

|    |   |   |   |   |   |
|----|---|---|---|---|---|
| 01 | A | B | C | D | E |
| 02 | A | B | C | D | E |
| 03 | A | B | C | D | E |
| 04 | A | B | C | D | E |
| 05 | A | B | C | D | E |
| 06 | A | B | C | D | E |
| 07 | A | B | C | D | E |
| 08 | A | B | C | D | E |
| 09 | A | B | C | D | E |
| 10 | A | B | C | D | E |
| 11 | A | B | C | D | E |
| 12 | A | B | C | D | E |
| 13 | A | B | C | D | E |

|    |   |   |   |   |   |
|----|---|---|---|---|---|
| 14 | A | B | C | D | E |
| 15 | A | B | C | D | E |
| 16 | A | B | C | D | E |
| 17 | A | B | C | D | E |
| 18 | A | B | C | D | E |
| 19 | A | B | C | D | E |
| 20 | A | B | C | D | E |
| 21 | A | B | C | D | E |
| 22 | A | B | C | D | E |
| 23 | A | B | C | D | E |
| 24 | A | B | C | D | E |
| 25 | A | B | C | D | E |
| 26 | A | B | C | D | E |

|    |   |   |   |   |   |
|----|---|---|---|---|---|
| 27 | A | B | C | D | E |
| 28 | A | B | C | D | E |
| 29 | A | B | C | D | E |
| 30 | A | B | C | D | E |
| 31 | A | B | C | D | E |
| 32 | A | B | C | D | E |
| 33 | A | B | C | D | E |
| 34 | A | B | C | D | E |
| 35 | A | B | C | D | E |
| 36 | A | B | C | D | E |
| 37 | A | B | C | D | E |
| 38 | A | B | C | D | E |
| 39 | A | B | C | D | E |

PRACTICE QUESTIONS

Culinary Medicine Specialist Board (CCMS)

# CCMS

Examination for Certified Culinary Medicine Specialists

EDITION

Demo

QUESTIONS

9

FORMAT

Limited Edition PDF

# Before you begin

---

## What this is

9 practice questions for Culinary Medicine Specialist Board (CCMS) **CCMS**, 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, **CCMS**
- the question number
- the email address on your order

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

**QUESTION 1**

SINGLE CHOICE

A 58-year-old patient with stage 2 hypertension and a BMI of 31 kg/m<sup>2</sup> asks the culinary medicine specialist for practical, food-first strategies to support blood pressure reduction. Which dietary pattern has the strongest and most consistent evidence for clinically meaningful reductions in systolic and diastolic blood pressure?

- ☐ A A low-carbohydrate ketogenic diet emphasizing saturated fats from animal sources
- ☒ B The DASH (Dietary Approaches to Stop Hypertension) diet rich in fruits, vegetables, whole grains, and low-fat dairy
- ☐ C A paleolithic diet emphasizing high intake of red meat and excluding all grains and legumes
- ☐ D A high-protein, low-vegetable carnivore-style dietary pattern

**ANSWER B**

**WHY** The DASH diet is the most consistently evidence-based dietary pattern for lowering blood pressure. Landmark trials such as DASH and DASH-Sodium demonstrated clinically meaningful reductions in systolic and diastolic BP, and subsequent reviews (including AHA and NHLBI guidance) reinforce its role as a first-line, food-first intervention for stage 1–2 hypertension. The other options either lack robust trial support for BP reduction or contain features (high saturated fat, excess red meat, low plant intake) that are not aligned with current cardiovascular nutrition guidance.

**QUESTION 2**

SINGLE CHOICE

Which cooking method best preserves water-soluble vitamins (such as vitamin C and the B-vitamin folate) in vegetables while minimizing the formation of advanced glycation end-products (AGEs)?

