

*dana j fryer* NUTRITION  
REGISTERED DIETITIAN & RD EXAM TUTOR

SITUATIONAL PRACTICE QUESTIONS  
LESSON A

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COURSE AGENDA

Review Structure of Course

Practice Question

Explanations

Questions

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# QUESTIONS ?

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Q1

Which of the following conditions is likely the cause of the following labs?

| Lab | Level |
|-----|-------|
| CO2 | 23    |
| BUN | 14    |
| K   | 5     |
| Na  | 130   |
| GFR | 109   |
| Alb | 3.5   |

A. CKD  
B. Cirrhosis  
C. AKI  
D. SIADH

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Q1

Which of the following conditions is likely the cause of the following labs?

- A. CKD
- B. Cirrhosis
- C. AKI
- D. SIADH**

| Lab       | Level      | Range          |
|-----------|------------|----------------|
| CO2       | 23         | 22-31          |
| BUN       | 14         | 6-23           |
| K         | 5          | 3.4-5.1        |
| <b>Na</b> | <b>130</b> | <b>135-145</b> |
| GFR       | 109        | >59            |
| Alb       | 3.5        | 3.5-5.2        |

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## SYNDROME OF INAPPROPRIATE ANTIDIURETIC HORMONE (SIADH)



Condition in which the body makes too much antidiuretic hormone (ADH)

This hormone helps the kidneys control the amount of water body loses through the urine. SIADH your causes the body to retain too much water.


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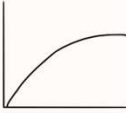


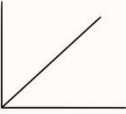
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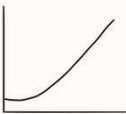
// LESSON A

**Q2** A women is 5ft 4in tall and 135#. She is 30 weeks pregnant which graph shows the weight gain recommendations for this women during her pregnancy?


A. 

B. 

C. 

D. 


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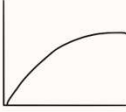


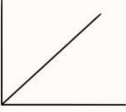
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A. 

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**D.** 

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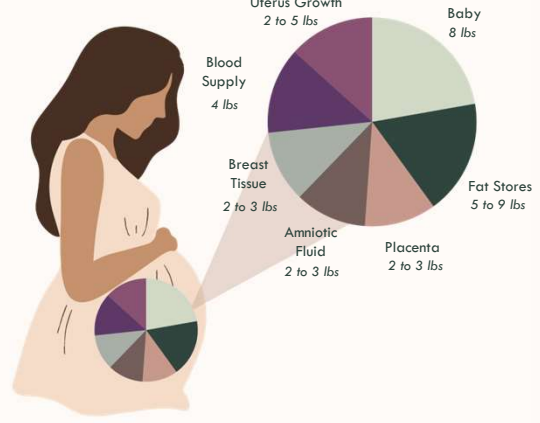
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## RATE OF WEIGHT GAIN

**NORMAL WEIGHT GAIN**

1<sup>st</sup> month  
↓  
3<sup>rd</sup> month  
+3-6 lbs

3<sup>rd</sup> month  
↓  
Birth  
+1 lb per week



**INADEQUATE WEIGHT GAIN**  
<4 lbs in 4.5 months


**RISK FACTORS:**

Hyperemesis Gravidarum

<16 or >35 years old

<12 months between pregnancies

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## IDEAL WEIGHT GAIN: SINGLETON VS. TWINS

|             | Single  | Twins  |
|-------------|---------|--------|
| Underweight | 28#-40# |        |
| Normal      | 25-35#  | 37-54# |
| Overweight  | 15-25#  | 31-50# |
| Obese       | 11-20#  | 25-42# |

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**Q3** The average blood sugar of a patient with diabetes is 200 with a SD of 25. how often the patient's blood sugars  $>250$ ?

