WATHIM

GCC exam prep

PRACTICE PACK

DHA | Qatar DHP

Dental Hygienist Exam Practice

Sample paper

The first 5 questions of Paper 1 with the answer sheet, key and every answer explained, after the guide that opens the full pack.

2026 edition · 538 questions · 3 papers

538	3	60 · 72m	70%
ORIGINAL QUESTIONS	FULL-LENGTH PAPERS	QUESTIONS · MINUTES A PAPER	OUR PRACTICE TARGET, NOT THE EXAM'S PASS RULE

Prepared by Wathim · wathim.com · info@wathim.com

Original practice material. Not the official question bank.

About this pack

Dental Hygienist Gulf Licensing Exam Practice Bank: Online Mocks and Printable Papers · read this before you start.

538	3	10	100%
ORIGINAL QUESTIONS	EXAM-LENGTH PAPERS	TOPICS COVERED	ANSWERED AND SOURCED

Every question here comes with its correct answer, the reasoning, and the law, standard or study guide it is drawn from, so you learn the rule and not just the letter. The mix: 118 easier, 318 standard and 102 harder questions, marked on each one.

Non-surgical periodontal therapy 110 · Preventive therapy 74 · Medical and dental histories 58 · Extra and intra oral examination 55 · Medical emergencies and medically compromised patients 53 · Communication and community dental hygiene 50 · Oral anatomy, biology and pathology 43 · Dental radiology 35 · Patient safety and infection control 30 · Professionalism and ethics 30

The exam you are sitting

DHA: DHA exam for dental hygienists (Dubai)	See the guide on wathim.com *Wathim guide, checked 2026-11-15*
Qatar DHP: Qatar Prometric qualifying exam (DHP)	See the guide on wathim.com *Wathim guide, checked 2026-11-15*

Practice papers, not the real length. Practice papers of 60 questions in 72 minutes, a pace of just over a minute a question. The Gulf dental hygienist licensing exams differ in scoring: the DHA exam (DEN5141) has 150 multiple choice questions in 3 hours with a 55% pass mark, and the Qatar DHP exam has 150 questions with a 50% cut score. No single percentage pass mark is set here; the 70% shown in the app and the printed papers is our own practice target, not any regulator's. The questions are original practice questions on core dental hygiene knowledge, not real or recalled exam questions.

What these questions are. Original practice questions written by Wathim to the exam's published topics and to the laws and standards it tests. They are not real, recalled or leaked exam items, and no official question bank is published for this exam. Practising with honest original questions is the safe and effective way to prepare.

Topic coverage

Topic	Questions in this pack	Share
Non-surgical periodontal therapy	**110**	20%
Preventive therapy	**74**	14%
Medical and dental histories	**58**	11%
Extra and intra oral examination	**55**	10%
Medical emergencies and medically compromised patients	**53**	10%
Communication and community dental hygiene	**50**	9%
Oral anatomy, biology and pathology	**43**	8%
Dental radiology	**35**	7%
Patient safety and infection control	**30**	6%

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Topic	Questions in this pack	Share
Professionalism and ethics	**30**	6%

Mark yourself

Score out of 60	Percentage	What it means
51-60	85-100%	Comfortably over the line. Keep the habit, sit the next paper cold.
42-50	70-83%	A pass, but a few questions either way decide it. Close your weakest topic first.
36-41	60-68%	Close. Read every answer you missed, then re-sit this paper in a week.
0-35	0-58%	A real gap. Work topic by topic before the next full paper.

> Not any regulator's pass rule: each Gulf regulator scores its own exam in its own way. The bands mark against our own 70% practice target: 42 of 60.

How to use it

1. **Sit Paper 1 cold, in one block**
   60 questions in 72 minutes, no notes, on the answer sheet. A paper done in pieces tells you what you know; one done in a block tells you what you would score.
2. **Mark it by topic, not just by total**
   Count your misses against the topic chips beside each question. The total says whether you would pass today; the topics say what to do tomorrow.
3. **Read every answer, including the ones you got right**
   If you cannot say why the other three options are wrong, you guessed well rather than knew.
4. **Spend a week on your two weakest topics**
   Work from the source named under each answer you missed, not a general read-through.
5. **Sit the next paper a week later**
   Compare topic scores, not just totals. A flat total can hide two topics moving in opposite directions.
6. **Keep the revision bank for the last few days**
   358 questions no paper uses, with answers beside them, and the night-before list, for a final pass before the exam.

What is in the download

5 PDFs, each with its own cover, named **Wathim - Dental Hygienist Exam Practice - *part*.pdf**. Print only the paper you are about to sit.

Start here	This guide: the exam, topic coverage, how to mark yourself and how to use the pack
Paper 1	60 questions · 72 minutes · answer sheet, key, every answer explained, and the score bands
Paper 2	60 questions · 72 minutes · answer sheet, key, every answer explained, and the score bands
Paper 3	60 questions · 72 minutes · answer sheet, key, every answer explained, and the score bands
Revision bank	358 more questions by topic, with the answer under each, and the night-before list of the hardest questions

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Answer sheet

Paper 1 of 3. Shade one letter per question, then mark it against the key at the end of the paper.

