



Nutritional Risk Survey

Name: _____ Birthdate: _____/_____/_____
month date year

Today's Date: _____

Determine Your Nutritional Health

The warning signs of poor nutritional health are often overlooked. Use this checklist to find out if you are at nutritional risk. Read the statements below. **Circle the number** in the yes column for those that apply to you. For each "yes" answer, score the number in the box. Total your nutritional score.

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

| | |
|--|--|
| Total your nutritional score. If it's 0-2 | Good! Recheck your nutritional score in six months. |
| Total your nutritional score. If it's 3-5 | You are at moderate nutritional risk. See what can be done to improve your eating habits and lifestyle. Your office on aging, senior nutrition program, senior citizens center or health department can help. Recheck your nutritional score in three months. |
| Total your nutritional score. If it's 6 or more | You are at high nutritional risk. Bring this checklist the next time you see your doctor, dietitian or other qualified health or social service professional. Talk with them about any problems you may have. Ask for help to improve your nutritional health. |