A. 3%  
B. 50%  
C. 13.6%  
D. 33.2%

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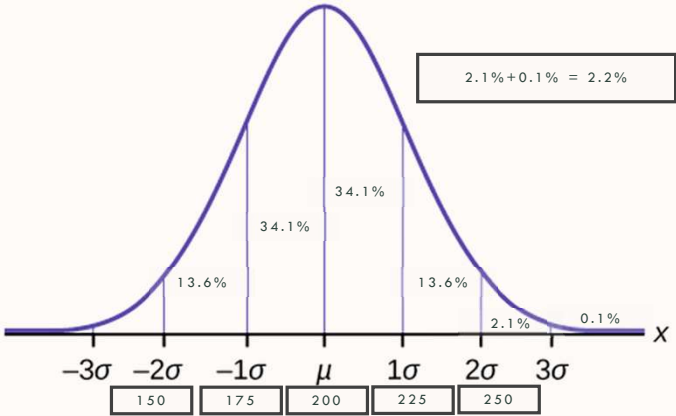


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**Q4** A worker can make 11 meals per labor hour. If the hospital has a daily average of 205 patient. How many FTE must the food service department hire to meet demands?

A. 71  
B. 10  
C. 15  
D. 23

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// LESSON A

**Q4** A worker can make 11 meals per labor hour. If the hospital has a daily average of 205 patient. How many FTE must the food service department hire to meet demands?

A. 71  
**B. 10**  
C. 15  
D. 23

$205 \times 3 = 615$  meals per day  $\times 7 = 4305$  patient meals  
Total meals: 4305  
 $4305 \text{meals} / 11 \text{meals/hr} = 391$  hrs of work  
 $391 \text{hrs} / 40 \text{hrs/week} = 9.78$

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**Q5**

A hospital with 350 beds had an average census of 93% in April. The food inventory value on March 31 was \$45,000. Food purchased for April totaled \$32,300 and the closing inventory in April was \$36,500. The **per patient meal cost** for April was:

A. \$1.23  
B. \$1.35  
C. \$1.38  
D. \$1.42

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A. \$1.23  
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**C. \$1.38**  
D. \$1.42

$350 \times 0.93 = 325$   
 $325 \times 3 \times 30 = 29,250$   
 $45,000 - 36,500 = 8,500$   
 $8,500 + 32,300 = 40,800$   
 $40,800 / 29,250 = 1.39$

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**Q6** The COGS for a hospital was \$47,000 in June. Average inventory was \$45,000 in June and \$32,000 in July. Labor costs were \$87,972 and profit was \$100,000. The food serve manager should direct the purchaser to:

A. Increase COGS  
B. Increase Inventory  
C. Decrease COGS  
D. Decrease Inventory

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// LESSON A

**Q6** The COGS for a hospital was \$47,000 in June. Average inventory was \$45,000 in June and \$32,000 in July. Labor costs were \$87,972 and profit was \$100,000. The food serve manager should direct the purchaser to:

A. Increase COGS  $\$47,000/\$45,000 = 1.04$   
B. Increase Inventory  
C. Decrease COGS Goal Inventory Turnover = 2 - 4  
**D. Decrease Inventory** -Too much \$ in inventory  
-Solution is to decrease inventory

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Q7

What measures can be taken to improve tolerance to enteral nutrition (EN) in patients with moderate to severe acute pancreatitis?

- A. Using a standard polymeric formula
- B. Switching from bolus to continuous infusion
- C. Waiting 72 hours before initiating EN
- D. Infusing EN into the stomach

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## PANCREATITIS

Examples of Enteral Access

**Feeding Routes Through The Nose**  
(or alternatively may be oral)

- ① Nasogastric
- ② Nasoduodenal
- ③ Nasojejunal

**Gastrostomy Options\***

- Percutaneous Endoscopic Gastrostomy (PEG)
- Percutaneous Radiologic Gastrostomy (PRG)
- Percutaneous Endoscopic Jejunostomy (PEJ)
- Percutaneous Radiologic Jejunostomy (PRJ)
- Percutaneous Endoscopic Gastrojejunostomy (PEG/J)
- Button
- Surgically placed Gastrostomy

**Jejunostomy**

\*Gastrostomy and jejunostomy tubes may be placed endoscopically, radiologically, or surgically.

