represents sit-to-stand limitation?

- A. equal knee skin color bilaterally
- B. a healed mark on the forearm
- C. a slow but steady seated posture
- D. difficulty rising repeatedly without using arms

148. In an NFPE note, which description best represents bilateral comparison?

- A. compare matching sites on both sides of the body
- B. skip sites without reported symptoms
- C. inspect one body area without comparison
- D. assess only the dominant side first

149. In an NFPE note, which description best represents privacy and consent?

- A. ask a family member to decide for the patient
- B. begin palpation before describing the exam
- C. explain the exam and obtain permission before exposure
- D. document findings before meeting the patient

150. In an NFPE note, which description best represents documentation?

- A. copy a previous note without reassessment
- B. record site, severity, laterality, and relevant context
- C. write only that the exam was normal
- D. document a diagnosis without observed findings

151. Which observed sign is the best match for temporal muscle wasting, rather than a normal variant?

- A. mild redness over the temples
- B. equal hair density at the temples
- C. visible hollowing at both temples
- D. smooth cheeks with normal fullness

152. Which observed sign is the best match for clavicular muscle loss, rather than a normal variant?

- A. prominent clavicles with reduced surrounding muscle
- B. symmetric shoulder skin pigmentation
- C. warm skin over both clavicles
- D. soft tissue fullness above the clavicles

153. Which observed sign is the best match for scapular muscle wasting, rather than a normal variant?

- A. even skin color across both scapulae
- B. prominent scapulae with reduced back muscle
- C. soft tissue fullness over the upper back
- D. a small healed scar near one scapula

154. Which observed sign is the best match for interosseous muscle loss, rather than a normal variant?

- A. warm palms with brisk capillary refill
- B. short fingernails with smooth edges
- C. uniform color across the back of hands
- D. depressed spaces between the metacarpals

155. Which observed sign is the best match for quadriceps muscle wasting, rather than a normal variant?

- A. intact skin over the distal thigh
- B. a healed incision near the knee
- C. a sunken appearance above the knee
- D. symmetric knee warmth after ambulation

156. Which observed sign is the best match for gastrocnemius muscle wasting, rather than a normal variant?

- A. equal ankle warmth bilaterally
- B. intact skin over the lower leg
- C. a faint old scar on the shin
- D. a noticeably narrowed calf contour

157. Which observed sign is the best match for orbital fat loss, rather than a normal variant?

- A. a hollowed appearance around the eyes
- B. mild eyelid redness after crying

- C. equal eyebrow thickness on both sides
- D. smooth skin at the outer eye

158. Which observed sign is the best match for triceps fat loss, rather than a normal variant?

- A. a healed vaccination mark
- B. minimal tissue when pinching the triceps
- C. a freckle over the posterior arm
- D. equal skin tone on each upper arm

159. Which observed sign is the best match for rib and iliac fat loss, rather than a normal variant?

- A. even trunk skin coloration
- B. a healed laparoscopic scar
- C. ribs and iliac crest appearing unusually prominent
- D. a small mole near the lower abdomen

160. Which observed sign is the best match for mild peripheral edema, rather than a normal variant?

- A. dry skin at both ankles
- B. slight bilateral ankle swelling with shallow pitting
- C. mild redness from tight socks
- D. equal pedal pulses bilaterally

161. Which observed sign is the best match for severe peripheral edema, rather than a normal variant?

- A. deep bilateral pitting that persists after pressure
- B. cool feet after removal of socks
- C. intact skin over both shins
- D. equal toe movement on command

162. Which observed sign is the best match for sacral edema, rather than a normal variant?

- A. equal gluteal skin color
- B. mild dry skin at the coccyx
- C. a healed scar over the lower back
- D. dependent swelling over the sacral area

163. Which observed sign is the best match for ascites concern, rather than a normal variant?

- A. a small umbilical skin tag
- B. progressive abdominal distention with fluid-like fullness
- C. equal skin pigmentation on the abdomen
- D. a flat abdomen after a meal

164. Which observed sign is the best match for hair changes, rather than a normal variant?

- A. sparse, dry hair that breaks easily
- B. a small healed scalp scar
- C. short hair trimmed near the ears
- D. even hair color from root to tip

165. Which observed sign is the best match for conjunctival pallor, rather than a normal variant?

- A. equal eyelash length bilaterally
- B. clear sclera without redness
- C. pale inner lower eyelid tissue
- D. a small eyelid freckle

166. Which observed sign is the best match for oral dryness, rather than a normal variant?

- A. equal mouth opening on both sides
- B. a small healed lip piercing
- C. even lip color after eating
- D. dry mucosa with cracked lips

167. Which observed sign is the best match for glossitis, rather than a normal variant?

- A. normal saliva pooling in the mouth
- B. equal movement of the tongue
- C. a small tongue piercing scar
- D. a smooth, sore-appearing tongue surface

168. Which observed sign is the best match for skin integrity risk, rather than a normal variant?

- A. a faint stable freckle on the arm
- B. equal skin tone on both legs
- C. nonblanching redness over a bony prominence
- D. a healed superficial scratch

169. Which observed sign is the best match for poor skin turgor, rather than a normal variant?

- A. even skin color on the forearm
- B. skin that returns slowly after gentle lift
- C. a small healed wrist scar
- D. normal warmth of the hand

170. Which observed sign is the best match for nail changes, rather than a normal variant?

- A. spoon-shaped, fragile fingernails
- B. equal nail color after handwashing
- C. short nails with clean edges

D. a small white spot from trauma

171. Which observed sign is the best match for handgrip limitation, rather than a normal variant?

- A. weak sustained grip during a standardized task
- B. warm palms with dry skin
- C. equal finger length on both hands
- D. a small scar on the dominant hand

172. Which observed sign is the best match for sit-to-stand limitation, rather than a normal variant?

- A. a slow but steady seated posture
- B. difficulty rising repeatedly without using arms
- C. a healed mark on the forearm
- D. equal knee skin color bilaterally

173. Which observed sign is the best match for bilateral comparison, rather than a normal variant?

- A. inspect one body area without comparison
- B. assess only the dominant side first
- C. skip sites without reported symptoms
- D. compare matching sites on both sides of the body

174. Which observed sign is the best match for privacy and consent, rather than a normal variant?

- A. document findings before meeting the patient
- B. begin palpation before describing the exam
- C. explain the exam and obtain permission before exposure
- D. ask a family member to decide for the patient

175. Which observed sign is the best match for documentation, rather than a normal variant?

- A. document a diagnosis without observed findings
- B. copy a previous note without reassessment
- C. write only that the exam was normal
- D. record site, severity, laterality, and relevant context

176. During a focused reassessment, which finding would support temporal muscle wasting?

- A. smooth cheeks with normal fullness
- B. mild redness over the temples
- C. visible hollowing at both temples
- D. equal hair density at the temples

177. During a focused reassessment, which finding would support clavicular muscle loss?

- A. soft tissue fullness above the clavicles
- B. prominent clavicles with reduced surrounding muscle
- C. symmetric shoulder skin pigmentation
- D. warm skin over both clavicles

178. During a focused reassessment, which finding would support scapular muscle wasting?

- A. prominent scapulae with reduced back muscle
- B. a small healed scar near one scapula
- C. even skin color across both scapulae
- D. soft tissue fullness over the upper back

179. During a focused reassessment, which finding would support interosseous muscle loss?

- A. short fingernails with smooth edges
- B. depressed spaces between the metacarpals
- C. warm palms with brisk capillary refill
- D. uniform color across the back of hands

180. During a focused reassessment, which finding would support quadriceps muscle wasting?

- A. symmetric knee warmth after ambulation
- B. intact skin over the distal thigh
- C. a sunken appearance above the knee
- D. a healed incision near the knee

181. During a focused reassessment, which finding would support gastrocnemius muscle wasting?

- A. a faint old scar on the shin
- B. equal ankle warmth bilaterally
- C. intact skin over the lower leg
- D. a noticeably narrowed calf contour

182. During a focused reassessment, which finding would support orbital fat loss?

- A. a hollowed appearance around the eyes
- B. smooth skin at the outer eye
- C. mild eyelid redness after crying
- D. equal eyebrow thickness on both sides

183. During a focused reassessment, which finding would support triceps fat loss?

- A. equal skin tone on each upper arm
- B. a healed vaccination mark
- C. minimal tissue when pinching the triceps

D. a freckle over the posterior arm

184. During a focused reassessment, which finding would support rib and iliac fat loss?

- A. a small mole near the lower abdomen
- B. even trunk skin coloration
- C. a healed laparoscopic scar
- D. ribs and iliac crest appearing unusually prominent

185. During a focused reassessment, which finding would support mild peripheral edema?

- A. slight bilateral ankle swelling with shallow pitting
- B. dry skin at both ankles
- C. equal pedal pulses bilaterally
- D. mild redness from tight socks

186. During a focused reassessment, which finding would support severe peripheral edema?

- A. equal toe movement on command
- B. deep bilateral pitting that persists after pressure
- C. cool feet after removal of socks
- D. intact skin over both shins

187. During a focused reassessment, which finding would support sacral edema?

- A. mild dry skin at the coccyx
- B. equal gluteal skin color
- C. dependent swelling over the sacral area
- D. a healed scar over the lower back

188. During a focused reassessment, which finding would support ascites concern?

- A. a flat abdomen after a meal
- B. a small umbilical skin tag
- C. equal skin pigmentation on the abdomen
- D. progressive abdominal distention with fluid-like fullness

189. During a focused reassessment, which finding would support hair changes?

- A. even hair color from root to tip
- B. sparse, dry hair that breaks easily
- C. a small healed scalp scar
- D. short hair trimmed near the ears

190. During a focused reassessment, which finding would support conjunctival pallor?

- A. pale inner lower eyelid tissue
- B. a small eyelid freckle
- C. clear sclera without redness
- D. equal eyelash length bilaterally

191. During a focused reassessment, which finding would support oral dryness?

- A. a small healed lip piercing
- B. dry mucosa with cracked lips
- C. equal mouth opening on both sides
- D. even lip color after eating

192. During a focused reassessment, which finding would support glossitis?

- A. a smooth, sore-appearing tongue surface
- B. normal saliva pooling in the mouth
- C. equal movement of the tongue
- D. a small tongue piercing scar

193. During a focused reassessment, which finding would support skin integrity risk?

- A. a healed superficial scratch
- B. a faint stable freckle on the arm
- C. equal skin tone on both legs
- D. nonblanching redness over a bony prominence

194. During a focused reassessment, which finding would support poor skin turgor?

- A. normal warmth of the hand
- B. even skin color on the forearm
- C. skin that returns slowly after gentle lift
- D. a small healed wrist scar

