



Q-TEST: MENOPAUSE CERTIFICATION PRACTICE TEST 1

100 Questions - Comprehensive Review

Instructions: Select the best answer for each question. Mark your answers clearly and check them against the answer key.

Question 1: What percentage of women require long-term care after a hip fracture?

- A) 10%
- B) 25%
- C) 50%

Question 2: Compared to whites, Asian women have:

- A) Higher bone mineral density
- B) Lower bone mineral density
- C) Similar bone mineral density

Question 3: Consuming over 3 servings of alcohol daily increases the risk of:

- A) 20% osteoporotic fractures, 40% hip fractures
- B) 38% osteoporotic fractures, 68% hip fractures
- C) 50% osteoporotic fractures, 75% hip fractures

Question 4: A dairy-free diet typically provides how much calcium daily?

- A) 200 mg
- B) 300 mg
- C) 500 mg

Question 5: What is the box warning for PTH receptor agonists (Teriparatide, Abaloparatide)?

- A) Hypercalcemia
- B) Osteosarcoma
- C) Kidney stones



Question 6: PTH receptor agonists should be used with caution in which condition?

- A) Hypocalcemia
- B) Hypercalcemia
- C) Hyponatremia

Question 7: When would you use PTH receptor agonists?

- A) First-line osteoporosis treatment
- B) Mild osteoporosis
- C) Patients with incredibly high fracture risk

Question 8: Raloxifene specifically helps with which type of fractures?

- A) Hip fractures
- B) Vertebral fractures
- C) Wrist fractures

Question 9: What is the risk of atypical femur fractures in women on bisphosphonates?

- A) 1 in 100 after 1 year
- B) 1 in 500 after 2-3 years
- C) 1 in 1000 after 2-3 years

Question 10: What T-score defines osteopenia?

- A) -1 to -2.49
- B) -2 to -2.99
- C) Greater than -1

Question 11: Define stress urinary incontinence (SUI):

- A) Large volume urine loss with urgency
- B) Involuntary urine loss with increased intra-abdominal pressure
- C) Constant urine dribbling

Question 12: Normal post-void residual is:

- A) Less than 50 ml



- B) 100 ml or less
- C) Less than 150 ml

Question 13: Urge urinary incontinence (UUI) is characterized by:

- A) Small drops with coughing
- B) Large volume loss preceded by strong urge
- C) Continuous leakage

Question 14: Overactive bladder (OAB) is defined as urinary frequency of:

- A) >6 voids per 24 hours
- B) >7 voids per 24 hours
- C) >8 voids per 24 hours

Question 15: The Pyridium challenge is used to test for:

- A) UTI
- B) Incontinence
- C) Kidney function

Question 16: The four types of sexual disorders include all EXCEPT:

- A) Desire disorders (HSDD)
- B) Arousal disorders (FSAD)
- C) Hormonal disorders

Question 17: In ISSWSH 5th edition, HSDD and FSAD were combined into:

- A) FSID
- B) FSIAD
- C) FGSAD

Question 18: Hormones most associated with sexual desire in women:

- A) Estrogen
- B) Progesterone
- C) Circulating androgens



Question 19: FDA-approved treatments for HSDD include:

- A) Testosterone cream
- B) Bremelanotide and Flibanserin
- C) Estrogen therapy

Question 20: First-line treatment for Female Orgasmic Disorder (FOD):

- A) Hormone therapy
- B) Directed masturbation
- C) Couples therapy

Question 21: The climacteric phase is:

- A) The first year after menopause
- B) The period around menopause with endocrinologic and somatic changes
- C) The time before perimenopause begins

Question 22: Early menopause is defined as last menstrual period before age:

- A) 40
- B) 45
- C) 50

Question 23: During menopause transition, women spend more time in which phase?

- A) Follicular phase
- B) Luteal phase
- C) Ovulatory phase

Question 24: Chinese and Japanese women have _____ estrogen levels compared to white, black, and Hispanic women:

- A) Higher
- B) Lower
- C) Similar

Question 25: After menopause, which lab finding is expected?