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// LESSON A

Q8

A tray is ordered for a patient with dysphagia. On objective assessment with the fork drip test the yogurt is found to drip slowly in dollops through the prongs.

What IDDSI level is this?

- A. 5
- B. 4
- C. 3
- D. 2

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// LESSON A

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A. 5  
 B. 4  
**C. 3**  
 D. 2

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## Level 3 Liquidised

Our Level 3 products are also Salivary Amylase resistant:

- Guarantees that thickened fluids are not broken down by the amylase enzyme

3  
LIQUIDISED  
3  
MODERATELY THICK

Drips slowly or in dollops/strands through the slots of a fork

Level 4: Use IDDSI fork-drip or spoon-tilt tests instead

| Testing methods | IDDSI level 3   |
|-----------------|---|
| IDDSI Flow Test | Test liquid flows through a 10ml slip tip syringe leaving > 8 ml in the syringe after 10 seconds                      |
| Fork Drip Test  | Drips slowly in dollops through the prongs of a fork<br>Prongs of a fork do not leave a clear patterns on the surface |
| Spoon Tilt Test | Spreads out if spilled onto a flat surface<br>Easily pours from spoon when tilted, does not stick to spoon            |
| Chopstick Test  | Chopsticks are not suitable for this texture  |
| Finger Test     | It is not possible to hold a sample of this food texture using fingers  |

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## Level 4 Pureed


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PUREED


4

EXTREMELY THICK

Spoon Tilt Test: Holds shape on spoon, not firm and sticky, little food left on spoon




Use a mound or pile above the fork




A small amount may flow through and form a tail below the fork. Over 20-40%, flow or drip continuously through the fork prongs

| Testing methods    | IDDSI level 4  |
|--------------------|--|
| IDDSI Flow Test    | No flow or drip through a slip tip syringe after 10 seconds  |
| Fork pressure test | The prongs of a fork can make a clear pattern on the surface   |
| Fork Drip Test     | The food sits in a mound above the fork: a small amount may flow through and form a tail below the fork prongs, but it does not flow or drip continuously through the prongs of a fork |
| Spoon Tilt Test    | Cohesive enough to hold its shape on a spoon<br>A full spoonful must plop off the spoon if the spoon is tilted   |
| Chopstick Test     | Chopsticks are not suitable for this texture   |
| Finger Test        | It is just possible to hold a sample of this texture using fingers   |

WILTSHIRE FARM FOODS





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## Level 5 Minced & Moist

- Adult, 4 mm lump size


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MINCED & MOIST

Small lumps visible within the food

- Paediatric, 2 mm lump size
- Adult, 4mm lump size

Use slit between fork prongs (4mm) to determine whether minced pieces are the correct or incorrect size





Note - lump size requirements for all foods in Level 5 Minced & Moist:

- Paediatric, 2mm lump size
- Adult, 4mm lump size

| Testing methods    | IDDSI level 5  |
|--------------------|--|
| Fork pressure test | When pressed with a fork the particles should easily be separated between and come through the prongs of a fork<br>Can easily be masked with little pressure |
| Fork Drip Test     | A scooped sample sits in a pile or can mound on the fork and does not easily or completely flow or fall through the prongs of a fork                         |
| Spoon Tilt Test    | Cohesive enough to hold its shape on a spoon<br>A full spoonful must slide off the spoon if the spoon is tilted  |
| Chopstick Test     | Chopsticks can be used to scoop or hold this texture if the sample is moist and cohesive   |
| Finger Test        | It is possible to easily hold a sample of this texture using fingers: small soft, smooth, rounded particles can be easily squashed between fingers           |

WILTSHIRE FARM FOODS





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// LESSON A

Q9

A patient is 65kg and has a stage 1 pressure injury and stage 4 CKD. How much protein should be given?