- ☐ A Deep-frying at 190 °C (375 °F) until crisp and golden brown
- ☐ B High-temperature dry grilling over an open flame until charred
- ☒ C Steaming vegetables briefly until tender-crisp
- ☐ D Roasting at 230 °C (450 °F) until heavily browned

**ANSWER C**

**WHY** Brief steaming preserves water-soluble vitamins because the vegetables are not in direct contact with a large volume of water that leaches those nutrients away, and the relatively low, moist heat does not promote significant Maillard browning or AGE formation. Deep-frying, high-temperature grilling, and high-heat roasting all generate substantial Maillard products and AGEs and cause greater nutrient loss.

**QUESTION 3**

SINGLE CHOICE

A patient is preparing chicken and fresh produce for a family meal. According to current food-safety guidance, what is the most important cross-contamination prevention step the culinary medicine specialist should teach?

- ☐ A Rinsing all raw chicken thoroughly under running cold water before cooking
- ☒ B Using separate cutting boards — one for raw poultry/meat/seafood and another for fresh produce and ready-to-eat foods
- ☐ C Wiping the kitchen counter with the same dishcloth used to blot raw poultry
- ☐ D Storing raw chicken on the top shelf of the refrigerator above ready-to-eat foods

**ANSWER B**

**WHY** Using separate cutting boards for raw animal products versus produce and ready-to-eat foods is a cornerstone of cross-contamination prevention endorsed by the USDA, CDC, and Academy of Nutrition and Dietetics. Rinsing raw chicken is not recommended because it aerosolizes pathogens such as *Salmonella* and *Campylobacter*. Reusing the same dishcloth or storing raw poultry above ready-to-eat foods are recognized risk behaviors that promote contamination.

**QUESTION 4**

SINGLE CHOICE

A patient follows a traditionally plant-based South Asian dietary pattern. Which modification best aligns the patient's traditional foods with current evidence-based guidance for reducing cardiovascular risk while remaining culturally respectful?

- ☐ **A** Recommend eliminating all traditional breads such as roti and replacing them with refined white bread
- ☒ **B** Suggest replacing ghee and palm oil with unsaturated oils (e.g., canola or olive oil) while keeping legumes, vegetables, whole-grain roti, and modest portions of traditional spices
- ☐ **C** Advise removing turmeric, cumin, and other traditional spices because they may interact with statins
- ☐ **D** Recommend switching to a diet centered on processed vegan meat analogues for every meal

**ANSWER B**

**WHY** Culinary medicine emphasizes culturally respectful, evidence-based swaps. Replacing saturated-fat-rich fats (ghee, palm oil) with unsaturated plant oils while retaining legumes, vegetables, whole grains, and culturally valued spices is consistent with AHA/ACC and Mediterranean-style evidence for cardiovascular risk reduction. Eliminating traditional foods, removing beneficial spices without cause, or defaulting to ultra-processed meat analogues are not patient-centered or evidence-based approaches.

**QUESTION 5**

SINGLE CHOICE

During a culinary medicine counseling session, a patient with newly diagnosed type 2 diabetes states, 'I know I should change how I eat, but I just don't have the willpower.' Which response by the specialist best reflects motivational interviewing and behavior-change science?

- ☐ **A** Tell the patient that willpower is the only thing that works and prescribe a strict meal plan to follow
- ☒ **B** Explore the patient's ambivalence, reflect their statement, and ask what a realistic first step might look like for them
- ☐ **C** Provide a printed diabetic diet sheet and end the visit, since information alone is sufficient
- ☐ **D** Warn the patient about serious complications to increase fear and motivate change

---

**ANSWER B**

**WHY** Motivational interviewing (MI) emphasizes collaboration, evocation, autonomy, and compassion. Exploring ambivalence, using reflective listening, and eliciting the patient's own goals and realistic first steps are core MI techniques that have evidence for improving dietary behavior change. Directive, fear-based, or purely informational approaches are inconsistent with MI and with behavior-change theory in chronic disease management.