Name _____ Date _____ Score / 5

1 (A) (B) (C) (D)	2 (A) (B) (C) (D)	3 (A) (B) (C) (D)	4 (A) (B) (C) (D)	5 (A) (B) (C) (D)

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DENTAL HYGIENIST EXAM PRACTICE

Paper 1 of 3: first 5 questions

5 of **60** questions
sample

Choose the single best answer. Answers and reasoning follow.

Q1 Non-surgical periodontal therapy EASY

In the usual sequence of periodontal care, what follows initial non-surgical therapy?

A. Re-evaluation of the tissue response before further treatment
B. Immediate surgical therapy of all residual pockets
C. Entry into the three-monthly maintenance recall system
D. Definitive restorative and prosthodontic treatment, including crowns

Q2 Non-surgical periodontal therapy STANDARD

Which desensitising approach works mainly by occluding open dentinal tubules?

A. Arginine with calcium carbonate
B. Potassium nitrate
C. Chlorhexidine rinse
D. Sodium lauryl sulfate

Q3 Non-surgical periodontal therapy STANDARD

How does potassium nitrate in desensitising toothpaste reduce dentine hypersensitivity?

A. It seals the dentinal tubules by precipitation of calcium salts
B. It kills bacteria that have entered the dentinal tubules
C. It remineralises the enamel surface and fills surface pits
D. Potassium ions depolarise the nerve and block the pain signal

Q4 Non-surgical periodontal therapy STANDARD

Which set of findings is compared with the baseline at re-evaluation after initial therapy?

A. Probing depth and gingival colour, compared with the baseline
B. Probing depth, bleeding, attachment level, plaque, calculus and mobility
C. Radiographic bone levels and tooth mobility, compared with the baseline visit
D. The patient's satisfaction and the appearance of the gingiva

Q5 Non-surgical periodontal therapy STANDARD

Which interdental cleaning aid is best for a patient with open interdental embrasures after attachment loss?

A. Waxed dental floss used with a sawing motion
B. Wooden toothpicks used between the teeth
C. Rubber-tip stimulators used along the papillae
D. Interdental brushes sized to fit the space

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Answer key at a glance

Mark your sheet and count your score first. Then read every answer below, including the ones you got right: a lucky guess looks the same as knowledge on the sheet.

1	**A**	2	**A**	3	**D**	4	**B**	5	**D**

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Paper 1 of 3: answers and reasoning

Why the answer is right, why the others are not, and where the rule comes from.

Q1 Answer: **A Re-evaluation of the tissue response before further treatment**

After initial non-surgical therapy, which includes oral hygiene instruction and scaling and root debridement, the clinician waits for healing and then re-evaluates to see which sites have responded and which still need treatment. Surgical therapy is decided after this assessment rather than at once. Maintenance follows the end of active therapy. Definitive restorative work is delayed until the periodontal condition is stable.

Source: Wilkins' Clinical Practice of the Dental Hygienist

Q2 Answer: **A Arginine with calcium carbonate**

Arginine with calcium carbonate forms a plug in open tubules and so reduces fluid movement, and stannous fluoride, bioactive glass and resin sealants also work by occlusion. Potassium nitrate acts instead on the nerve, by depolarising it. Chlorhexidine is an antimicrobial and does not alter dentinal fluid flow, and it is not used to treat hypersensitivity. Sodium lauryl sulfate is a detergent in toothpaste and has no desensitising action.

Source: Darby and Walsh, Dental Hygiene: Theory and Practice

Q3 Answer: **D Potassium ions depolarise the nerve and block the pain signal**

Potassium nitrate acts on the nerve. Potassium ions diffuse along the tubules and depolarise the pulpal nerve fibres, which prevents repolarisation and so reduces the response to stimuli. The effect builds over a few weeks of regular use. Occluding tubules is the mechanism of agents such as stannous fluoride and arginine with calcium carbonate. Potassium nitrate is not antibacterial and does not remineralise enamel.

Source: Darby and Walsh, Dental Hygiene: Theory and Practice

Q4 Answer: **B Probing depth, bleeding, attachment level, plaque, calculus and mobility**

Re-evaluation compares the full set of clinical parameters with the baseline: probing depths, bleeding on probing, clinical attachment level, the patient's plaque score and the presence of residual calculus or other local factors, along with mobility and furcation status. Depth alone would ignore inflammation. Radiographs show only slowly changing bone levels and are not repeated at every re-evaluation. Patient satisfaction is useful but does not show tissue response.

Source: Wilkins' Clinical Practice of the Dental Hygienist

Q5 Answer: **D Interdental brushes sized to fit the space**

When attachment loss has opened the embrasures, an interdental brush of an appropriate size removes plaque from the concave root surfaces much more effectively than floss, which bridges the concavity without reaching into it. Floss remains better for tight contacts with intact papillae. Toothpicks can traumatise the tissue and do not clean concavities well. Rubber-tip stimulators massage the gingiva but remove little plaque from the proximal surfaces, so they are not an adequate substitute for brushes.

Source: Wilkins' Clinical Practice of the Dental Hygienist

What the full pack contains

This sample is a slice of Paper 1. The full pack is:

Start here	The guide at the front of this sample, in full
3 full papers	60 questions · 72 minutes each, with answer sheet, key, every answer explained and the score bands
Revision bank	358 more questions by topic with the answer under each, and the night-before list
Total	538 original questions, every one answered and sourced

Get the full pack at **wathim.com/practice/dental-hygienist-practice**

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