WATHIM

GCC exam prep

PRACTICE PACK

DHA | SCFHS | Qatar DHP | Oman OMSB

Clinical Dietitian 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 · 662 questions · 3 papers

662	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

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

662	3	11	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: 154 easier, 348 standard and 160 harder questions, marked on each one.

- Medical nutrition therapy: obesity, diabetes and cardiovascular 79
- Medical nutrition therapy: kidney, liver and gastrointestinal 79
- Medical nutrition therapy: cancer, critical care and other conditions 77
- Food service management 70
- Food safety and food production systems 70
- Nutrient metabolism and food science 68
- Nutrition assessment and the nutrition care process 60
- Enteral and parenteral nutrition support 50
- Life cycle and community nutrition 49
- Research, counselling and ethics 30
- Drug-nutrient interactions, supplements and sports nutrition 30

The exam you are sitting

DHA: DHA exam for clinical dietitians (Dubai)	See the guide on wathim.com *Wathim guide, checked 2026-11-15*
SCFHS: Saudi Clinical Nutrition Licensure Examination (SCNLE)	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*
Oman OMSB: Omani Examination for Dietitians (OEDIET)	See the guide on wathim.com *Wathim guide, checked 2026-11-20*

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 dietitian licensing exams differ in length and scoring: the DHA clinical dietitian exam (NUT4112) has 150 questions in 3 hours with a 55% pass mark, the Saudi SCNLE has 200 questions in two parts of 120 minutes with a scaled cut score of 542, the Qatar DHP exam has 150 questions in 3 hours with a 50% cut score, and the Oman OEDIET has 100 questions in 2 hours 30 minutes with a 55% pass mark. 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 dietetics 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
Medical nutrition therapy: obesity, diabetes and cardiovascular	**79**	12%
Medical nutrition therapy: kidney, liver and gastrointestinal	**79**	12%

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Topic	Questions in this pack	Share
Medical nutrition therapy: cancer, critical care and other conditions	**77**	12%
Food service management	**70**	11%
Food safety and food production systems	**70**	11%
Nutrient metabolism and food science	**68**	10%
Nutrition assessment and the nutrition care process	**60**	9%
Enteral and parenteral nutrition support	**50**	8%
Life cycle and community nutrition	**49**	7%
Research, counselling and ethics	**30**	5%
Drug-nutrient interactions, supplements and sports nutrition	**30**	5%

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**
   482 questions no paper uses, with answers beside them, and the night-before list, for a final pass before the exam.

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What is in the download

5 PDFs, each with its own cover, named **Wathim - Clinical Dietitian 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	482 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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CLINICAL DIETITIAN EXAM PRACTICE

Paper 1 of 3: first 5 questions

5 of **60** questions
sample

Choose the single best answer. Answers and reasoning follow.

Q1 Medical nutrition therapy: obesity, diabetes and cardiovascular HARD

A child with glycogen storage disease type I has fasting hypoglycaemia. Which dietary strategy is standard?

- (A) A high-protein diet with long overnight fasting intervals
- (B) A ketogenic diet to provide an alternative fuel for the brain
- (C) Overnight fasting to reduce lactate production in the liver
- (D) Frequent feeds, uncooked cornstarch and limited fructose

Q2 Medical nutrition therapy: obesity, diabetes and cardiovascular EASY

Which change in fat intake most reliably lowers the risk of coronary heart disease?

- (A) Replacing saturated fat with refined carbohydrate
- (B) Replacing saturated fat with trans fat
- (C) Replacing unsaturated fat with saturated fat
- (D) Replacing saturated fat with polyunsaturated fat

Q3 Medical nutrition therapy: obesity, diabetes and cardiovascular STANDARD

A child with classical phenylketonuria has a blood phenylalanine level well below the treatment range after natural protein was cut sharply. What is the correct response?

- (A) Cut natural protein further to keep the level low
- (B) Raise the phenylalanine allowance, as lack impairs growth
- (C) Stop the phenylalanine-free formula to let the level rise
- (D) Leave the diet unchanged, as a very low level is protective

Q4 Medical nutrition therapy: obesity, diabetes and cardiovascular EASY

A newborn is diagnosed with classical galactosaemia. Which feeding plan is appropriate?

