

Nutritional Health Screening Tool

Section 1

The warning signs of poor nutritional health are often overlooked. Use this checklist to find out if you or someone you know is at nutritional risk.

- Read the statements below.
- Check the box in the YES column for those statements that apply to you or someone you know.

	YES
1. I have an illness or condition that made me change the kind and/or amount of food I eat	
2. I eat fewer than 2 meals a day.	
3. I eat few fruits, vegetables or milk products.	
4. I have 3 or more drinks of beer, liquor, or wine almost every day.	
5. I have tooth or mouth problems that make it hard for me to eat.	
6. I don't always have enough money to buy the food I need.	
7. I eat alone most of the time.	
8. I take 3 or more different prescribed or over-the-counter drugs a day.	
9. Without wanting to, I have lost or gained 10 pounds in the last 6 months.	
10. I am not always physically able to shop, cook, and/or feed myself.	

Section 2

1. Have you recently lost weight without trying? Yes No
 If Yes, how much weight (pounds) have you lost?
 2-13 14-23 24-33 34 or more Unsure
2. Have you been eating poorly because of a decreased appetite? Yes No

Section 3

For each statement, please indicate whether the statement was often true, sometimes true, or never true for your household in the last 12 months.

1. "We worried whether our food would run out before we got money to buy more."
 Often True Sometimes True Never True
2. "The food that we bought just didn't last, and we didn't have money to get more."
 Often True Sometimes True Never True