- A) Elevated AMH
- B) Elevated FSH
- C) Elevated inhibin B

Question 26: AMH is a potentially superior marker of menopause because:

- A) It's more stable than FSH
- B) It directly measures estrogen
- C) It measures ovarian follicle reserve

Question 27: When should FSH be checked and why?

- A) Day 1 - start of cycle
- B) Day 3 - elevated estrogen can suppress FSH
- C) Day 14 - peak levels

Question 28: AMH peaks at age:

- A) 20
- B) 25
- C) 30

Question 29: Black women have _____ levels of FSH compared to other ethnicities:

- A) Lower
- B) Higher
- C) Similar

Question 30: In menopause transition, SHBG levels:

- A) Increase
- B) Decrease
- C) Stay the same

Question 31: Which ethnicity is LEAST likely to experience severe hot flashes?

- A) Black women
- B) White women
- C) Japanese women



Question 32: The median length of hot flashes is:

- A) 2 years
- B) 5 years
- C) 10 years

Question 33: How does Fezolinetant work for hot flashes?

- A) Blocks estrogen receptors
- B) Blocks neurokinin B from binding to KNDy neurons
- C) Increases serotonin

Question 34: Theories of hot flash etiology include all EXCEPT:

- A) Lower ovarian estrogen
- B) Narrowed thermoregulation zone
- C) Increased insulin sensitivity

Question 35: Non-hormonal treatment proven effective for VMS in RCTs:

- A) Black cohosh
- B) Paroxetine 7.5 mg
- C) Vitamin E

Question 36: VIN (Vulvar Intraepithelial Neoplasia) low-grade should be treated:

- A) Always with excision
- B) Only if symptomatic
- C) With immediate radiation

Question 37: The most common type of vulvar cancer is:

- A) Adenocarcinoma
- B) Squamous cell carcinoma
- C) Melanoma

Question 38: Which vulvar disorder is commonly misdiagnosed as eczema?

- A) Lichen sclerosus



- B) Lichen planus
- C) Paget's disease

Question 39: Systemic and vaginal estrogen will NOT help with which type of incontinence?

- A) Urge incontinence
- B) Stress incontinence
- C) Mixed incontinence

Question 40: Which topical vaginal estrogen has the highest dose?

- A) Estrace cream
- B) Femring
- C) Vagifem tablets

Question 41: The most common cause of vulvovaginitis in postmenopausal women is:

- A) Yeast infection
- B) Bacterial vaginosis
- C) Trichomonas

Question 42: Postmenopausal burning with diffuse yellow/brown discharge that doesn't respond to local ET suggests:

- A) Persistent yeast infection
- B) Desquamative Inflammatory Vaginitis
- C) Trichomonas

Question 43: Does systemic ET cause fibroids to resume growth after menopause?

- A) Always
- B) Usually
- C) Rarely

Question 44: Regarding cognition and menopause:

- A) Memory always improves
- B) Concentration difficulties are rare
- C) Memory and concentration difficulties are common



Question 45: Meta-analysis shows small cognitive benefits from:

- A) Hormone therapy alone
- B) Mediterranean diet with olive oil + tai chi
- C) Vitamin E supplements

Question 46: Migraines during pregnancy typically:

- A) Worsen significantly
- B) Improve due to stable estrogen levels
- C) Remain unchanged

Question 47: Menstrual migraines after menopause:

- A) Increase in frequency
- B) Become more severe
- C) Resolve completely

Question 48: When should preventative medication be considered for migraines?

- A) >1 per month
- B) >2 per week or severe affecting QOL
- C) Only if aura present

Question 49: Triptans are contraindicated in:

- A) Pregnancy only
- B) Heart disease and with NSAIDs
- C) Diabetes only

Question 50: CDC and WHO guidelines for migraine with aura regarding contraception:

- A) Any contraception is safe
- B) No combined oral contraceptives; caution without aura
- C) Only progestin-only methods

Question 51: The most common thyroid disorder in women is:

- A) Hyperthyroidism



- B) Hashimoto's thyroiditis
- C) Thyroid cancer

Question 52: When should subclinical hypothyroidism be treated?

- A) Always
- B) Never
- C) TSH upper limit of normal to 10

Question 53: Which thyroid nodules are more likely to be malignant?

