

ACL Congregate Meal Program

NUTRITIONAL RISK SURVEY

| Questions: | Yes | No |
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| 1. Has the client made any changes in lifelong eating habits because of health problems? | | |
| 2. Does the client eat fewer than 2 meals per day? | | |
| 3. Does the client eat fewer than five (5) servings (1/2 cup each) of fruits and vegetables every day? | | |
| 4. Does the client eat fewer than two (2) servings of dairy products (milk, cheese, yogurt, etc.) each day? | | |
| 5. Does the client sometimes not have enough money to buy food? | | |
| 6. Does the client have trouble eating due to problems with chewing or swallowing? | | |
| 7. Does the client eat alone most of the time? | | |
| 8. Without wanting to, has the client lost or gained 10lbs. in the last 6 months? | | |
| 9. Is the client not always physically able to shop, cook and/or feed themselves (or get someone to do it for them)? | | |
| 10. Does the client have 3 or more drinks of beer, liquor or wine almost every day? | | |
| 11. Does the client take 3 or more different prescribed or over-the-counter drugs per day? | | |
| (Total the "YES" column. Totals of 6 or higher are considered a "Nutrition Risk") TOTAL | | |