195. During a focused reassessment, which finding would support nail changes?

- A. a small white spot from trauma
- B. spoon-shaped, fragile fingernails
- C. equal nail color after handwashing
- D. short nails with clean edges

196. During a focused reassessment, which finding would support handgrip limitation?

- A. weak sustained grip during a standardized task
- B. equal finger length on both hands
- C. warm palms with dry skin

D. a small scar on the dominant hand

197. During a focused reassessment, which finding would support sit-to-stand limitation?

- A. equal knee skin color bilaterally
- B. a slow but steady seated posture
- C. difficulty rising repeatedly without using arms
- D. a healed mark on the forearm

198. During a focused reassessment, which finding would support bilateral comparison?

- A. inspect one body area without comparison
- B. skip sites without reported symptoms
- C. assess only the dominant side first
- D. compare matching sites on both sides of the body

199. During a focused reassessment, which finding would support privacy and consent?

- A. ask a family member to decide for the patient
- B. document findings before meeting the patient
- C. explain the exam and obtain permission before exposure
- D. begin palpation before describing the exam

200. During a focused reassessment, which finding would support documentation?

- A. record site, severity, laterality, and relevant context
- B. document a diagnosis without observed findings
- C. copy a previous note without reassessment
- D. write only that the exam was normal

201. Which physical-exam observation is most useful when screening for temporal muscle wasting?

- A. smooth cheeks with normal fullness
- B. visible hollowing at both temples
- C. mild redness over the temples
- D. equal hair density at the temples

202. Which physical-exam observation is most useful when screening for clavicular muscle loss?

- A. warm skin over both clavicles
- B. symmetric shoulder skin pigmentation
- C. soft tissue fullness above the clavicles
- D. prominent clavicles with reduced surrounding muscle

203. Which physical-exam observation is most useful when screening for scapular muscle wasting?

- A. prominent scapulae with reduced back muscle
- B. a small healed scar near one scapula
- C. soft tissue fullness over the upper back
- D. even skin color across both scapulae

204. Which physical-exam observation is most useful when screening for interosseous muscle loss?

- A. uniform color across the back of hands
- B. short fingernails with smooth edges
- C. warm palms with brisk capillary refill
- D. depressed spaces between the metacarpals

205. Which physical-exam observation is most useful when screening for quadriceps muscle wasting?

- A. intact skin over the distal thigh
- B. symmetric knee warmth after ambulation
- C. a sunken appearance above the knee
- D. a healed incision near the knee

206. Which physical-exam observation is most useful when screening for gastrocnemius muscle wasting?

- A. a faint old scar on the shin
- B. a noticeably narrowed calf contour
- C. equal ankle warmth bilaterally
- D. intact skin over the lower leg

207. Which physical-exam observation is most useful when screening for orbital fat loss?

- A. equal eyebrow thickness on both sides
- B. smooth skin at the outer eye
- C. a hollowed appearance around the eyes
- D. mild eyelid redness after crying

208. Which physical-exam observation is most useful when screening for triceps fat loss?

- A. a freckle over the posterior arm
- B. minimal tissue when pinching the triceps
- C. a healed vaccination mark
- D. equal skin tone on each upper arm

209. Which physical-exam observation is most useful when screening for rib and iliac fat loss?

- A. a healed laparoscopic scar
- B. a small mole near the lower abdomen

- C. even trunk skin coloration
- D. ribs and iliac crest appearing unusually prominent

210. Which physical-exam observation is most useful when screening for mild peripheral edema?

- A. slight bilateral ankle swelling with shallow pitting
- B. mild redness from tight socks
- C. dry skin at both ankles
- D. equal pedal pulses bilaterally

211. Which physical-exam observation is most useful when screening for severe peripheral edema?

- A. intact skin over both shins
- B. equal toe movement on command
- C. cool feet after removal of socks
- D. deep bilateral pitting that persists after pressure

212. Which physical-exam observation is most useful when screening for sacral edema?

- A. a healed scar over the lower back
- B. dependent swelling over the sacral area
- C. equal gluteal skin color
- D. mild dry skin at the coccyx

213. Which physical-exam observation is most useful when screening for ascites concern?

- A. a small umbilical skin tag
- B. a flat abdomen after a meal
- C. progressive abdominal distention with fluid-like fullness
- D. equal skin pigmentation on the abdomen

214. Which physical-exam observation is most useful when screening for hair changes?

- A. sparse, dry hair that breaks easily
- B. short hair trimmed near the ears
- C. even hair color from root to tip
- D. a small healed scalp scar

215. Which physical-exam observation is most useful when screening for conjunctival pallor?

- A. pale inner lower eyelid tissue
- B. a small eyelid freckle
- C. equal eyelash length bilaterally
- D. clear sclera without redness

216. Which physical-exam observation is most useful when screening for oral dryness?

- A. even lip color after eating
- B. a small healed lip piercing
- C. dry mucosa with cracked lips
- D. equal mouth opening on both sides

217. Which physical-exam observation is most useful when screening for glossitis?

- A. equal movement of the tongue
- B. a small tongue piercing scar
- C. normal saliva pooling in the mouth
- D. a smooth, sore-appearing tongue surface

218. Which physical-exam observation is most useful when screening for skin integrity risk?

- A. a healed superficial scratch
- B. nonblanching redness over a bony prominence
- C. a faint stable freckle on the arm
- D. equal skin tone on both legs

219. Which physical-exam observation is most useful when screening for poor skin turgor?

- A. a small healed wrist scar
- B. normal warmth of the hand
- C. skin that returns slowly after gentle lift
- D. even skin color on the forearm

220. Which physical-exam observation is most useful when screening for nail changes?

- A. short nails with clean edges
- B. a small white spot from trauma
- C. equal nail color after handwashing
- D. spoon-shaped, fragile fingernails

221. Which physical-exam observation is most useful when screening for handgrip limitation?

- A. a small scar on the dominant hand
- B. weak sustained grip during a standardized task
- C. equal finger length on both hands
- D. warm palms with dry skin

222. Which physical-exam observation is most useful when screening for sit-to-stand limitation?

- A. difficulty rising repeatedly without using arms
- B. a healed mark on the forearm
- C. a slow but steady seated posture

D. equal knee skin color bilaterally

223. Which physical-exam observation is most useful when screening for bilateral comparison?

- A. skip sites without reported symptoms
- B. inspect one body area without comparison
- C. compare matching sites on both sides of the body
- D. assess only the dominant side first

224. Which physical-exam observation is most useful when screening for privacy and consent?

- A. begin palpation before describing the exam
- B. ask a family member to decide for the patient
- C. document findings before meeting the patient
- D. explain the exam and obtain permission before exposure

225. Which physical-exam observation is most useful when screening for documentation?

- A. write only that the exam was normal
- B. record site, severity, laterality, and relevant context
- C. document a diagnosis without observed findings
- D. copy a previous note without reassessment

226. A supervised learner is documenting an NFPE. Which statement correctly identifies temporal muscle wasting?

- A. equal hair density at the temples
- B. visible hollowing at both temples
- C. smooth cheeks with normal fullness
- D. mild redness over the temples

227. A supervised learner is documenting an NFPE. Which statement correctly identifies clavicular muscle loss?

- A. prominent clavicles with reduced surrounding muscle
- B. warm skin over both clavicles
- C. symmetric shoulder skin pigmentation
- D. soft tissue fullness above the clavicles

228. A supervised learner is documenting an NFPE. Which statement correctly identifies scapular muscle wasting?

- A. prominent scapulae with reduced back muscle
- B. soft tissue fullness over the upper back
- C. a small healed scar near one scapula
- D. even skin color across both scapulae

229. A supervised learner is documenting an NFPE. Which statement correctly identifies interosseous muscle loss?

- A. warm palms with brisk capillary refill
- B. uniform color across the back of hands
- C. short fingernails with smooth edges
- D. depressed spaces between the metacarpals

230. A supervised learner is documenting an NFPE. Which statement correctly identifies quadriceps muscle wasting?

- A. a healed incision near the knee
- B. symmetric knee warmth after ambulation
- C. a sunken appearance above the knee
- D. intact skin over the distal thigh

231. A supervised learner is documenting an NFPE. Which statement correctly identifies gastrocnemius muscle wasting?

- A. a noticeably narrowed calf contour
- B. a faint old scar on the shin
- C. intact skin over the lower leg
- D. equal ankle warmth bilaterally

232. A supervised learner is documenting an NFPE. Which statement correctly identifies orbital fat loss?

- A. mild eyelid redness after crying
- B. equal eyebrow thickness on both sides
- C. smooth skin at the outer eye
- D. a hollowed appearance around the eyes

233. A supervised learner is documenting an NFPE. Which statement correctly identifies triceps fat loss?

- A. a freckle over the posterior arm
- B. minimal tissue when pinching the triceps
- C. equal skin tone on each upper arm
- D. a healed vaccination mark

234. A supervised learner is documenting an NFPE. Which statement correctly identifies rib and iliac fat loss?

- A. a healed laparoscopic scar
- B. a small mole near the lower abdomen
- C. ribs and iliac crest appearing unusually prominent
- D. even trunk skin coloration

235. A supervised learner is documenting an NFPE. Which statement correctly identifies mild peripheral edema?

- A. equal pedal pulses bilaterally
- B. mild redness from tight socks
- C. slight bilateral ankle swelling with shallow pitting
- D. dry skin at both ankles

236. A supervised learner is documenting an NFPE. Which statement correctly identifies severe peripheral edema?

- A. cool feet after removal of socks
- B. intact skin over both shins
- C. equal toe movement on command
- D. deep bilateral pitting that persists after pressure

237. A supervised learner is documenting an NFPE. Which statement correctly identifies sacral edema?

- A. a healed scar over the lower back
- B. dependent swelling over the sacral area
- C. mild dry skin at the coccyx
- D. equal gluteal skin color

238. A supervised learner is documenting an NFPE. Which statement correctly identifies ascites concern?

- A. progressive abdominal distention with fluid-like fullness
- B. equal skin pigmentation on the abdomen
- C. a flat abdomen after a meal
- D. a small umbilical skin tag

239. A supervised learner is documenting an NFPE. Which statement correctly identifies hair changes?

- A. a small healed scalp scar
- B. sparse, dry hair that breaks easily
- C. short hair trimmed near the ears
- D. even hair color from root to tip

240. A supervised learner is documenting an NFPE. Which statement correctly identifies conjunctival pallor?

- A. clear sclera without redness
- B. equal eyelash length bilaterally
- C. pale inner lower eyelid tissue
- D. a small eyelid freckle

