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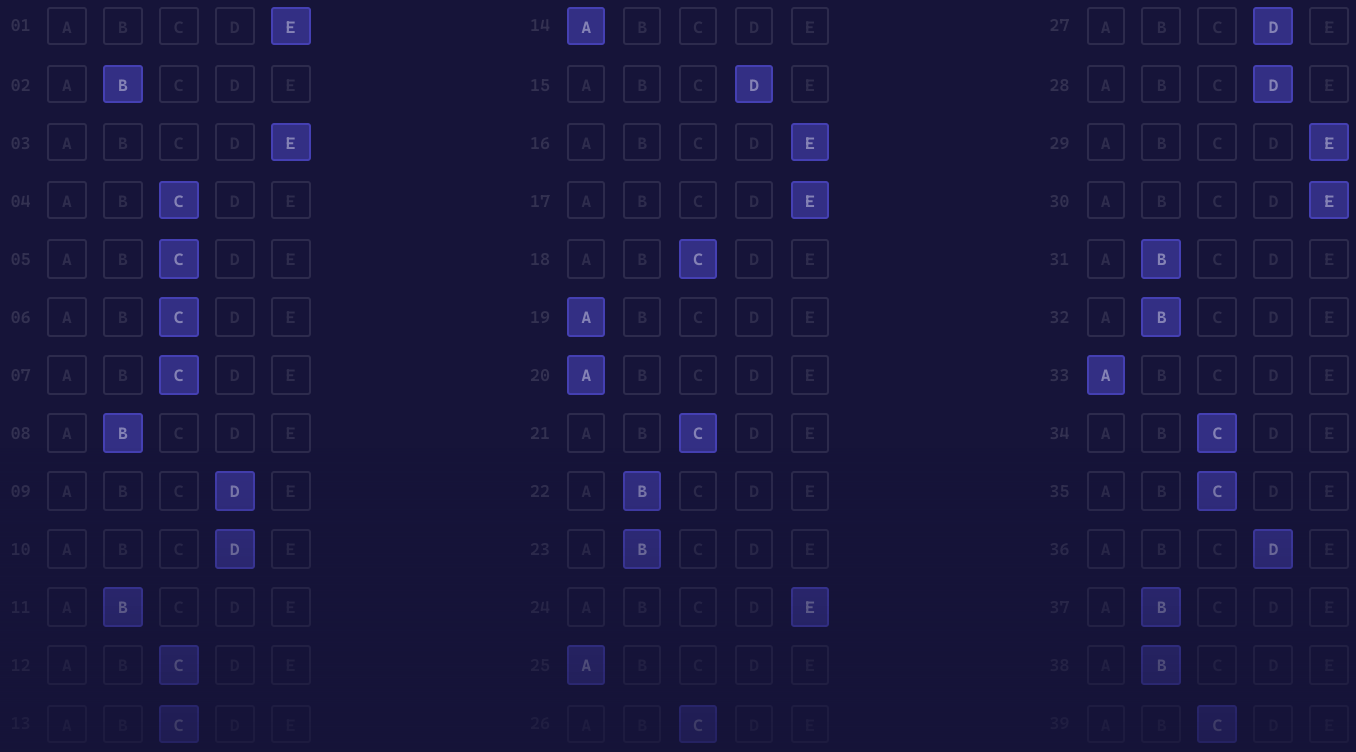

PRACTICE QUESTIONS

Certification Board for Diabetes Care and Education (CBDCE)

RZH7TTNS

Certified Diabetes Care and Education Specialist

EDITION	QUESTIONS	FORMAT
Demo	9	Limited Edition PDF

WEB www.mometrix.net

SUPPORT support@mometrix.net

Before you begin

What this is

9 practice questions for Certification Board for Diabetes Care and Education (CBDCE) `RZH7TTNS`, each with its answer key and an explanation. Answer a question before you read its key — the explanation is worth more once you have committed.

If something looks wrong

Send us three things and we will check it:

- the exam code, `RZH7TTNS`
- the question number
- the email address on your order

Write to **support@mometrix.net**. We reply within one business day.

QUESTION 1 MULTIPLE CHOICE

Which of the following components should be included in a comprehensive initial assessment of a person newly diagnosed with type 2 diabetes? (Choose two.)

A **Current medications, including over-the-counter and herbal supplements**

B Baseline blood pressure and lipid profile

C Brand of the person's home blood glucose meter only at the 6-month follow-up

D **Cultural beliefs, health literacy, and social determinants of health affecting self-care**

ANSWER **A · D**

WHY A comprehensive initial assessment includes a complete medication history (including OTC and herbal products because of potential interactions and glycemic effects), evaluation of cultural beliefs, health literacy, and social determinants of health, all of which directly influence the diabetes self-management education plan. A baseline blood pressure and lipid profile are clinically important but are typically obtained and interpreted by the prescribing clinician rather than constituting core components of the diabetes education assessment. Waiting until 6 months to learn the glucose meter brand is inappropriate because device training is part of initial assessment.

QUESTION 2 MULTIPLE CHOICE

When using motivational interviewing techniques during diabetes education sessions, the CDCES should: (Choose two.)