- A. 98g
- B. 65g
- C. 45g
- D. 32g

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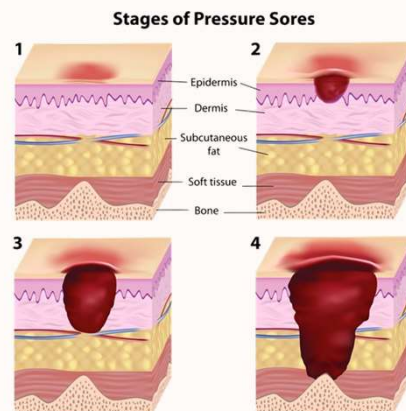
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// LESSON A

**Q10** A patient is admitted d/t abdominal pain and found to have high serum ammonia. You review the patient's supplements. Which of the following is the most likely etiology of the problem?

- A. Comfrey
- B. Milk Thistle
- C. St. John's
- D. Saw Palmetto

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// LESSON A

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# COMFREY

**SIDE EFFECTS:**

- Irreversible liver disease*
- Nausea/stomach pain*
- Pitching*
- Loss of appetite*
- Dark urine*
- Clay colored stool*
- Jaundice*



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# MILK THISTLE

**USES:**

- Liver health*
- Protection against alcohol*
- Protection against toxins*
- Protection against pollutants*
- Chronic hepatitis*
- Mushroom poisoning*



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// LESSON A

**Q11** On the 2020-2025 DGA a key change was:

- A. Recommendation for <10% calories from added sugar
- B. Diet recommendations for each life stage
- C. Updates to nutrition label
- D. Addition of My Plate

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// LESSON A

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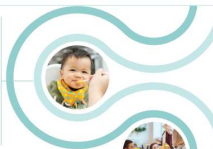
## LIVE STAGES INCLUDED:

- *Infants and Toddlers*
- *Children and Adolescents*
- *Adults*
- *Pregnancy and Lactation*
- *Older Adults*

**The Science Underlying the Dietary Guidelines Demonstrates That Healthy Eating Across the Lifespan Can Promote Health and Reduce Risk of Chronic Disease**

**Birth Through 23 Months**

- Lower risk of overweight and obesity
- Lower risk of type 1 diabetes
- Adequate iron status and lower risk of iron deficiency
- Lower risk of peanut allergy
- Lower risk of asthma




**Children and Adolescents**

- Lower adiposity
- Lower total and low-density lipoprotein (LDL) cholesterol

**Women Who Are Pregnant or Lactating**

- Favorable cognitive development in the child
- Favorable folate status in women during pregnancy and lactation




**Adults, Including Older Adults**

- Lower risk of all-cause mortality
- Lower risk of cardiovascular disease
- Lower risk of cardiovascular disease mortality
- Lower total and LDL cholesterol
- Lower blood pressure
- Lower risk of obesity
- Lower body mass index, waist circumference, and body fat
- Lower risk of type 2 diabetes
- Lower risk of cancers of the breast, colon, and rectum
- Favorable bone health, including lower risk of hip fracture

NOTE: The 2020 Dietary Guidelines Advisory Committee examined the evidence on diet and health across the lifespan. Evidence is not available for all combinations of outcomes and outcomes for the population subgroups presented in this figure. The Committee used the evidence on diet and health as Strong, Moderate, Limited, or Grade Not Assessable. Only outcomes with Strong or Moderate evidence are included in this table. See the [Committee Report](#) for specific graded conclusion statements.

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// LESSON A

Q12

The stomach does not assist with the absorption of

- A. B12
- B. Calcium
- C. Alcohol
- D. Vitamin C

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// LESSON A

Q12

The stomach does not assist with the absorption of

A. B12

B. Calcium

C. Alcohol

**D. Vitamin C**

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Courtesy: Advanced Nutrition and Human Metabolism, 4th edition.