**QUESTION 6**

SINGLE CHOICE

Which overall dietary pattern currently has the strongest evidence for improving glycemic control (HbA1c) and cardiovascular risk factors in adults with type 2 diabetes?

- ☐ A A very low-carbohydrate ketogenic diet as the first-line recommendation for all patients
- ☒ B A Mediterranean-style dietary pattern rich in vegetables, legumes, whole grains, nuts, olive oil, and fish
- ☐ C A high-saturated-fat, low-carbohydrate 'carnivore' dietary pattern
- ☐ D A high-glycemic-index diet emphasizing refined grains and added sugars

**ANSWER B**

**WHY** Mediterranean-style dietary patterns have the strongest and most consistent evidence for improving HbA1c, lipid profiles, and major cardiovascular endpoints in adults with type 2 diabetes, as reflected in ADA Standards of Care and major systematic reviews. Very low-carbohydrate diets can be considered in selected patients but are not the default first-line recommendation. Carnivore and high-glycemic patterns are not supported and are inconsistent with current diabetes nutrition therapy.

**QUESTION 7**

SINGLE CHOICE

Within an interprofessional chronic disease management team, which statement best describes the distinct role of a culinary medicine specialist compared with a registered dietitian nutritionist (RDN)?

- ☐ A The culinary medicine specialist replaces the RDN and is solely responsible for all medical nutrition therapy
- ☒ B The culinary medicine specialist focuses on translating nutrition evidence into practical, hands-on cooking skills, recipes, and food-preparation behavior change, complementing the RDN's medical nutrition therapy
- ☐ C The culinary medicine specialist only teaches restaurant cooking techniques and is not involved in patient counseling
- ☐ D The culinary medicine specialist's role is limited to writing diet orders in the inpatient setting

**ANSWER B**

**WHY** Culinary medicine is an interprofessional discipline that bridges nutrition science and culinary practice. Culinary medicine specialists focus on translating evidence into practical cooking skills, recipe modification, and food-preparation behavior change, working alongside RDNs who provide formal medical nutrition therapy. They do not replace RDNs, do not solely manage inpatient diet orders, and are not limited to professional kitchen instruction.

**QUESTION 8**

SINGLE CHOICE

A patient with food insecurity and limited transportation is at high risk for diet-related chronic disease. Which intervention best reflects a culinary medicine approach that addresses social determinants of health?

- ☐ A Provide a list of expensive specialty ingredients that the patient cannot afford
- ☒ B Refer the patient to a teaching kitchen program that uses low-cost, shelf-stable staples (beans, canned tomatoes, frozen vegetables, whole grains) and teaches low-cost, time-efficient cooking techniques
- ☐ C Tell the patient to visit a farmers' market weekly regardless of cost or transportation barriers
- ☐ D Recommend that the patient purchase only organic produce to ensure quality

**ANSWER B**

**WHY** Culinary medicine explicitly addresses social determinants such as food insecurity, cost, time, and access to cooking facilities. Evidence-based teaching kitchen and 'food as medicine' programs that focus on low-cost, shelf-stable staples and skill-building are aligned with this approach. Recommending unaffordable specialty ingredients, inaccessible farmers' market trips, or only-organic produce fails to consider cost and access barriers and can worsen disparities.

**QUESTION 9**

TRUE FALSE

True or False: Replacing refined white rice with whole-grain brown rice or other intact whole grains (such as barley or farro) generally increases the fiber, magnesium, and potassium content of a meal, consistent with current dietary guidance for cardiovascular and metabolic health.

- ☒ A True
- ☐ B False

**ANSWER A**

**WHY** True. Refined grains lose the bran and germ during processing, removing much of the fiber, magnesium, potassium, and other micronutrients. Whole-grain alternatives such as brown rice, barley, and farro retain these nutrients and are associated with lower risk of cardiovascular disease, type 2 diabetes, and improved gut health in major cohort studies and meta-analyses. Culinary medicine counseling frequently emphasizes this simple, evidence-based grain swap.