241. A supervised learner is documenting an NFPE. Which statement correctly identifies oral dryness?

- A. dry mucosa with cracked lips
- B. even lip color after eating
- C. a small healed lip piercing
- D. equal mouth opening on both sides

242. A supervised learner is documenting an NFPE. Which statement correctly identifies glossitis?

- A. equal movement of the tongue
- B. normal saliva pooling in the mouth
- C. a small tongue piercing scar
- D. a smooth, sore-appearing tongue surface

243. A supervised learner is documenting an NFPE. Which statement correctly identifies skin integrity risk?

- A. equal skin tone on both legs
- B. a healed superficial scratch
- C. nonblanching redness over a bony prominence
- D. a faint stable freckle on the arm

244. A supervised learner is documenting an NFPE. Which statement correctly identifies poor skin turgor?

- A. even skin color on the forearm
- B. skin that returns slowly after gentle lift
- C. normal warmth of the hand
- D. a small healed wrist scar

245. A supervised learner is documenting an NFPE. Which statement correctly identifies nail changes?

- A. spoon-shaped, fragile fingernails
- B. short nails with clean edges
- C. a small white spot from trauma
- D. equal nail color after handwashing

246. A supervised learner is documenting an NFPE. Which statement correctly identifies handgrip limitation?

- A. warm palms with dry skin
- B. equal finger length on both hands
- C. a small scar on the dominant hand
- D. weak sustained grip during a standardized task

247. A supervised learner is documenting an NFPE. Which statement correctly identifies sit-to-stand limitation?

- A. difficulty rising repeatedly without using arms
- B. a healed mark on the forearm
- C. equal knee skin color bilaterally
- D. a slow but steady seated posture

248. A supervised learner is documenting an NFPE. Which statement correctly identifies bilateral comparison?

- A. assess only the dominant side first
- B. compare matching sites on both sides of the body
- C. inspect one body area without comparison
- D. skip sites without reported symptoms

249. A supervised learner is documenting an NFPE. Which statement correctly identifies privacy and consent?

- A. document findings before meeting the patient
- B. begin palpation before describing the exam
- C. ask a family member to decide for the patient
- D. explain the exam and obtain permission before exposure

250. A supervised learner is documenting an NFPE. Which statement correctly identifies documentation?

- A. copy a previous note without reassessment
- B. write only that the exam was normal
- C. record site, severity, laterality, and relevant context
- D. document a diagnosis without observed findings

Exam 3: Answer Key and Explanations

- 1. D** — The keyed response, visible hollowing at both temples, supports temporalis muscle depletion. NFPE findings are interpreted alongside intake, weight change, illness burden, hydration, and function. The remaining choices describe unrelated observations, expected variation, or incomplete documentation. Record body site and severity. Do not diagnose from one sign; integrate the nutrition assessment before determining clinical significance.
- 2. C** — The keyed response, prominent clavicles with reduced surrounding muscle, supports pectoralis and deltoid depletion. NFPE findings are interpreted alongside intake, weight change, illness burden, hydration, and function. The remaining choices describe unrelated observations, expected variation, or incomplete documentation. Record body site and severity. Do not diagnose from one sign; integrate the nutrition assessment before determining clinical significance.
- 3. D** — The keyed response, prominent scapulae with reduced back muscle, supports latissimus and trapezius depletion. NFPE findings are interpreted alongside intake, weight change, illness burden, hydration, and function. The remaining choices describe unrelated observations, expected variation, or incomplete documentation. Record body site and severity. Do not diagnose from one sign; integrate the nutrition assessment before determining clinical significance.
- 4. B** — The keyed response, depressed spaces between the metacarpals, supports dorsal interosseous depletion. NFPE findings are interpreted alongside intake, weight change, illness burden, hydration, and function. The remaining choices describe unrelated observations, expected variation, or incomplete documentation. Record body site and severity. Do not diagnose from one sign; integrate the nutrition assessment before determining clinical significance.
- 5. C** — The keyed response, a sunken appearance above the knee, supports quadriceps depletion. NFPE findings are interpreted alongside intake, weight change, illness burden, hydration, and function. The remaining choices describe unrelated observations, expected variation, or incomplete documentation. Record body site and severity. Do not diagnose from one sign; integrate the nutrition assessment before determining clinical significance.
- 6. A** — The keyed response, a noticeably narrowed calf contour, supports gastrocnemius depletion. NFPE findings are interpreted alongside intake, weight change, illness burden, hydration, and function. The remaining choices describe unrelated observations, expected variation, or incomplete documentation. Record body site and severity. Do not diagnose from one sign; integrate the nutrition assessment before determining clinical significance.
- 7. A** — The keyed response, a hollowed appearance around the eyes, supports orbital fat depletion. NFPE findings are interpreted alongside intake, weight change, illness burden, hydration, and function. The remaining choices describe unrelated observations, expected variation, or incomplete documentation. Record body site and severity. Do not diagnose from one sign; integrate the nutrition assessment before determining clinical significance.

8. C — The keyed response, minimal tissue when pinching the triceps, supports triceps subcutaneous fat depletion. NFPE findings are interpreted alongside intake, weight change, illness burden, hydration, and function. The remaining choices describe unrelated observations, expected variation, or incomplete documentation. Record body site and severity. Do not diagnose from one sign; integrate the nutrition assessment before determining clinical significance.

9. B — The keyed response, ribs and iliac crest appearing unusually prominent, supports subcutaneous fat depletion. NFPE findings are interpreted alongside intake, weight change, illness burden, hydration, and function. The remaining choices describe unrelated observations, expected variation, or incomplete documentation. Record body site and severity. Do not diagnose from one sign; integrate the nutrition assessment before determining clinical significance.

10. D — The keyed response, slight bilateral ankle swelling with shallow pitting, supports mild dependent edema. NFPE findings are interpreted alongside intake, weight change, illness burden, hydration, and function. The remaining choices describe unrelated observations, expected variation, or incomplete documentation. Record body site and severity. Do not diagnose from one sign; integrate the nutrition assessment before determining clinical significance.

11. B — The keyed response, deep bilateral pitting that persists after pressure, supports significant peripheral edema. NFPE findings are interpreted alongside intake, weight change, illness burden, hydration, and function. The remaining choices describe unrelated observations, expected variation, or incomplete documentation. Record body site and severity. Do not diagnose from one sign; integrate the nutrition assessment before determining clinical significance.

12. C — The keyed response, dependent swelling over the sacral area, supports sacral edema. NFPE findings are interpreted alongside intake, weight change, illness burden, hydration, and function. The remaining choices describe unrelated observations, expected variation, or incomplete documentation. Record body site and severity. Do not diagnose from one sign; integrate the nutrition assessment before determining clinical significance.

13. D — The keyed response, progressive abdominal distention with fluid-like fullness, supports possible ascites. NFPE findings are interpreted alongside intake, weight change, illness burden, hydration, and function. The remaining choices describe unrelated observations, expected variation, or incomplete documentation. Record body site and severity. Do not diagnose from one sign; integrate the nutrition assessment before determining clinical significance.

14. A — The keyed response, sparse, dry hair that breaks easily, supports hair changes requiring context. NFPE findings are interpreted alongside intake, weight change, illness burden, hydration, and function. The remaining choices describe unrelated observations, expected variation, or incomplete documentation. Record body site and severity. Do not diagnose from one sign; integrate the nutrition assessment before determining clinical significance.

15. B — The keyed response, pale inner lower eyelid tissue, supports conjunctival pallor. NFPE findings are interpreted alongside intake, weight change, illness burden, hydration, and function. The remaining choices describe unrelated observations, expected variation, or incomplete documentation. Record body

site and severity. Do not diagnose from one sign; integrate the nutrition assessment before determining clinical significance.

16. D — The keyed response, dry mucosa with cracked lips, supports oral dehydration signs. NFPE findings are interpreted alongside intake, weight change, illness burden, hydration, and function. The remaining choices describe unrelated observations, expected variation, or incomplete documentation. Record body site and severity. Do not diagnose from one sign; integrate the nutrition assessment before determining clinical significance.

17. C — The keyed response, a smooth, sore-appearing tongue surface, supports tongue changes requiring assessment. NFPE findings are interpreted alongside intake, weight change, illness burden, hydration, and function. The remaining choices describe unrelated observations, expected variation, or incomplete documentation. Record body site and severity. Do not diagnose from one sign; integrate the nutrition assessment before determining clinical significance.

18. A — The keyed response, nonblanching redness over a bony prominence, supports possible pressure-related skin injury. NFPE findings are interpreted alongside intake, weight change, illness burden, hydration, and function. The remaining choices describe unrelated observations, expected variation, or incomplete documentation. Record body site and severity. Do not diagnose from one sign; integrate the nutrition assessment before determining clinical significance.

19. C — The keyed response, skin that returns slowly after gentle lift, supports possible reduced hydration status. NFPE findings are interpreted alongside intake, weight change, illness burden, hydration, and function. The remaining choices describe unrelated observations, expected variation, or incomplete documentation. Record body site and severity. Do not diagnose from one sign; integrate the nutrition assessment before determining clinical significance.

20. D — The keyed response, spoon-shaped, fragile fingernails, supports nail changes requiring assessment. NFPE findings are interpreted alongside intake, weight change, illness burden, hydration, and function. The remaining choices describe unrelated observations, expected variation, or incomplete documentation. Record body site and severity. Do not diagnose from one sign; integrate the nutrition assessment before determining clinical significance.

21. A — The keyed response, weak sustained grip during a standardized task, supports reduced functional strength. NFPE findings are interpreted alongside intake, weight change, illness burden, hydration, and function. The remaining choices describe unrelated observations, expected variation, or incomplete documentation. Record body site and severity. Do not diagnose from one sign; integrate the nutrition assessment before determining clinical significance.

22. B — The keyed response, difficulty rising repeatedly without using arms, supports reduced lower-body function. NFPE findings are interpreted alongside intake, weight change, illness burden, hydration, and function. The remaining choices describe unrelated observations, expected variation, or incomplete documentation. Record body site and severity. Do not diagnose from one sign; integrate the nutrition assessment before determining clinical significance.

23. A — The keyed response, compare matching sites on both sides of the body, supports symmetrical NFPE comparison. NFPE findings are interpreted alongside intake, weight change, illness burden, hydration, and function. The remaining choices describe unrelated observations, expected variation, or incomplete documentation. Record body site and severity. Do not diagnose from one sign; integrate the nutrition assessment before determining clinical significance.