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// LESSON A

Q13

A patient with galactosemia would not be able to tolerate:

A. Soy milk

B. Meat products

C. Coconut oil

D. Lactaid milk

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// LESSON A

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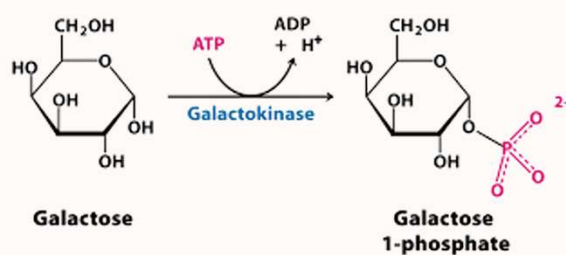
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// LESSON A

## GALACTOSEMIA



Inborn errors of metabolism due to missing enzyme that would have converted galactose-1- $\text{PO}_4$  into glucose-1- $\text{PO}_4$

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## DISACCHARIDES

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// LESSON A

Q14

You are a community dietitian charged with assessing the nutritional status of your community. Which tool would be the most cost effective was to determine community risk of CVD?

- A. 24 hr diet recall
- B. Hemoglobin check with finger prick
- C. Waist to hip ratio
- D. BMI

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// LESSON A

**Q14** You are a community dietitian charged with assessing the nutritional status of your community. Which tool would be the most cost effective was to determine community risk of CVD?

A. 24 hr diet recall  
 B. Hemoglobin check with finger prick  
**C. Waist to hip ratio**  
 D. BMI

| Waist-to-Hip Ratio (WHR) Norms |           |             |             |         |
|--------------------------------|-----------|-------------|-------------|---------|
| Gender                         | Excellent | Good        | Average     | At Risk |
| Males                          | <0.85     | 0.85 – 0.89 | 0.90 – 0.95 | >0.95   |
| Females                        | <0.75     | 0.75 – 0.79 | 0.80 – 0.86 | >0.86   |

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**Q15** Hyperkalemia may result after which meal in a CKD patient?

A. Roasted beets, salt substitute, rice, chickpeas, coconut water  
 B. Oatmeal, applesauce, almond milk  
 C. Coffee, milk, bacon, 2 hard boiled eggs  
 D. Fruit salad of watermelon, plums and pineapple, home fries, orange juice

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C. Coffee, **milk**, bacon, 2 hard boiled eggs

D. Fruit salad of watermelon, plums and pineapple, **home fries, orange juice**

















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// LESSON A

## HIGH K FOODS

| FRUITS   | VEGETABLES  | OTHERS  |
|--|---|---|
| <br>BANANAS CANTALOUPE KIWI         | <br>ARTICHOQUES AVOCADO BEETS BOK CHOY                     | <br>BEANS SALSA POWDERED DRINKS  |
| <br>MANGO HONEYDEW PEACHES          | <br>EDAMAME (soybeans) LIMA BEANS MUSHROOMS (cooked)       | <br>ENSURE/BOOST COCONUT WATER MILK  |
| <br>NECTARINE ORANGES ORANGE JUICE  | <br>POTATOES FRENCH FRIES YAMS/SWEET POTATOES              | <br>POTATO SALAD SWEET POTATO PIE  |
| <br>PAPAIA PRUNES PRUNE JUICE       | <br>PUMPKIN RUTABAGAS SPINACH (cooked)                     | <br>SALT SUBSTITUTE MOLASSES SPAGHETTI SAUCE   |
| <br>POMEGRANATE DRIED FRUIT RAISINS | <br>SQUASH (Acorn) SQUASH (Butternut) SWISS CHARD TOMATOES | <p style="font-size: 0.8em;">Portion size for fruits and veggies is<br/>                     1/2 c fresh, 1/4 c canned, 1/4 c cooked<br/>                     1/4 c dried, and 1/4 c juice.</p> |

Ask your doctor about seeing a registered dietitian for more great ideas on kidney-friendly foods!



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// LESSON A

Q16

A 5-month-old infant develops bloody stools when started on Similac Advance.  
What formula should she be switched to?

