



SCREEN-14

Rate your eating habits!

Name: _____

Score: _____

- For each question, check **only one** box that describes you **best**.
- Your response should reflect your **typical eating habits**.

1a. Has your weight changed in the past 6 months?

- 0 Yes, *I gained* more than 10 pounds.
- 1 Yes, *I gained* 6 to 10 pounds.
- 2 Yes, *I gained* about 5 pounds.
- 4 No, my weight stayed within a few pounds.
- 2 Yes, *I lost* about 5 pounds.
- 1 Yes, *I lost* 6 to 10 pounds.
- 0 Yes, *I lost* more than 10 pounds.
- 0 I don't know how much I weigh or if my weight has changed.

1b. Have you been trying to change your weight in the past 6 months?

- 4 Yes.
- 4 No.
- 0 No, *but it changed anyway*.

1c. Do you think your weight is ...?

- 0 More than it should be.
- 4 Just right.
- 0 Less than it should be.

2. Do you skip meals?

- 4 Never or rarely.
- 2 Sometimes.
- 1 Often.
- 0 Almost every day.

3. Do you limit or avoid certain foods?

4 I eat most foods.

2 I limit some foods and I am managing fine.

0 I limit some foods and I am finding it difficult to manage.

4. How would you describe your appetite?

4 Very good.

3 Good.

2 Fair.

0 Poor.

5. How many pieces or servings of vegetables and fruit do you eat in a day?
Vegetables and fruit can be canned, fresh, or frozen.

4 Five or more.

3 Four.

2 Three.

1 Two.

0 Less than two.

6. How often do you eat meat, eggs, fish, poultry, tofu, dried peas, beans, lentils, nuts, or nut butters?

4 Two or more times a *day*.

3 One to two times a *day*.

1 Once a *day*.

0 Less than once a *day*.

7. How often do you have milk, soy beverages, or milk products such as cheese, yogurt, or kefir?

4 Three or more times a *day*.

3 Two to three times a *day*.

2 One to two times a *day*.

1 Usually once a *day*.

0 Less than once a *day*.

8. How much fluid do you drink in a day?
Examples are water, tea, coffee, herbal drinks, juice, and soft drinks, but NOT alcohol.

4 Eight or more cups.

3 Five to seven cups.

2 Three to four cups.

1 About two cups.

0 Less than two cups.

9. Do you cough, choke or have pain when swallowing food OR fluids?

4 Never.

3 Rarely.

1 Sometimes.

0 Often or always.

10. Is biting or chewing food difficult for you?

4 Never.

3 Rarely.

2 Sometimes.

0 Often or always.

11. Do you use commercial meal replacements or supplements?
Examples are shakes, puddings, or energy bars.

4 Never or rarely.

2 Sometimes.

0 Often or always.

12. Do you eat one or more meals a day with someone?

- 0 Never or rarely.
2 Sometimes.
3 Often.
4 Almost always.

13a. Who usually prepares your meals?

- I do.
 I share my cooking with someone else.
 Someone else cooks most of my meals.

13b. Which statement best describes meal preparation for you?

- 4 I enjoy cooking most of my meals.
2 I *sometimes* find cooking a chore.
0 I *usually* find cooking a chore.
4 I'm *satisfied* with the quality of food prepared by others.
0 I'm *not satisfied* with the quality of food prepared by others.

14. Do you have any problems getting your groceries?

Problems can be poor health or disability, limited income, lack of transportation, weather conditions, or finding someone to shop.

- 4 Never or rarely.
2 Sometimes.
1 Often.
0 Always.

Thank you for telling us about your eating habits.

For further details on SCREEN, visit: www.olderadultnutritionscreening.com
If you are an older adult completing this and want more information, please bring the results your primary healthcare provider.