24. B — The keyed response, explain the exam and obtain permission before exposure, supports informed consent and dignity. NFPE findings are interpreted alongside intake, weight change, illness burden, hydration, and function. The remaining choices describe unrelated observations, expected variation, or incomplete documentation. Record body site and severity. Do not diagnose from one sign; integrate the nutrition assessment before determining clinical significance.

25. D — The keyed response, record site, severity, laterality, and relevant context, supports objective NFPE documentation. NFPE findings are interpreted alongside intake, weight change, illness burden, hydration, and function. The remaining choices describe unrelated observations, expected variation, or incomplete documentation. Record body site and severity. Do not diagnose from one sign; integrate the nutrition assessment before determining clinical significance.

26. C — The keyed response, visible hollowing at both temples, supports temporalis muscle depletion. NFPE findings are interpreted alongside intake, weight change, illness burden, hydration, and function. The remaining choices describe unrelated observations, expected variation, or incomplete documentation. Record body site and severity. Do not diagnose from one sign; integrate the nutrition assessment before determining clinical significance.

27. D — The keyed response, prominent clavicles with reduced surrounding muscle, supports pectoralis and deltoid depletion. NFPE findings are interpreted alongside intake, weight change, illness burden, hydration, and function. The remaining choices describe unrelated observations, expected variation, or incomplete documentation. Record body site and severity. Do not diagnose from one sign; integrate the nutrition assessment before determining clinical significance.

28. B — The keyed response, prominent scapulae with reduced back muscle, supports latissimus and trapezius depletion. NFPE findings are interpreted alongside intake, weight change, illness burden, hydration, and function. The remaining choices describe unrelated observations, expected variation, or incomplete documentation. Record body site and severity. Do not diagnose from one sign; integrate the nutrition assessment before determining clinical significance.

29. A — The keyed response, depressed spaces between the metacarpals, supports dorsal interosseous depletion. NFPE findings are interpreted alongside intake, weight change, illness burden, hydration, and function. The remaining choices describe unrelated observations, expected variation, or incomplete documentation. Record body site and severity. Do not diagnose from one sign; integrate the nutrition assessment before determining clinical significance.

30. C — The keyed response, a sunken appearance above the knee, supports quadriceps depletion. NFPE findings are interpreted alongside intake, weight change, illness burden, hydration, and function. The remaining choices describe unrelated observations, expected variation, or incomplete

documentation. Record body site and severity. Do not diagnose from one sign; integrate the nutrition assessment before determining clinical significance.

31. D — The keyed response, a noticeably narrowed calf contour, supports gastrocnemius depletion. NFPE findings are interpreted alongside intake, weight change, illness burden, hydration, and function. The remaining choices describe unrelated observations, expected variation, or incomplete documentation. Record body site and severity. Do not diagnose from one sign; integrate the nutrition assessment before determining clinical significance.

32. C — The keyed response, a hollowed appearance around the eyes, supports orbital fat depletion. NFPE findings are interpreted alongside intake, weight change, illness burden, hydration, and function. The remaining choices describe unrelated observations, expected variation, or incomplete documentation. Record body site and severity. Do not diagnose from one sign; integrate the nutrition assessment before determining clinical significance.

33. B — The keyed response, minimal tissue when pinching the triceps, supports triceps subcutaneous fat depletion. NFPE findings are interpreted alongside intake, weight change, illness burden, hydration, and function. The remaining choices describe unrelated observations, expected variation, or incomplete documentation. Record body site and severity. Do not diagnose from one sign; integrate the nutrition assessment before determining clinical significance.

34. A — The keyed response, ribs and iliac crest appearing unusually prominent, supports subcutaneous fat depletion. NFPE findings are interpreted alongside intake, weight change, illness burden, hydration, and function. The remaining choices describe unrelated observations, expected variation, or incomplete documentation. Record body site and severity. Do not diagnose from one sign; integrate the nutrition assessment before determining clinical significance.

35. B — The keyed response, slight bilateral ankle swelling with shallow pitting, supports mild dependent edema. NFPE findings are interpreted alongside intake, weight change, illness burden, hydration, and function. The remaining choices describe unrelated observations, expected variation, or incomplete documentation. Record body site and severity. Do not diagnose from one sign; integrate the nutrition assessment before determining clinical significance.

36. C — The keyed response, deep bilateral pitting that persists after pressure, supports significant peripheral edema. NFPE findings are interpreted alongside intake, weight change, illness burden, hydration, and function. The remaining choices describe unrelated observations, expected variation, or incomplete documentation. Record body site and severity. Do not diagnose from one sign; integrate the nutrition assessment before determining clinical significance.

37. A — The keyed response, dependent swelling over the sacral area, supports sacral edema. NFPE findings are interpreted alongside intake, weight change, illness burden, hydration, and function. The remaining choices describe unrelated observations, expected variation, or incomplete documentation. Record body site and severity. Do not diagnose from one sign; integrate the nutrition assessment before determining clinical significance.

38. D — The keyed response, progressive abdominal distention with fluid-like fullness, supports possible ascites. NFPE findings are interpreted alongside intake, weight change, illness burden, hydration, and function. The remaining choices describe unrelated observations, expected variation, or incomplete documentation. Record body site and severity. Do not diagnose from one sign; integrate the nutrition assessment before determining clinical significance.

39. D — The keyed response, sparse, dry hair that breaks easily, supports hair changes requiring context. NFPE findings are interpreted alongside intake, weight change, illness burden, hydration, and function. The remaining choices describe unrelated observations, expected variation, or incomplete documentation. Record body site and severity. Do not diagnose from one sign; integrate the nutrition assessment before determining clinical significance.

40. B — The keyed response, pale inner lower eyelid tissue, supports conjunctival pallor. NFPE findings are interpreted alongside intake, weight change, illness burden, hydration, and function. The remaining choices describe unrelated observations, expected variation, or incomplete documentation. Record body site and severity. Do not diagnose from one sign; integrate the nutrition assessment before determining clinical significance.

41. C — The keyed response, dry mucosa with cracked lips, supports oral dehydration signs. NFPE findings are interpreted alongside intake, weight change, illness burden, hydration, and function. The remaining choices describe unrelated observations, expected variation, or incomplete documentation. Record body site and severity. Do not diagnose from one sign; integrate the nutrition assessment before determining clinical significance.

42. A — The keyed response, a smooth, sore-appearing tongue surface, supports tongue changes requiring assessment. NFPE findings are interpreted alongside intake, weight change, illness burden, hydration, and function. The remaining choices describe unrelated observations, expected variation, or incomplete documentation. Record body site and severity. Do not diagnose from one sign; integrate the nutrition assessment before determining clinical significance.

43. B — The keyed response, nonblanching redness over a bony prominence, supports possible pressure-related skin injury. NFPE findings are interpreted alongside intake, weight change, illness burden, hydration, and function. The remaining choices describe unrelated observations, expected variation, or incomplete documentation. Record body site and severity. Do not diagnose from one sign; integrate the nutrition assessment before determining clinical significance.

44. C — The keyed response, skin that returns slowly after gentle lift, supports possible reduced hydration status. NFPE findings are interpreted alongside intake, weight change, illness burden, hydration, and function. The remaining choices describe unrelated observations, expected variation, or incomplete documentation. Record body site and severity. Do not diagnose from one sign; integrate the nutrition assessment before determining clinical significance.

45. D — The keyed response, spoon-shaped, fragile fingernails, supports nail changes requiring assessment. NFPE findings are interpreted alongside intake, weight change, illness burden, hydration, and function. The remaining choices describe unrelated observations, expected variation, or incomplete

documentation. Record body site and severity. Do not diagnose from one sign; integrate the nutrition assessment before determining clinical significance.

46. A — The keyed response, weak sustained grip during a standardized task, supports reduced functional strength. NFPE findings are interpreted alongside intake, weight change, illness burden, hydration, and function. The remaining choices describe unrelated observations, expected variation, or incomplete documentation. Record body site and severity. Do not diagnose from one sign; integrate the nutrition assessment before determining clinical significance.

47. D — The keyed response, difficulty rising repeatedly without using arms, supports reduced lower-body function. NFPE findings are interpreted alongside intake, weight change, illness burden, hydration, and function. The remaining choices describe unrelated observations, expected variation, or incomplete documentation. Record body site and severity. Do not diagnose from one sign; integrate the nutrition assessment before determining clinical significance.

48. B — The keyed response, compare matching sites on both sides of the body, supports symmetrical NFPE comparison. NFPE findings are interpreted alongside intake, weight change, illness burden, hydration, and function. The remaining choices describe unrelated observations, expected variation, or incomplete documentation. Record body site and severity. Do not diagnose from one sign; integrate the nutrition assessment before determining clinical significance.

49. A — The keyed response, explain the exam and obtain permission before exposure, supports informed consent and dignity. NFPE findings are interpreted alongside intake, weight change, illness burden, hydration, and function. The remaining choices describe unrelated observations, expected variation, or incomplete documentation. Record body site and severity. Do not diagnose from one sign; integrate the nutrition assessment before determining clinical significance.

50. C — The keyed response, record site, severity, laterality, and relevant context, supports objective NFPE documentation. NFPE findings are interpreted alongside intake, weight change, illness burden, hydration, and function. The remaining choices describe unrelated observations, expected variation, or incomplete documentation. Record body site and severity. Do not diagnose from one sign; integrate the nutrition assessment before determining clinical significance.

51. B — The keyed response, visible hollowing at both temples, supports temporalis muscle depletion. NFPE findings are interpreted alongside intake, weight change, illness burden, hydration, and function. The remaining choices describe unrelated observations, expected variation, or incomplete documentation. Record body site and severity. Do not diagnose from one sign; integrate the nutrition assessment before determining clinical significance.

52. D — The keyed response, prominent clavicles with reduced surrounding muscle, supports pectoralis and deltoid depletion. NFPE findings are interpreted alongside intake, weight change, illness burden, hydration, and function. The remaining choices describe unrelated observations, expected variation, or incomplete documentation. Record body site and severity. Do not diagnose from one sign; integrate the nutrition assessment before determining clinical significance.

53. C — The keyed response, prominent scapulae with reduced back muscle, supports latissimus and trapezius depletion. NFPE findings are interpreted alongside intake, weight change, illness burden, hydration, and function. The remaining choices describe unrelated observations, expected variation, or incomplete documentation. Record body site and severity. Do not diagnose from one sign; integrate the nutrition assessment before determining clinical significance.

54. A — The keyed response, depressed spaces between the metacarpals, supports dorsal interosseous depletion. NFPE findings are interpreted alongside intake, weight change, illness burden, hydration, and function. The remaining choices describe unrelated observations, expected variation, or incomplete documentation. Record body site and severity. Do not diagnose from one sign; integrate the nutrition assessment before determining clinical significance.