- A. Similac Isomil
- B. Pregestimil
- C. Neosure
- D. Similac Alimentum



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- C. Neosure
- D. Similac Alimentum**

|   |
|---|
| Similac Advance: Standard infant formula                              |
| Similac Isomil: Soy-based for galactosemia                            |
| Pregestimil: Partially hydrolyzed with high MCT % (fat malabsorption) |
| Similac Special Care: Premature infant formula                        |
| Neosure: Preterm transitional formula                                 |
| Similac Alimentum/Nutrangen : Hypoallergenic, elemental               |
| Similac PM 60/40 : Low electrolytes (renal)                           |
| Similac Sensitive: Lactose intolerance                                |
| Elecare/Neocate:Hypoallergenic, semi-elemental                        |
| Similac Spit Up/Enfamil: GERD, reflux                                 |



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// LESSON A

**Q17** A lab is drawn at 8am, but the sample was missed by the lab pick up. The sample is found and run at 12p and the lab reports that the labs were hemolyzed. What result would you expect.

A. High Na  
B. High K  
C. Low Na  
D. Low K

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// LESSON A

**Q17** A lab is drawn at 8am, but the sample was missed by the lab pick up. The sample is found and run at 12p and the lab reports that the labs were hemolyzed. What result would you expect.

A. High Na  
**B. High K**  
C. Low Na  
D. Low K

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// LESSON A

**Q18** Which TPN formula will provide 150 kcal?

A. 500 mL of 12% amino acid  
B. 450 mL of 4.5% amino acid  
C. 25 mL/hr of 6% amino acid  
D. 600 mL x 10% amino acid

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// LESSON A

**Q18** Which TPN formula will provide 150 kcal?

A. 500ml of 12% amino acid = 60g x 4kcal/g = 240kcal  
B. 450ml of 4.5% amino acid = 20g x 4kcal/g = 80 kcal  
**C. 25ml/hr of 6% amino acid = 36g x 4kcal/g = 144kcal**  
D. 600ml x 10% amino acid = 60g x 4kcal/g = 240kcal

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// LESSON A

**Q19** A patient is receiving a tube feeding at 75ml/hr and the tube feed provides 1200kcal, 64g of protein and 840ml of water per 1L. A patient requires 1900kcal and 96g of protein. This formula would\_\_\_

A. Meet 63% of calorie needs  
 B. Overfeed the patient  
 C. Meet 66% of protein needs  
 D. Require flushes of 100 mL TID to meet fluid needs

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// LESSON A

**Q19** A patient is receiving a tube feeding at 75ml/hr and the tube feed provides 1200kcal, 64g of protein and 840ml of water per 1L. A patient requires 1900kcal and 96g of protein. This formula would\_\_\_

A. Meet 63% of calorie needs  
**B. Overfeed the patient**  
 C. Meet 66% of protein needs  
 D. Require flushes of 100 mL TID to meet fluid needs

**Math:**  
**Formula:** 1.2kcal/ml, 64g of protein per L, 84% free water  
**Current Regimen:**  
 $75\text{ml/hr} \times 24\text{hr} = 1800\text{ml} \times 1.2\text{kcal/ml} = \mathbf{2160\text{kcal}}$  (needs 1900kcal)  
 $1.8\text{L} \times 64\text{g protein} = \mathbf{115\text{g of protein}}$

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// LESSON A

Q20 A health teacher is running a obesity prevention program for children with obese parents. What type of program is this?

- A. Primary prevention
- B. Secondary prevention
- C. Tertiary prevention
- D. Cognitive behavioral therapy