- (A) Stop breast milk and use a soy-based infant formula
- (B) Continue breast milk and add lactase enzyme supplements
- (C) Use a hydrolysed cow's milk formula
- (D) Switch to goat's milk formula

Q5 Medical nutrition therapy: obesity, diabetes and cardiovascular EASY

Which eating pattern has the strongest evidence for reducing recurrent events after a myocardial infarction?

- (A) A diet high in refined starch and low in fat overall
- (B) A high-fat diet rich in cured and processed meat
- (C) A Mediterranean diet with olive oil, fish, legumes and nuts
- (D) A diet built on sweetened low-fat dairy and fruit juice

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

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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: **D Frequent feeds, uncooked cornstarch and limited fructose**

Glucose-6-phosphatase deficiency prevents release of glucose from the liver, so the aim is a constant glucose supply through frequent daytime meals, uncooked cornstarch for slow glucose release and sometimes overnight tube feeding. Fructose and galactose are limited because they are converted to lactate and cannot be used to make glucose. Long fasts cause severe hypoglycaemia and lactic acidosis. A ketogenic diet would be harmful in a disorder with defective gluconeogenesis.

Source: Nutrition Management of Inherited Metabolic Diseases (Acosta), and Krause and Mahan's Food and the Nutrition Care Process

Q2 Answer: **D Replacing saturated fat with polyunsaturated fat**

Meta-analyses of randomised trials show that substituting polyunsaturated fat for saturated fat lowers LDL cholesterol and coronary events. Replacing saturated fat with refined carbohydrate does not reduce risk and may lower HDL and raise triglycerides. Trans fat raises LDL and lowers HDL, increasing risk. Replacing unsaturated fat with saturated fat is the opposite substitution and would raise LDL and cardiovascular risk.

Source: Whitney and Rolfes' Understanding Normal and Clinical Nutrition; WHO guideline on saturated and trans fatty acid intake

Q3 Answer: **B Raise the phenylalanine allowance, as lack impairs growth**

Phenylalanine is an essential amino acid, so too little of it impairs protein synthesis, growth and wellbeing, and a level below the treatment range signals over-restriction. The appropriate step is to raise the phenylalanine allowance, usually by increasing natural protein, guided by repeat blood levels. Cutting natural protein further would worsen the deficiency. Stopping the phenylalanine-free formula would remove the main source of the other amino acids and total protein. Leaving the diet unchanged is wrong because a very low level is harmful, not protective.

Source: Nutrition Management of Inherited Metabolic Diseases (Acosta), and Krause and Mahan's Food and the Nutrition Care Process

Q4 Answer: **A Stop breast milk and use a soy-based infant formula**

Classical galactosaemia is deficiency of galactose-1-phosphate uridyltransferase, so lactose, which contains galactose, causes liver failure, sepsis, cataracts and kidney injury. All lactose-containing milks, including human milk, must be replaced by soy-based or elemental lactose-free formula. Enzyme supplements are not an effective alternative. Hydrolysed cow's milk formula and goat's milk both still contain lactose. Early diagnosis through newborn screening allows this change to be made before complications set in.

Source: Nutrition Management of Inherited Metabolic Diseases (Acosta), and Krause and Mahan's Food and the Nutrition Care Process

Q5 Answer: **C A Mediterranean diet with olive oil, fish, legumes and nuts**

Secondary prevention trials such as the Lyon Diet Heart Study showed fewer recurrent coronary events with a Mediterranean-style diet high in vegetables, fruit, olive oil, fish, legumes and nuts. Replacing fat with refined starch does not lower cardiovascular risk. Diets rich in processed meat raise risk. Sweetened low-fat dairy contributes added sugar and does not match the pattern shown to be protective.

Source: AHA dietary guidance for cardiovascular health; Krause and Mahan's Food and the Nutrition Care Process

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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	482 more questions by topic with the answer under each, and the night-before list
Total	662 original questions, every one answered and sourced

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

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