55. A — The keyed response, a sunken appearance above the knee, supports quadriceps depletion. NFPE findings are interpreted alongside intake, weight change, illness burden, hydration, and function. The remaining choices describe unrelated observations, expected variation, or incomplete documentation. Record body site and severity. Do not diagnose from one sign; integrate the nutrition assessment before determining clinical significance.

56. B — The keyed response, a noticeably narrowed calf contour, supports gastrocnemius depletion. NFPE findings are interpreted alongside intake, weight change, illness burden, hydration, and function. The remaining choices describe unrelated observations, expected variation, or incomplete documentation. Record body site and severity. Do not diagnose from one sign; integrate the nutrition assessment before determining clinical significance.

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58. C — The keyed response, minimal tissue when pinching the triceps, supports triceps subcutaneous fat depletion. NFPE findings are interpreted alongside intake, weight change, illness burden, hydration, and function. The remaining choices describe unrelated observations, expected variation, or incomplete documentation. Record body site and severity. Do not diagnose from one sign; integrate the nutrition assessment before determining clinical significance.

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61. B — The keyed response, deep bilateral pitting that persists after pressure, supports significant peripheral edema. NFPE findings are interpreted alongside intake, weight change, illness burden, hydration, and function. The remaining choices describe unrelated observations, expected variation, or incomplete documentation. Record body site and severity. Do not diagnose from one sign; integrate the nutrition assessment before determining clinical significance.

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63. A — The keyed response, progressive abdominal distention with fluid-like fullness, supports possible ascites. NFPE findings are interpreted alongside intake, weight change, illness burden, hydration, and function. The remaining choices describe unrelated observations, expected variation, or incomplete documentation. Record body site and severity. Do not diagnose from one sign; integrate the nutrition assessment before determining clinical significance.

64. C — The keyed response, sparse, dry hair that breaks easily, supports hair changes requiring context. NFPE findings are interpreted alongside intake, weight change, illness burden, hydration, and function. The remaining choices describe unrelated observations, expected variation, or incomplete documentation. Record body site and severity. Do not diagnose from one sign; integrate the nutrition assessment before determining clinical significance.

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69. D — The keyed response, skin that returns slowly after gentle lift, supports possible reduced hydration status. NFPE findings are interpreted alongside intake, weight change, illness burden, hydration, and function. The remaining choices describe unrelated observations, expected variation, or incomplete documentation. Record body site and severity. Do not diagnose from one sign; integrate the nutrition assessment before determining clinical significance.

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72. A — The keyed response, difficulty rising repeatedly without using arms, supports reduced lower-body function. NFPE findings are interpreted alongside intake, weight change, illness burden, hydration, and function. The remaining choices describe unrelated observations, expected variation, or incomplete documentation. Record body site and severity. Do not diagnose from one sign; integrate the nutrition assessment before determining clinical significance.

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75. A — The keyed response, record site, severity, laterality, and relevant context, supports objective NFPE documentation. NFPE findings are interpreted alongside intake, weight change, illness burden, hydration, and function. The remaining choices describe unrelated observations, expected variation, or

incomplete documentation. Record body site and severity. Do not diagnose from one sign; integrate the nutrition assessment before determining clinical significance.

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84. D — The keyed response, ribs and iliac crest appearing unusually prominent, supports subcutaneous fat depletion. NFPE findings are interpreted alongside intake, weight change, illness burden, hydration, and function. The remaining choices describe unrelated observations, expected variation, or incomplete documentation. Record body site and severity. Do not diagnose from one sign; integrate the nutrition assessment before determining clinical significance.

85. A — The keyed response, slight bilateral ankle swelling with shallow pitting, supports mild dependent edema. NFPE findings are interpreted alongside intake, weight change, illness burden, hydration, and function. The remaining choices describe unrelated observations, expected variation, or incomplete documentation. Record body site and severity. Do not diagnose from one sign; integrate the nutrition assessment before determining clinical significance.

86. C — The keyed response, deep bilateral pitting that persists after pressure, supports significant peripheral edema. NFPE findings are interpreted alongside intake, weight change, illness burden, hydration, and function. The remaining choices describe unrelated observations, expected variation, or incomplete documentation. Record body site and severity. Do not diagnose from one sign; integrate the nutrition assessment before determining clinical significance.

87. B — The keyed response, dependent swelling over the sacral area, supports sacral edema. NFPE findings are interpreted alongside intake, weight change, illness burden, hydration, and function. The remaining choices describe unrelated observations, expected variation, or incomplete documentation. Record body site and severity. Do not diagnose from one sign; integrate the nutrition assessment before determining clinical significance.

88. D — The keyed response, progressive abdominal distention with fluid-like fullness, supports possible ascites. NFPE findings are interpreted alongside intake, weight change, illness burden, hydration, and function. The remaining choices describe unrelated observations, expected variation, or incomplete documentation. Record body site and severity. Do not diagnose from one sign; integrate the nutrition assessment before determining clinical significance.

89. C — The keyed response, sparse, dry hair that breaks easily, supports hair changes requiring context. NFPE findings are interpreted alongside intake, weight change, illness burden, hydration, and function. The remaining choices describe unrelated observations, expected variation, or incomplete documentation. Record body site and severity. Do not diagnose from one sign; integrate the nutrition assessment before determining clinical significance.

90. A — The keyed response, pale inner lower eyelid tissue, supports conjunctival pallor. NFPE findings are interpreted alongside intake, weight change, illness burden, hydration, and function. The remaining choices describe unrelated observations, expected variation, or incomplete documentation.

Record body site and severity. Do not diagnose from one sign; integrate the nutrition assessment before determining clinical significance.

91. A — The keyed response, dry mucosa with cracked lips, supports oral dehydration signs. NFPE findings are interpreted alongside intake, weight change, illness burden, hydration, and function. The remaining choices describe unrelated observations, expected variation, or incomplete documentation. Record body site and severity. Do not diagnose from one sign; integrate the nutrition assessment before determining clinical significance.

92. C — The keyed response, a smooth, sore-appearing tongue surface, supports tongue changes requiring assessment. NFPE findings are interpreted alongside intake, weight change, illness burden, hydration, and function. The remaining choices describe unrelated observations, expected variation, or incomplete documentation. Record body site and severity. Do not diagnose from one sign; integrate the nutrition assessment before determining clinical significance.

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94. B — The keyed response, skin that returns slowly after gentle lift, supports possible reduced hydration status. NFPE findings are interpreted alongside intake, weight change, illness burden, hydration, and function. The remaining choices describe unrelated observations, expected variation, or incomplete documentation. Record body site and severity. Do not diagnose from one sign; integrate the nutrition assessment before determining clinical significance.

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96. D — The keyed response, weak sustained grip during a standardized task, supports reduced functional strength. NFPE findings are interpreted alongside intake, weight change, illness burden, hydration, and function. The remaining choices describe unrelated observations, expected variation, or incomplete documentation. Record body site and severity. Do not diagnose from one sign; integrate the nutrition assessment before determining clinical significance.

97. A — The keyed response, difficulty rising repeatedly without using arms, supports reduced lower-body function. NFPE findings are interpreted alongside intake, weight change, illness burden, hydration, and function. The remaining choices describe unrelated observations, expected variation, or incomplete documentation. Record body site and severity. Do not diagnose from one sign; integrate the nutrition assessment before determining clinical significance.

98. C — The keyed response, compare matching sites on both sides of the body, supports symmetrical NFPE comparison. NFPE findings are interpreted alongside intake, weight change, illness burden, hydration, and function. The remaining choices describe unrelated observations, expected variation, or incomplete documentation. Record body site and severity. Do not diagnose from one sign; integrate the nutrition assessment before determining clinical significance.

99. B — The keyed response, explain the exam and obtain permission before exposure, supports informed consent and dignity. NFPE findings are interpreted alongside intake, weight change, illness burden, hydration, and function. The remaining choices describe unrelated observations, expected variation, or incomplete documentation. Record body site and severity. Do not diagnose from one sign; integrate the nutrition assessment before determining clinical significance.

100. A — The keyed response, record site, severity, laterality, and relevant context, supports objective NFPE documentation. NFPE findings are interpreted alongside intake, weight change, illness burden, hydration, and function. The remaining choices describe unrelated observations, expected variation, or incomplete documentation. Record body site and severity. Do not diagnose from one sign; integrate the nutrition assessment before determining clinical significance.

101. D — The keyed response, visible hollowing at both temples, supports temporalis muscle depletion. NFPE findings are interpreted alongside intake, weight change, illness burden, hydration, and function. The remaining choices describe unrelated observations, expected variation, or incomplete documentation. Record body site and severity. Do not diagnose from one sign; integrate the nutrition assessment before determining clinical significance.

102. C — The keyed response, prominent clavicles with reduced surrounding muscle, supports pectoralis and deltoid depletion. NFPE findings are interpreted alongside intake, weight change, illness burden, hydration, and function. The remaining choices describe unrelated observations, expected variation, or incomplete documentation. Record body site and severity. Do not diagnose from one sign; integrate the nutrition assessment before determining clinical significance.

103. D — The keyed response, prominent scapulae with reduced back muscle, supports latissimus and trapezius depletion. NFPE findings are interpreted alongside intake, weight change, illness burden, hydration, and function. The remaining choices describe unrelated observations, expected variation, or incomplete documentation. Record body site and severity. Do not diagnose from one sign; integrate the nutrition assessment before determining clinical significance.

104. C — The keyed response, depressed spaces between the metacarpals, supports dorsal interosseous depletion. NFPE findings are interpreted alongside intake, weight change, illness burden, hydration, and function. The remaining choices describe unrelated observations, expected variation, or incomplete documentation. Record body site and severity. Do not diagnose from one sign; integrate the nutrition assessment before determining clinical significance.

105. A — The keyed response, a sunken appearance above the knee, supports quadriceps depletion. NFPE findings are interpreted alongside intake, weight change, illness burden, hydration, and function. The remaining choices describe unrelated observations, expected variation, or incomplete

documentation. Record body site and severity. Do not diagnose from one sign; integrate the nutrition assessment before determining clinical significance.

106. B — The keyed response, a noticeably narrowed calf contour, supports gastrocnemius depletion. NFPE findings are interpreted alongside intake, weight change, illness burden, hydration, and function. The remaining choices describe unrelated observations, expected variation, or incomplete documentation. Record body site and severity. Do not diagnose from one sign; integrate the nutrition assessment before determining clinical significance.

