chaSEMINARS.com
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Resident Characteristics & Assessments

Answer Sheet

Printed Name _____ Date _____

Alzheimer's Disease				
1	A	B	C	D
2	A	B	C	D
3	A	B	C	D
Arthritis				
4	A	B	C	D
5	A	B	C	D
6	A	B	C	D
7	A	B	C	D
Cholesterol				
8	A	B	C	D
9	A	B	C	D
10	A	B	C	D
11	A	B	C	D
12	A	B	C	D
Cold & Flu				
13	A	B	C	D
14	A	B	C	D
15	A	B	C	D
COPD				
16	A	B	C	D
17	A	B	C	D

Depression				
18	A	B	C	D
19	A	B	C	D
20	A	B	C	D
Diabetes				
21	A	B	C	D
22	A	B	C	D
23	A	B	C	D
24	A	B	C	D
25	A	B	C	D
26	A	B	C	D
Heart Basics				
27	A	B	C	D
28	A	B	C	D
29	A	B	C	D
30	A	B	C	D
Heartburn & GERD				
31	A	B	C	D
32	A	B	C	D
33	A	B	C	D
34	A	B	C	D
35	A	B	C	D

High Blood Pressure				
36	A	B	C	D
37	A	B	C	D
38	A	B	C	D
39	A	B	C	D
Osteoporosis				
40	A	B	C	D
41	A	B	C	D
42	A	B	C	D
43	A	B	C	D
44	A	B	C	D
Parkinson's Disease				
45	A	B	C	D
46	A	B	C	D
47	A	B	C	D
48	A	B	C	D
Stroke & Recovery				
49	A	B	C	D
50	A	B	C	D
51	A	B	C	D
52	A	B	C	D
53	A	B	C	D
54	A	B	C	D
55	A	B	C	D
56	A	B	C	D

My signature certifies that I am the person named above and I am the person that completed this course in compliance NAB rules and regulations.

Signature _____ Date _____

Fax completed answer sheet to 512-336-1008