- A) Hot nodules
- B) Cold nodules
- C) Cystic nodules

Question 54: Normal TSH range is:

- A) 0.1-2.5
- B) 0.4-4.5
- C) 1.0-5.0

Question 55: If a patient on thyroid medication starts oral estrogen therapy, you need to:

- A) Decrease thyroid medication
- B) Monitor TSH in 6-8 weeks; may need to increase levothyroxine
- C) Stop thyroid medication temporarily

Question 56: Percentage of bone loss during menopause transition:

- A) 5-7%
- B) 10-12%
- C) 15-17%

Question 57: T-score that defines osteoporosis:

- A) Less than -1.0
- B) Less than -2.0
- C) Less than -2.5



Question 58: Z-score is used:

- A) Only in postmenopausal women
- B) In premenopausal women to compare to same age/gender/ethnicity
- C) Only for hip measurements

Question 59: FRAX screening tool predicts:

- A) 5-year fracture risk
- B) 10-year fracture risk
- C) Lifetime fracture risk

Question 60: DEXA screening is recommended for:

- A) All women over 50
- B) All women 65 and older; younger postmenopausal with risk factors
- C) Only women with fractures

Question 61: Benefits of estrogen therapy abate within _____ of stopping:

- A) A few days
- B) A few weeks
- C) A few months

Question 62: Selective estrogen receptor modulators (SERMs) are:

- A) Pure estrogen agonists
- B) Pure estrogen antagonists
- C) Estrogen agonists/antagonists with tissue-specific effects

Question 63: RANK ligand inhibitor used for osteoporosis:

- A) Raloxifene
- B) Alendronate
- C) Denosumab

Question 64: Raloxifene reduces vertebral fracture risk by:

- A) 20%



- B) 30%
- C) 40%

Question 65: Contraindications to HRT include all EXCEPT:

- A) Endometrial cancer
- B) Breast cancer
- C) Osteoporosis

Question 66: Premature menopause is a risk factor for:

- A) Osteoporosis only
- B) Cognitive decline only
- C) Coronary artery disease

Question 67: HRT effects on cardiovascular risk factors in women without diabetes:

- A) Worsens all parameters
- B) Improves lean body mass, reduces abdominal fat, improves insulin resistance
- C) Only affects cholesterol

Question 68: Oral estrogen effects on cholesterol:

- A) Decreases HDL and triglycerides
- B) Increases HDL and triglycerides
- C) No effect on lipids

Question 69: During menopause transition, fat and lean mass changes include:

- A) Fat decreases, lean mass increases
- B) Fat increases, lean mass decreases
- C) Both remain stable

Question 70: Weight gain pattern during perimenopause/menopause:

- A) Continuous weight gain throughout
- B) Pre-transition increase, transition steady increase, post-menopause no change
- C) Only weight gain after menopause



Question 71: Definition of insomnia requires sleep complaints:

- A) At least 1x per week for 1 month
- B) At least 2x per week for 2 months
- C) At least 3x per week for 3 months

Question 72: Z-drugs for sleep include:

- A) Zolpidem, zaleplon, zopiclone
- B) Zoloft, Zyprexa, Zantac
- C) Only zolpidem

Question 73: For women with history of multiple depressive episodes with severe symptoms:

- A) Use only psychotherapy
- B) Promptly treat with antidepressants and psychotherapy, monitor closely
- C) Wait and observe

Question 74: Screening tool for eating disorders:

- A) GAD-7
- B) PHQ-9
- C) SCOFF

Question 75: By age 80, percentage of bone lost:

- A) 20%
- B) 25%
- C) 30%

Question 76: PALM-COEIN causes of abnormal uterine bleeding include all EXCEPT:

- A) Polyps, adenomyosis, leiomyoma
- B) Malignancy, coagulopathy, ovulatory dysfunction
- C) Hormonal, infectious, autoimmune

Question 77: Endometrial polyps are:

- A) Always malignant



- B) Usually benign but small minority have atypical/malignant features
- C) Never require treatment

Question 78: When is endometrial biopsy NOT needed?