107. A — The keyed response, a hollowed appearance around the eyes, supports orbital fat depletion. NFPE findings are interpreted alongside intake, weight change, illness burden, hydration, and function. The remaining choices describe unrelated observations, expected variation, or incomplete documentation. Record body site and severity. Do not diagnose from one sign; integrate the nutrition assessment before determining clinical significance.

108. C — The keyed response, minimal tissue when pinching the triceps, supports triceps subcutaneous fat depletion. NFPE findings are interpreted alongside intake, weight change, illness burden, hydration, and function. The remaining choices describe unrelated observations, expected variation, or incomplete documentation. Record body site and severity. Do not diagnose from one sign; integrate the nutrition assessment before determining clinical significance.

109. B — The keyed response, ribs and iliac crest appearing unusually prominent, supports subcutaneous fat depletion. NFPE findings are interpreted alongside intake, weight change, illness burden, hydration, and function. The remaining choices describe unrelated observations, expected variation, or incomplete documentation. Record body site and severity. Do not diagnose from one sign; integrate the nutrition assessment before determining clinical significance.

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111. D — The keyed response, deep bilateral pitting that persists after pressure, supports significant peripheral edema. NFPE findings are interpreted alongside intake, weight change, illness burden, hydration, and function. The remaining choices describe unrelated observations, expected variation, or incomplete documentation. Record body site and severity. Do not diagnose from one sign; integrate the nutrition assessment before determining clinical significance.

112. A — The keyed response, dependent swelling over the sacral area, supports sacral edema. NFPE findings are interpreted alongside intake, weight change, illness burden, hydration, and function. The remaining choices describe unrelated observations, expected variation, or incomplete documentation. Record body site and severity. Do not diagnose from one sign; integrate the nutrition assessment before determining clinical significance.

113. C — The keyed response, progressive abdominal distention with fluid-like fullness, supports possible ascites. NFPE findings are interpreted alongside intake, weight change, illness burden, hydration, and function. The remaining choices describe unrelated observations, expected variation, or incomplete documentation. Record body site and severity. Do not diagnose from one sign; integrate the nutrition assessment before determining clinical significance.

114. B — The keyed response, sparse, dry hair that breaks easily, supports hair changes requiring context. NFPE findings are interpreted alongside intake, weight change, illness burden, hydration, and function. The remaining choices describe unrelated observations, expected variation, or incomplete documentation. Record body site and severity. Do not diagnose from one sign; integrate the nutrition assessment before determining clinical significance.

115. C — The keyed response, pale inner lower eyelid tissue, supports conjunctival pallor. NFPE findings are interpreted alongside intake, weight change, illness burden, hydration, and function. The remaining choices describe unrelated observations, expected variation, or incomplete documentation. Record body site and severity. Do not diagnose from one sign; integrate the nutrition assessment before determining clinical significance.

116. B — The keyed response, dry mucosa with cracked lips, supports oral dehydration signs. NFPE findings are interpreted alongside intake, weight change, illness burden, hydration, and function. The remaining choices describe unrelated observations, expected variation, or incomplete documentation. Record body site and severity. Do not diagnose from one sign; integrate the nutrition assessment before determining clinical significance.

117. D — The keyed response, a smooth, sore-appearing tongue surface, supports tongue changes requiring assessment. NFPE findings are interpreted alongside intake, weight change, illness burden, hydration, and function. The remaining choices describe unrelated observations, expected variation, or incomplete documentation. Record body site and severity. Do not diagnose from one sign; integrate the nutrition assessment before determining clinical significance.

118. A — The keyed response, nonblanching redness over a bony prominence, supports possible pressure-related skin injury. NFPE findings are interpreted alongside intake, weight change, illness burden, hydration, and function. The remaining choices describe unrelated observations, expected variation, or incomplete documentation. Record body site and severity. Do not diagnose from one sign; integrate the nutrition assessment before determining clinical significance.

119. D — The keyed response, skin that returns slowly after gentle lift, supports possible reduced hydration status. NFPE findings are interpreted alongside intake, weight change, illness burden, hydration, and function. The remaining choices describe unrelated observations, expected variation, or incomplete documentation. Record body site and severity. Do not diagnose from one sign; integrate the nutrition assessment before determining clinical significance.

120. A — The keyed response, spoon-shaped, fragile fingernails, supports nail changes requiring assessment. NFPE findings are interpreted alongside intake, weight change, illness burden, hydration, and function. The remaining choices describe unrelated observations, expected variation, or incomplete

documentation. Record body site and severity. Do not diagnose from one sign; integrate the nutrition assessment before determining clinical significance.

121. C — The keyed response, weak sustained grip during a standardized task, supports reduced functional strength. NFPE findings are interpreted alongside intake, weight change, illness burden, hydration, and function. The remaining choices describe unrelated observations, expected variation, or incomplete documentation. Record body site and severity. Do not diagnose from one sign; integrate the nutrition assessment before determining clinical significance.

122. B — The keyed response, difficulty rising repeatedly without using arms, supports reduced lower-body function. NFPE findings are interpreted alongside intake, weight change, illness burden, hydration, and function. The remaining choices describe unrelated observations, expected variation, or incomplete documentation. Record body site and severity. Do not diagnose from one sign; integrate the nutrition assessment before determining clinical significance.

123. C — The keyed response, compare matching sites on both sides of the body, supports symmetrical NFPE comparison. NFPE findings are interpreted alongside intake, weight change, illness burden, hydration, and function. The remaining choices describe unrelated observations, expected variation, or incomplete documentation. Record body site and severity. Do not diagnose from one sign; integrate the nutrition assessment before determining clinical significance.

124. A — The keyed response, explain the exam and obtain permission before exposure, supports informed consent and dignity. NFPE findings are interpreted alongside intake, weight change, illness burden, hydration, and function. The remaining choices describe unrelated observations, expected variation, or incomplete documentation. Record body site and severity. Do not diagnose from one sign; integrate the nutrition assessment before determining clinical significance.

125. B — The keyed response, record site, severity, laterality, and relevant context, supports objective NFPE documentation. NFPE findings are interpreted alongside intake, weight change, illness burden, hydration, and function. The remaining choices describe unrelated observations, expected variation, or incomplete documentation. Record body site and severity. Do not diagnose from one sign; integrate the nutrition assessment before determining clinical significance.

126. D — The keyed response, visible hollowing at both temples, supports temporalis muscle depletion. NFPE findings are interpreted alongside intake, weight change, illness burden, hydration, and function. The remaining choices describe unrelated observations, expected variation, or incomplete documentation. Record body site and severity. Do not diagnose from one sign; integrate the nutrition assessment before determining clinical significance.

127. C — The keyed response, prominent clavicles with reduced surrounding muscle, supports pectoralis and deltoid depletion. NFPE findings are interpreted alongside intake, weight change, illness burden, hydration, and function. The remaining choices describe unrelated observations, expected variation, or incomplete documentation. Record body site and severity. Do not diagnose from one sign; integrate the nutrition assessment before determining clinical significance.

128. A — The keyed response, prominent scapulae with reduced back muscle, supports latissimus and trapezius depletion. NFPE findings are interpreted alongside intake, weight change, illness burden, hydration, and function. The remaining choices describe unrelated observations, expected variation, or incomplete documentation. Record body site and severity. Do not diagnose from one sign; integrate the nutrition assessment before determining clinical significance.

129. D — The keyed response, depressed spaces between the metacarpals, supports dorsal interosseous depletion. NFPE findings are interpreted alongside intake, weight change, illness burden, hydration, and function. The remaining choices describe unrelated observations, expected variation, or incomplete documentation. Record body site and severity. Do not diagnose from one sign; integrate the nutrition assessment before determining clinical significance.

130. B — The keyed response, a sunken appearance above the knee, supports quadriceps depletion. NFPE findings are interpreted alongside intake, weight change, illness burden, hydration, and function. The remaining choices describe unrelated observations, expected variation, or incomplete documentation. Record body site and severity. Do not diagnose from one sign; integrate the nutrition assessment before determining clinical significance.

131. B — The keyed response, a noticeably narrowed calf contour, supports gastrocnemius depletion. NFPE findings are interpreted alongside intake, weight change, illness burden, hydration, and function. The remaining choices describe unrelated observations, expected variation, or incomplete documentation. Record body site and severity. Do not diagnose from one sign; integrate the nutrition assessment before determining clinical significance.

132. C — The keyed response, a hollowed appearance around the eyes, supports orbital fat depletion. NFPE findings are interpreted alongside intake, weight change, illness burden, hydration, and function. The remaining choices describe unrelated observations, expected variation, or incomplete documentation. Record body site and severity. Do not diagnose from one sign; integrate the nutrition assessment before determining clinical significance.

133. A — The keyed response, minimal tissue when pinching the triceps, supports triceps subcutaneous fat depletion. NFPE findings are interpreted alongside intake, weight change, illness burden, hydration, and function. The remaining choices describe unrelated observations, expected variation, or incomplete documentation. Record body site and severity. Do not diagnose from one sign; integrate the nutrition assessment before determining clinical significance.

134. D — The keyed response, ribs and iliac crest appearing unusually prominent, supports subcutaneous fat depletion. NFPE findings are interpreted alongside intake, weight change, illness burden, hydration, and function. The remaining choices describe unrelated observations, expected variation, or incomplete documentation. Record body site and severity. Do not diagnose from one sign; integrate the nutrition assessment before determining clinical significance.

135. D — The keyed response, slight bilateral ankle swelling with shallow pitting, supports mild dependent edema. NFPE findings are interpreted alongside intake, weight change, illness burden, hydration, and function. The remaining choices describe unrelated observations, expected variation, or

incomplete documentation. Record body site and severity. Do not diagnose from one sign; integrate the nutrition assessment before determining clinical significance.

136. C — The keyed response, deep bilateral pitting that persists after pressure, supports significant peripheral edema. NFPE findings are interpreted alongside intake, weight change, illness burden, hydration, and function. The remaining choices describe unrelated observations, expected variation, or incomplete documentation. Record body site and severity. Do not diagnose from one sign; integrate the nutrition assessment before determining clinical significance.

137. B — The keyed response, dependent swelling over the sacral area, supports sacral edema. NFPE findings are interpreted alongside intake, weight change, illness burden, hydration, and function. The remaining choices describe unrelated observations, expected variation, or incomplete documentation. Record body site and severity. Do not diagnose from one sign; integrate the nutrition assessment before determining clinical significance.

138. A — The keyed response, progressive abdominal distention with fluid-like fullness, supports possible ascites. NFPE findings are interpreted alongside intake, weight change, illness burden, hydration, and function. The remaining choices describe unrelated observations, expected variation, or incomplete documentation. Record body site and severity. Do not diagnose from one sign; integrate the nutrition assessment before determining clinical significance.