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// LESSON A

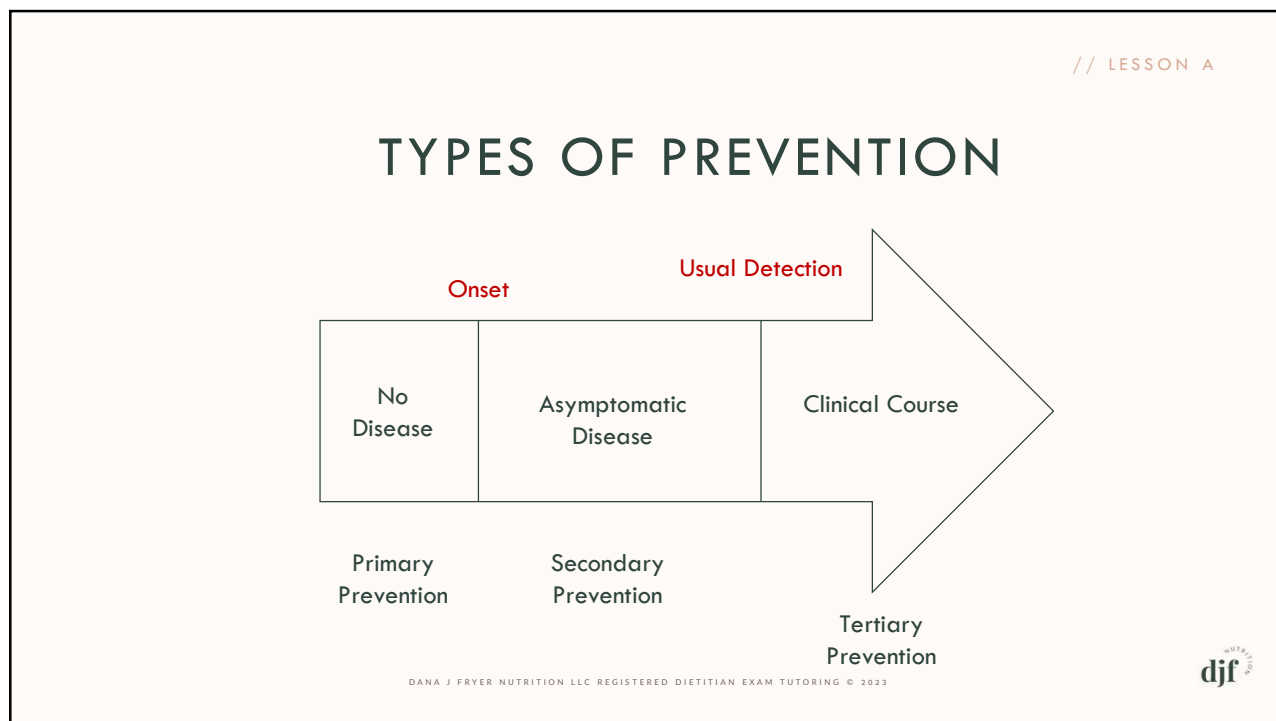
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- C. Tertiary prevention
- D. Cognitive behavioral therapy

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// LESSON A

**Q21**

A 40 YOM with t1DM was counseled about an appropriate diet plan and began NPH insulin therapy 1 month ago. On follow-u, his fasting blood glucose was 280 mg/dl and cholesterol was 180mg/dl. A food record indicates he eats one meal daily. What is the most immediate nutrition therapy needed?

- Instruction about the relationship of diet to blood glucose levels
- Instruction about maintaining current body weight
- Advice to include MyPyramid recommendations
- Advice about controlling cholesterol levels

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**djf**

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// LESSON A

**Q21** A 40 YOM with t1DM was counseled about an appropriate diet plan and began NPH insulin therapy 1 month ago. On follow-u, his fasting blood glucose was 280 mg/dl and cholesterol was 180mg/dl. A food record indicates he eats one meal daily. What is the most immediate nutrition therapy needed?


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B. Instruction about maintaining current body weight

C. Advice to include MyPyramid recommendations

D. Advice about controlling cholesterol levels

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// LESSON A

**Q22** The dietitian is to determine the potential risk of a patient in a rehab for drug and alcohol abuse. Assessment should include information about


A. Hx of recent weight changes

B. Consumption of sugar-containing foods

C. Type of ETOH consumed

D. Intake of Thiamine rich foods

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// LESSON A

**Q22** The dietitian is to determine the potential risk of a patient in a rehab for drug and alcohol abuse. Assessment should include information about

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// LESSON A

**Q23** Which of the following statement is an application of HACCP to the production of spaghetti and sauce?

- A. Divide the prepared sauce among small containers before chilling
- B. Rinse spaghetti in cold running water before mixing with sauce
- C. Cook the meat thoroughly before adding to the tomato sauce
- D. Stir occasionally throughout the hot holding time

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// LESSON A

**Q23** Which of the following statement is an application of HACCP to the production of spaghetti and sauce?

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*HACCP is focused on the CCP where things could go wrong. Key words to look for here are temperatures, situations for contamination or other hazards. A is most focused on the pasta and sauce.*

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// LESSON A

## HACCP

- 1 List all potential hazards and control measures (HA).
- 2 Determine critical control points (CCPs).
- 3 Establish critical limits for each CCP.
- 4 Establish a monitoring system for each CCP.
- 5 Establish a corrective action plan.
- 6 Establish verification procedure.
- 7 Establish documentation and record keeping.