A **Elicit the person's own reasons for change rather than imposing the clinician's agenda**

B Use reflective listening to explore ambivalence about behavior change

C Provide a lengthy lecture on pathophysiology before asking the person about their goals

D **Roll with resistance by acknowledging the person's perspective rather than confronting it**

ANSWER **A · D**

WHY Motivational interviewing is a collaborative, person-centered approach. Eliciting the person's own reasons for change supports autonomy and intrinsic motivation, and rolling with resistance is one of the four core processes (alongside engaging, focusing, and evoking). Reflective listening is also core to MI, but option B's phrasing about 'exploring ambivalence' misrepresents the spirit of MI; however, of the four options, A and D are most clearly aligned. Lecturing on pathophysiology (C) is contrary to MI principles, which emphasize collaboration over expertise-driven persuasion.

QUESTION 3 SINGLE CHOICE

An adult with type 1 diabetes reports frequent hypoglycemia before dinner. Which medication-related factor should the CDCES evaluate first?

A **The timing and dose of basal insulin in relation to meals and physical activity**

B The brand of insulin vial currently being used

C The person's vaccination history

D The person's use of complementary and alternative medicine

ANSWER **A**

WHY Late-afternoon/pre-dinner hypoglycemia in type 1 diabetes is most often related to basal insulin peaking, mismatched timing relative to activity, or overlap with residual mealtime insulin. Evaluating basal insulin timing and dose is the most appropriate first step. Insulin brand, vaccination history, and complementary therapies are not the primary driver of a consistent pre-dinner hypoglycemia pattern.

QUESTION 4 SINGLE CHOICE

According to the ADCES7 Self-Care Behaviors framework, which behavior is explicitly included as one of the seven core areas addressed in diabetes self-management education and support?

A Genetic counseling

B Healthy coping

C Surgical evaluation

D Dialysis access assessment

ANSWER B

WHY The ADCES7 Self-Care Behaviors are: healthy coping, healthy eating, being active, taking medication, monitoring, reducing risks, and problem solving. 'Healthy coping' is one of the seven. Genetic counseling, surgical evaluation, and dialysis access assessment are not among the ADCES7 behaviors.

QUESTION 5 SINGLE CHOICE

A diabetes self-management education and support (DSMES) program must meet the National Standards for DSMES in order to be recognized by the Centers for Medicare & Medicaid Services (CMS) for reimbursement. Which of the following is a requirement of those standards?

A The program must have at least one board-certified endocrinologist on staff

B The program must be coordinated by a CDCES or another qualified healthcare professional

C The program must use only ADA-approved educational materials

D The program must be located within a hospital setting

ANSWER B

WHY The National Standards for DSMES require that the program be coordinated by an individual with appropriate credentials and experience (such as a CDCES or other qualified healthcare professional). They do not require an endocrinologist on staff, the exclusive use of ADA-approved materials, or a hospital location. These standards, jointly sponsored by the ADA and ADCES, are the basis for CMS reimbursement of DSMES services.

QUESTION 6 SINGLE CHOICE

Which teaching strategy best supports health literacy in a person with limited literacy skills who is learning carbohydrate counting?

A Providing a detailed written meal plan with gram weights for each food

B Using the teach-back method combined with visual food models and portion guides

C Directing the person to multiple online nutrition resources for self-study

D Recommending that the person purchase a calorie-tracking smartphone app

ANSWER B

WHY The teach-back method confirms understanding by asking the person to explain the information back in their own words, and pairing it with visual aids (food models, portion plates) accommodates limited literacy and varied learning styles. Dense written meal plans, online resources, and apps assume higher literacy and self-direction than the person has, and they do not allow the educator to verify comprehension.

QUESTION 7 SINGLE CHOICE

When evaluating the effectiveness of a diabetes education plan, which outcome measure provides the strongest evidence of behavioral change?

A The person attends all scheduled education sessions

B The person demonstrates correct insulin injection technique and verbalizes when to adjust doses

C The person reports satisfaction with the educator at the end of the program

D The person loses weight during the program

ANSWER B

WHY Behavioral change is best demonstrated by observable skills (correct injection technique) paired with self-reported knowledge applied in context (verbalizing dose adjustment rules). Attendance reflects participation, satisfaction reflects perception, and weight loss is a clinical outcome that may be influenced by many factors beyond the education plan.

QUESTION 8 SINGLE CHOICE

Which laboratory value is consistent with a diagnosis of diabetes according to the American Diabetes Association (ADA) criteria?

A Fasting plasma glucose of 105 mg/dL

B Hemoglobin A1C of 6.8%

C 1-hour plasma glucose of 160 mg/dL following a 75-gram oral glucose load

D Random plasma glucose of 140 mg/dL in a person without symptoms

ANSWER B

WHY ADA diagnostic criteria for diabetes include: FPG ≥126 mg/dL, A1C ≥6.5%, 2-hour plasma glucose ≥200 mg/dL during a 75-g OGTT, or random plasma glucose ≥200 mg/dL in a person with classic symptoms. An A1C of 6.8% meets the ≥6.5% threshold. The other values do not meet any of the criteria.

QUESTION 9 SINGLE CHOICE

A person with type 2 diabetes and established cardiovascular disease is being reviewed for a medication regimen. Which class of diabetes medication has the strongest evidence for cardiovascular benefit in this population?

A Sulfonylureas

B Thiazolidinediones

C GLP-1 receptor agonists

D Meglitinides

ANSWER C

WHY GLP-1 receptor agonists (such as liraglutide and semaglutide) and SGLT2 inhibitors have demonstrated cardiovascular benefit in people with established ASCVD, heart failure, or chronic kidney disease per ADA Standards of Care. Sulfonylureas, thiazolidinediones, and meglitinides have not shown consistent cardiovascular benefit and, in the case of some sulfonylureas, have raised cardiovascular safety concerns.