139. A — The keyed response, sparse, dry hair that breaks easily, supports hair changes requiring context. NFPE findings are interpreted alongside intake, weight change, illness burden, hydration, and function. The remaining choices describe unrelated observations, expected variation, or incomplete documentation. Record body site and severity. Do not diagnose from one sign; integrate the nutrition assessment before determining clinical significance.

140. B — The keyed response, pale inner lower eyelid tissue, supports conjunctival pallor. NFPE findings are interpreted alongside intake, weight change, illness burden, hydration, and function. The remaining choices describe unrelated observations, expected variation, or incomplete documentation. Record body site and severity. Do not diagnose from one sign; integrate the nutrition assessment before determining clinical significance.

141. D — The keyed response, dry mucosa with cracked lips, supports oral dehydration signs. NFPE findings are interpreted alongside intake, weight change, illness burden, hydration, and function. The remaining choices describe unrelated observations, expected variation, or incomplete documentation. Record body site and severity. Do not diagnose from one sign; integrate the nutrition assessment before determining clinical significance.

142. C — The keyed response, a smooth, sore-appearing tongue surface, supports tongue changes requiring assessment. NFPE findings are interpreted alongside intake, weight change, illness burden, hydration, and function. The remaining choices describe unrelated observations, expected variation, or incomplete documentation. Record body site and severity. Do not diagnose from one sign; integrate the nutrition assessment before determining clinical significance.

143. D — The keyed response, nonblanching redness over a bony prominence, supports possible pressure-related skin injury. NFPE findings are interpreted alongside intake, weight change, illness burden, hydration, and function. The remaining choices describe unrelated observations, expected variation, or incomplete documentation. Record body site and severity. Do not diagnose from one sign; integrate the nutrition assessment before determining clinical significance.

144. B — The keyed response, skin that returns slowly after gentle lift, supports possible reduced hydration status. NFPE findings are interpreted alongside intake, weight change, illness burden, hydration, and function. The remaining choices describe unrelated observations, expected variation, or incomplete documentation. Record body site and severity. Do not diagnose from one sign; integrate the nutrition assessment before determining clinical significance.

145. C — The keyed response, spoon-shaped, fragile fingernails, supports nail changes requiring assessment. NFPE findings are interpreted alongside intake, weight change, illness burden, hydration, and function. The remaining choices describe unrelated observations, expected variation, or incomplete documentation. Record body site and severity. Do not diagnose from one sign; integrate the nutrition assessment before determining clinical significance.

146. A — The keyed response, weak sustained grip during a standardized task, supports reduced functional strength. NFPE findings are interpreted alongside intake, weight change, illness burden, hydration, and function. The remaining choices describe unrelated observations, expected variation, or incomplete documentation. Record body site and severity. Do not diagnose from one sign; integrate the nutrition assessment before determining clinical significance.

147. D — The keyed response, difficulty rising repeatedly without using arms, supports reduced lower-body function. NFPE findings are interpreted alongside intake, weight change, illness burden, hydration, and function. The remaining choices describe unrelated observations, expected variation, or incomplete documentation. Record body site and severity. Do not diagnose from one sign; integrate the nutrition assessment before determining clinical significance.

148. A — The keyed response, compare matching sites on both sides of the body, supports symmetrical NFPE comparison. NFPE findings are interpreted alongside intake, weight change, illness burden, hydration, and function. The remaining choices describe unrelated observations, expected variation, or incomplete documentation. Record body site and severity. Do not diagnose from one sign; integrate the nutrition assessment before determining clinical significance.

149. C — The keyed response, explain the exam and obtain permission before exposure, supports informed consent and dignity. NFPE findings are interpreted alongside intake, weight change, illness burden, hydration, and function. The remaining choices describe unrelated observations, expected variation, or incomplete documentation. Record body site and severity. Do not diagnose from one sign; integrate the nutrition assessment before determining clinical significance.

150. B — The keyed response, record site, severity, laterality, and relevant context, supports objective NFPE documentation. NFPE findings are interpreted alongside intake, weight change, illness burden, hydration, and function. The remaining choices describe unrelated observations, expected variation, or

incomplete documentation. Record body site and severity. Do not diagnose from one sign; integrate the nutrition assessment before determining clinical significance.

151. C — The keyed response, visible hollowing at both temples, supports temporalis muscle depletion. NFPE findings are interpreted alongside intake, weight change, illness burden, hydration, and function. The remaining choices describe unrelated observations, expected variation, or incomplete documentation. Record body site and severity. Do not diagnose from one sign; integrate the nutrition assessment before determining clinical significance.

152. A — The keyed response, prominent clavicles with reduced surrounding muscle, supports pectoralis and deltoid depletion. NFPE findings are interpreted alongside intake, weight change, illness burden, hydration, and function. The remaining choices describe unrelated observations, expected variation, or incomplete documentation. Record body site and severity. Do not diagnose from one sign; integrate the nutrition assessment before determining clinical significance.

153. B — The keyed response, prominent scapulae with reduced back muscle, supports latissimus and trapezius depletion. NFPE findings are interpreted alongside intake, weight change, illness burden, hydration, and function. The remaining choices describe unrelated observations, expected variation, or incomplete documentation. Record body site and severity. Do not diagnose from one sign; integrate the nutrition assessment before determining clinical significance.

154. D — The keyed response, depressed spaces between the metacarpals, supports dorsal interosseous depletion. NFPE findings are interpreted alongside intake, weight change, illness burden, hydration, and function. The remaining choices describe unrelated observations, expected variation, or incomplete documentation. Record body site and severity. Do not diagnose from one sign; integrate the nutrition assessment before determining clinical significance.

155. C — The keyed response, a sunken appearance above the knee, supports quadriceps depletion. NFPE findings are interpreted alongside intake, weight change, illness burden, hydration, and function. The remaining choices describe unrelated observations, expected variation, or incomplete documentation. Record body site and severity. Do not diagnose from one sign; integrate the nutrition assessment before determining clinical significance.

156. D — The keyed response, a noticeably narrowed calf contour, supports gastrocnemius depletion. NFPE findings are interpreted alongside intake, weight change, illness burden, hydration, and function. The remaining choices describe unrelated observations, expected variation, or incomplete documentation. Record body site and severity. Do not diagnose from one sign; integrate the nutrition assessment before determining clinical significance.

157. A — The keyed response, a hollowed appearance around the eyes, supports orbital fat depletion. NFPE findings are interpreted alongside intake, weight change, illness burden, hydration, and function. The remaining choices describe unrelated observations, expected variation, or incomplete documentation. Record body site and severity. Do not diagnose from one sign; integrate the nutrition assessment before determining clinical significance.

158. B — The keyed response, minimal tissue when pinching the triceps, supports triceps subcutaneous fat depletion. NFPE findings are interpreted alongside intake, weight change, illness burden, hydration, and function. The remaining choices describe unrelated observations, expected variation, or incomplete documentation. Record body site and severity. Do not diagnose from one sign; integrate the nutrition assessment before determining clinical significance.

159. C — The keyed response, ribs and iliac crest appearing unusually prominent, supports subcutaneous fat depletion. NFPE findings are interpreted alongside intake, weight change, illness burden, hydration, and function. The remaining choices describe unrelated observations, expected variation, or incomplete documentation. Record body site and severity. Do not diagnose from one sign; integrate the nutrition assessment before determining clinical significance.

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164. A — The keyed response, sparse, dry hair that breaks easily, supports hair changes requiring context. NFPE findings are interpreted alongside intake, weight change, illness burden, hydration, and function. The remaining choices describe unrelated observations, expected variation, or incomplete documentation. Record body site and severity. Do not diagnose from one sign; integrate the nutrition assessment before determining clinical significance.

165. C — The keyed response, pale inner lower eyelid tissue, supports conjunctival pallor. NFPE findings are interpreted alongside intake, weight change, illness burden, hydration, and function. The remaining choices describe unrelated observations, expected variation, or incomplete documentation.

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documentation. Record body site and severity. Do not diagnose from one sign; integrate the nutrition assessment before determining clinical significance.

196. A — The keyed response, weak sustained grip during a standardized task, supports reduced functional strength. NFPE findings are interpreted alongside intake, weight change, illness burden, hydration, and function. The remaining choices describe unrelated observations, expected variation, or incomplete documentation. Record body site and severity. Do not diagnose from one sign; integrate the nutrition assessment before determining clinical significance.

197. C — The keyed response, difficulty rising repeatedly without using arms, supports reduced lower-body function. NFPE findings are interpreted alongside intake, weight change, illness burden, hydration, and function. The remaining choices describe unrelated observations, expected variation, or incomplete documentation. Record body site and severity. Do not diagnose from one sign; integrate the nutrition assessment before determining clinical significance.

198. D — The keyed response, compare matching sites on both sides of the body, supports symmetrical NFPE comparison. NFPE findings are interpreted alongside intake, weight change, illness burden, hydration, and function. The remaining choices describe unrelated observations, expected variation, or incomplete documentation. Record body site and severity. Do not diagnose from one sign; integrate the nutrition assessment before determining clinical significance.

199. C — The keyed response, explain the exam and obtain permission before exposure, supports informed consent and dignity. NFPE findings are interpreted alongside intake, weight change, illness burden, hydration, and function. The remaining choices describe unrelated observations, expected variation, or incomplete documentation. Record body site and severity. Do not diagnose from one sign; integrate the nutrition assessment before determining clinical significance.

200. A — The keyed response, record site, severity, laterality, and relevant context, supports objective NFPE documentation. NFPE findings are interpreted alongside intake, weight change, illness burden, hydration, and function. The remaining choices describe unrelated observations, expected variation, or incomplete documentation. Record body site and severity. Do not diagnose from one sign; integrate the nutrition assessment before determining clinical significance.

201. B — The keyed response, visible hollowing at both temples, supports temporalis muscle depletion. NFPE findings are interpreted alongside intake, weight change, illness burden, hydration, and function. The remaining choices describe unrelated observations, expected variation, or incomplete documentation. Record body site and severity. Do not diagnose from one sign; integrate the nutrition assessment before determining clinical significance.

202. D — The keyed response, prominent clavicles with reduced surrounding muscle, supports pectoralis and deltoid depletion. NFPE findings are interpreted alongside intake, weight change, illness burden, hydration, and function. The remaining choices describe unrelated observations, expected variation, or incomplete documentation. Record body site and severity. Do not diagnose from one sign; integrate the nutrition assessment before determining clinical significance.