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// LESSON A

**Q24** Which of the following pieces of information is the most valuable in specification?

- A. Federal grade, brand, or other quality designation
- B. Quality tolerance limits
- C. Count per container or approximate number per pound
- D. Unit on which the price is based

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// LESSON A

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// LESSON A

## WRITTEN SPECIFICATIONS



Definition of Product



Quality



Form



Size



Style



Grade



Brand

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// LESSON A

**Q25** A patient who has been receiving TPN for SBS is transitioning to feedings. The RD should recommend which of the following next steps:

- A. Small, frequent meals
- B. Continuous Enteral tube feeding
- C. High fat, high calorie meals
- D. PPN

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// LESSON A

Q25

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- C. High fat, high calorie meals
- D. PPN

Enterostomy: type I  
<40 – 80 cm  
Aganglionsis extensive NEC

Jejuno–colic: type II  
<40 – 80 cm  
Atresia/gastroschisis extensive NEC

Jejuno–ileocolic: type III  
<20 – 80 cm  
Mid gut volvulus atresia

Type of short bowel according to the remnant bowel.  
 The most frequent causes of resection is mentioned for each type

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// LESSON A

Q26

Which of the following strategies is most likely to increase profits?

- A. Decrease portion size of beef burritos
- B. Offering glazed pork chops more frequently
- C. Replacing pasta with prime rib
- D. Replacing chicken

| Contribution Margin |                       |                 |
|---------------------|-----------------------|-----------------|
| Sales               | Low                   | High            |
| Low                 | Grilled lemon chicken | Beef burritos   |
| High                | Glazed pork chop      | Pasta primavera |

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// LESSON A

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**djf**

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// LESSON A

Q27

A Cancer patient made the following food request. Which menu would be best when the patient is experiencing nausea and emesis?

- A. Pasta, salad with dressing, chocolate ice cream soft drink
- B. Grilled cheese sandwich, steamed broccoli, peaches and coffee
- C. Cottage cheese, fruit and cracker, apple juice
- D. Steak, baked potato with sour cream glazed carrots and hot tea

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**djf**


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// LESSON A

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// LESSON A

**Q28** A patient presents with hypocalcemia. The etiology of this could be all the following except

- A. Prilosec
- B. Rifaximin
- C. Nexium
- D. Aluminum Hydroxide

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// LESSON A

**Q28** A patient presents with hypocalcemia. The etiology of this could be all the following except

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- B. Rifaximin**
- C. Nexium
- D. Aluminum Hydroxide

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// LESSON A

**Q29** A patient is 55kg and presents to your office for weight loss. He reports he plans to eat 1200 kcal for 8 weeks and wants to know how much weight he should expect to lose.

- A. 2 lbs
- B. 3 lbs
- C. 4 lbs
- D. 5 lbs

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// LESSON A

**Q29** A patient is 55kg and presents to your office for weight loss. He reports he plans to eat 1200 kcal for 8 weeks and wants to know how much weight he should expect to lose.

A. 2 lbs  
**B. 3 lbs ~ 2.8 lbs**  
C. 4 lbs  
D. 5 lbs

$55\text{kg} \times 25\text{kcal/kg} = 1375\text{kcal}$   
 $1375 - 1200 = 175\text{kcal} \times 56 \text{ days (8wk} \times 7\text{d)} = 9800\text{kcal}$   
 $9800\text{kcal} / 3500\text{kcal/lb} = 2.8 \text{ lbs in 8 weeks}$

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// LESSON A

# QUESTIONS?

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// LESSON A

# THANK YOU FOR COMING!

Don't forget to fill out the course evaluation!

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