- A) Lining >4 mm
- B) Any postmenopausal bleeding
- C) Lining <4 mm

Question 79: Management of AUB includes all EXCEPT:

- A) COCs with 4-day placebo
- B) Mirena IUD
- C) Immediate hysterectomy

Question 80: Dosing of mefenamic acid for AUB:

- A) 250 mg BID x 3 days
- B) 500 mg TID x 5 days
- C) 750 mg daily x 7 days

Question 81: Lichen planus is characterized by:

- A) White plaques only
- B) Pruritic purple polygonal planar papules and plaques
- C) Red scaling patches

Question 82: Lichen sclerosus is:

- A) A viral infection
- B) An autoimmune inflammatory condition with antibodies against extracellular matrix
- C) A fungal infection

Question 83: Lichen simplex chronicus presents as:

- A) Purple plaques
- B) Leukoplakie with thick, leathery vulvar skin from chronic scratching
- C) Red scaling patches



Question 84: First-line treatment for Female Pattern Hair Loss (FPHL):

- A) Oral finasteride
- B) Spironolactone
- C) Minoxidil 2% solution or 5% foam daily

Question 85: Labs to check for FPHL include all EXCEPT:

- A) CBC, CMP
- B) Thyroid function
- C) Vitamin B12, folate

Question 86: Non-pharmacologic treatments for restless leg syndrome include all EXCEPT:

- A) Avoid sleep deprivation, alcohol, excessive exercise
- B) Sleep hygiene, relaxation, warm baths
- C) Increase caffeine intake

Question 87: Pharmacologic treatments for RLS include:

- A) Pramipexole and ropinirole
- B) Gabapentin and pregabalin only
- C) SSRIs only

Question 88: Red flags for headache include all EXCEPT:

- A) Systemic symptoms (fever, weight loss)
- B) Neurologic symptoms
- C) Gradual onset over months

Question 89: Preventative therapy for migraines includes:

- A) Triptans
- B) Beta blockers, antiepileptics, TCAs
- C) NSAIDs only

Question 90: When evaluating women with arthralgia, consider all EXCEPT:

- A) Menopause-related changes



- B) Rheumatologic conditions
- C) Acute infections only

Question 91: POI is defined as:

- A) Loss of ovarian function before age 35
- B) Loss of ovarian follicular activity before age 40
- C) Loss of ovarian function before age 45

Question 92: To diagnose POI, you need:

- A) Amenorrhea for 2 months and FSH >15
- B) Oligomenorrhea for 4 months and FSH >25 on 2 occasions 4 weeks apart
- C) Amenorrhea for 6 months and low estradiol

Question 93: Labs for anyone <40 who misses 3+ consecutive cycles:

- A) FSH, LH only
- B) PRL, FSH, E2, TSH, pregnancy test
- C) Testosterone, DHEA-S only

Question 94: Treatment for POI in 12-year-old:

- A) 50 mcg patch
- B) 100 mcg patch, 1.25 mg CEE, or 2 mg oral E2
- C) No treatment until age 16

Question 95: Should you consider testosterone replacement in POI and surgical menopause?

- A) Never
- B) Only in surgical menopause
- C) Yes, in both conditions

Question 96: When should anti-obesity medications be added?

- A) BMI >25
- B) BMI 27-29.9 with comorbidity or BMI >30 with lifestyle failure
- C) BMI >35 only



Question 97: Orlistat mechanism and weight loss:

- A) GLP-1 agonist, 10-12% loss
- B) GI lipase inhibitor, 8% loss
- C) Dopamine reuptake inhibitor, 15% loss

Question 98: Semaglutide achieves what percentage weight loss?

- A) 5-7%
- B) 8-10%
- C) 14-16%

Question 99: Who is eligible for bariatric surgery?

- A) BMI >35 only
- B) BMI >40, or BMI >35 + comorbidity, or BMI 30-35 + poorly controlled T2DM
- C) BMI >30 only

Question 100: GLP-1 receptor agonists work by:

- A) Blocking fat absorption
- B) Helping pancreas release insulin, delaying stomach emptying, reducing appetite
- C) Increasing metabolism only