203. A — The keyed response, prominent scapulae with reduced back muscle, supports latissimus and trapezius depletion. NFPE findings are interpreted alongside intake, weight change, illness burden, hydration, and function. The remaining choices describe unrelated observations, expected variation, or incomplete documentation. Record body site and severity. Do not diagnose from one sign; integrate the nutrition assessment before determining clinical significance.

204. D — The keyed response, depressed spaces between the metacarpals, supports dorsal interosseous depletion. NFPE findings are interpreted alongside intake, weight change, illness burden, hydration, and function. The remaining choices describe unrelated observations, expected variation, or incomplete documentation. Record body site and severity. Do not diagnose from one sign; integrate the nutrition assessment before determining clinical significance.

205. C — The keyed response, a sunken appearance above the knee, supports quadriceps depletion. NFPE findings are interpreted alongside intake, weight change, illness burden, hydration, and function. The remaining choices describe unrelated observations, expected variation, or incomplete documentation. Record body site and severity. Do not diagnose from one sign; integrate the nutrition assessment before determining clinical significance.

206. B — The keyed response, a noticeably narrowed calf contour, supports gastrocnemius depletion. NFPE findings are interpreted alongside intake, weight change, illness burden, hydration, and function. The remaining choices describe unrelated observations, expected variation, or incomplete documentation. Record body site and severity. Do not diagnose from one sign; integrate the nutrition assessment before determining clinical significance.

207. C — The keyed response, a hollowed appearance around the eyes, supports orbital fat depletion. NFPE findings are interpreted alongside intake, weight change, illness burden, hydration, and function. The remaining choices describe unrelated observations, expected variation, or incomplete documentation. Record body site and severity. Do not diagnose from one sign; integrate the nutrition assessment before determining clinical significance.

208. B — The keyed response, minimal tissue when pinching the triceps, supports triceps subcutaneous fat depletion. NFPE findings are interpreted alongside intake, weight change, illness burden, hydration, and function. The remaining choices describe unrelated observations, expected variation, or incomplete documentation. Record body site and severity. Do not diagnose from one sign; integrate the nutrition assessment before determining clinical significance.

209. D — The keyed response, ribs and iliac crest appearing unusually prominent, supports subcutaneous fat depletion. NFPE findings are interpreted alongside intake, weight change, illness burden, hydration, and function. The remaining choices describe unrelated observations, expected variation, or incomplete documentation. Record body site and severity. Do not diagnose from one sign; integrate the nutrition assessment before determining clinical significance.

210. A — The keyed response, slight bilateral ankle swelling with shallow pitting, supports mild dependent edema. NFPE findings are interpreted alongside intake, weight change, illness burden, hydration, and function. The remaining choices describe unrelated observations, expected variation, or

incomplete documentation. Record body site and severity. Do not diagnose from one sign; integrate the nutrition assessment before determining clinical significance.

211. D — The keyed response, deep bilateral pitting that persists after pressure, supports significant peripheral edema. NFPE findings are interpreted alongside intake, weight change, illness burden, hydration, and function. The remaining choices describe unrelated observations, expected variation, or incomplete documentation. Record body site and severity. Do not diagnose from one sign; integrate the nutrition assessment before determining clinical significance.

212. B — The keyed response, dependent swelling over the sacral area, supports sacral edema. NFPE findings are interpreted alongside intake, weight change, illness burden, hydration, and function. The remaining choices describe unrelated observations, expected variation, or incomplete documentation. Record body site and severity. Do not diagnose from one sign; integrate the nutrition assessment before determining clinical significance.

213. C — The keyed response, progressive abdominal distention with fluid-like fullness, supports possible ascites. NFPE findings are interpreted alongside intake, weight change, illness burden, hydration, and function. The remaining choices describe unrelated observations, expected variation, or incomplete documentation. Record body site and severity. Do not diagnose from one sign; integrate the nutrition assessment before determining clinical significance.

214. A — The keyed response, sparse, dry hair that breaks easily, supports hair changes requiring context. NFPE findings are interpreted alongside intake, weight change, illness burden, hydration, and function. The remaining choices describe unrelated observations, expected variation, or incomplete documentation. Record body site and severity. Do not diagnose from one sign; integrate the nutrition assessment before determining clinical significance.

215. A — The keyed response, pale inner lower eyelid tissue, supports conjunctival pallor. NFPE findings are interpreted alongside intake, weight change, illness burden, hydration, and function. The remaining choices describe unrelated observations, expected variation, or incomplete documentation. Record body site and severity. Do not diagnose from one sign; integrate the nutrition assessment before determining clinical significance.

216. C — The keyed response, dry mucosa with cracked lips, supports oral dehydration signs. NFPE findings are interpreted alongside intake, weight change, illness burden, hydration, and function. The remaining choices describe unrelated observations, expected variation, or incomplete documentation. Record body site and severity. Do not diagnose from one sign; integrate the nutrition assessment before determining clinical significance.

217. D — The keyed response, a smooth, sore-appearing tongue surface, supports tongue changes requiring assessment. NFPE findings are interpreted alongside intake, weight change, illness burden, hydration, and function. The remaining choices describe unrelated observations, expected variation, or incomplete documentation. Record body site and severity. Do not diagnose from one sign; integrate the nutrition assessment before determining clinical significance.

218. B — The keyed response, nonblanching redness over a bony prominence, supports possible pressure-related skin injury. NFPE findings are interpreted alongside intake, weight change, illness burden, hydration, and function. The remaining choices describe unrelated observations, expected variation, or incomplete documentation. Record body site and severity. Do not diagnose from one sign; integrate the nutrition assessment before determining clinical significance.

219. C — The keyed response, skin that returns slowly after gentle lift, supports possible reduced hydration status. NFPE findings are interpreted alongside intake, weight change, illness burden, hydration, and function. The remaining choices describe unrelated observations, expected variation, or incomplete documentation. Record body site and severity. Do not diagnose from one sign; integrate the nutrition assessment before determining clinical significance.

220. D — The keyed response, spoon-shaped, fragile fingernails, supports nail changes requiring assessment. NFPE findings are interpreted alongside intake, weight change, illness burden, hydration, and function. The remaining choices describe unrelated observations, expected variation, or incomplete documentation. Record body site and severity. Do not diagnose from one sign; integrate the nutrition assessment before determining clinical significance.

221. B — The keyed response, weak sustained grip during a standardized task, supports reduced functional strength. NFPE findings are interpreted alongside intake, weight change, illness burden, hydration, and function. The remaining choices describe unrelated observations, expected variation, or incomplete documentation. Record body site and severity. Do not diagnose from one sign; integrate the nutrition assessment before determining clinical significance.

222. A — The keyed response, difficulty rising repeatedly without using arms, supports reduced lower-body function. NFPE findings are interpreted alongside intake, weight change, illness burden, hydration, and function. The remaining choices describe unrelated observations, expected variation, or incomplete documentation. Record body site and severity. Do not diagnose from one sign; integrate the nutrition assessment before determining clinical significance.

223. C — The keyed response, compare matching sites on both sides of the body, supports symmetrical NFPE comparison. NFPE findings are interpreted alongside intake, weight change, illness burden, hydration, and function. The remaining choices describe unrelated observations, expected variation, or incomplete documentation. Record body site and severity. Do not diagnose from one sign; integrate the nutrition assessment before determining clinical significance.

224. D — The keyed response, explain the exam and obtain permission before exposure, supports informed consent and dignity. NFPE findings are interpreted alongside intake, weight change, illness burden, hydration, and function. The remaining choices describe unrelated observations, expected variation, or incomplete documentation. Record body site and severity. Do not diagnose from one sign; integrate the nutrition assessment before determining clinical significance.

225. B — The keyed response, record site, severity, laterality, and relevant context, supports objective NFPE documentation. NFPE findings are interpreted alongside intake, weight change, illness burden, hydration, and function. The remaining choices describe unrelated observations, expected variation, or

incomplete documentation. Record body site and severity. Do not diagnose from one sign; integrate the nutrition assessment before determining clinical significance.

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229. D — The keyed response, depressed spaces between the metacarpals, supports dorsal interosseous depletion. NFPE findings are interpreted alongside intake, weight change, illness burden, hydration, and function. The remaining choices describe unrelated observations, expected variation, or incomplete documentation. Record body site and severity. Do not diagnose from one sign; integrate the nutrition assessment before determining clinical significance.

230. C — The keyed response, a sunken appearance above the knee, supports quadriceps depletion. NFPE findings are interpreted alongside intake, weight change, illness burden, hydration, and function. The remaining choices describe unrelated observations, expected variation, or incomplete documentation. Record body site and severity. Do not diagnose from one sign; integrate the nutrition assessment before determining clinical significance.

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234. C — The keyed response, ribs and iliac crest appearing unusually prominent, supports subcutaneous fat depletion. NFPE findings are interpreted alongside intake, weight change, illness burden, hydration, and function. The remaining choices describe unrelated observations, expected variation, or incomplete documentation. Record body site and severity. Do not diagnose from one sign; integrate the nutrition assessment before determining clinical significance.

235. C — The keyed response, slight bilateral ankle swelling with shallow pitting, supports mild dependent edema. NFPE findings are interpreted alongside intake, weight change, illness burden, hydration, and function. The remaining choices describe unrelated observations, expected variation, or incomplete documentation. Record body site and severity. Do not diagnose from one sign; integrate the nutrition assessment before determining clinical significance.

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247. A — The keyed response, difficulty rising repeatedly without using arms, supports reduced lower-body function. NFPE findings are interpreted alongside intake, weight change, illness burden, hydration, and function. The remaining choices describe unrelated observations, expected variation, or incomplete documentation. Record body site and severity. Do not diagnose from one sign; integrate the nutrition assessment before determining clinical significance.

248. B — The keyed response, compare matching sites on both sides of the body, supports symmetrical NFPE comparison. NFPE findings are interpreted alongside intake, weight change, illness burden, hydration, and function. The remaining choices describe unrelated observations, expected variation, or incomplete documentation. Record body site and severity. Do not diagnose from one sign; integrate the nutrition assessment before determining clinical significance.

249. D — The keyed response, explain the exam and obtain permission before exposure, supports informed consent and dignity. NFPE findings are interpreted alongside intake, weight change, illness burden, hydration, and function. The remaining choices describe unrelated observations, expected variation, or incomplete documentation. Record body site and severity. Do not diagnose from one sign; integrate the nutrition assessment before determining clinical significance.

250. C — The keyed response, record site, severity, laterality, and relevant context, supports objective NFPE documentation. NFPE findings are interpreted alongside intake, weight change, illness burden, hydration, and function. The remaining choices describe unrelated observations, expected variation, or incomplete documentation. Record body site and severity. Do not diagnose from one sign; integrate the nutrition assessment before determining clinical significance.