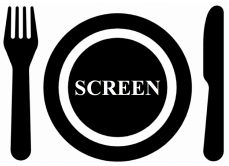

SCREEN-8

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.**

1. Has your weight changed in the past 6 months?
   - 0☐ Yes, *I gained* more than 10 pounds.
   - 2☐ Yes, *I gained* 6 to 10 pounds.
   - 4☐ Yes, *I gained* about 5 pounds.
   - 8☐ No, my weight stayed within a <u>few</u> pounds.
   - 4☐ Yes, *I lost* about 5 pounds.
   - 2☐ 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.

2. Do you skip meals?
   - 8☐ Never or rarely.
   - 4☐ Sometimes.
   - 2☐ Often.
   - 0☐ Almost every day.

3. How would you describe your appetite?
   - 8☐ Very good.
   - 6☐ Good.
   - 4☐ Fair.
   - 0☐ Poor.

4. Do you cough, choke or have pain when swallowing food OR fluids?
   - 8☐ Never.
   - 6☐ Rarely.
   - 2☐ Sometimes.
   - 0☐ Often or always.

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 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.

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

0 ☐ Never or rarely.

2 ☐ Sometimes.

3 ☐ Often.

4 ☐ Almost always.

8. 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.

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.