



Name: \_\_\_\_\_

Score: \_\_\_\_\_ Date: \_\_\_\_\_

For each question, check only 1 box that **describes you best**. Your response should reflect your typical eating habits.

1. **Has your weight changed in the past 6 months?** (Net weight loss; 1 kg = 2.2 pounds)

- 0 Yes, I gained more than 10 pounds
- 2 Yes, I gained 6–10 pounds
- 4 Yes, I gained about 5 pounds
- 8 No, my weight stayed within a **few** pounds (Within 3 pounds)
- 4 Yes, I lost about 5 pounds
- 2 Yes, I lost 6–10 pounds
- 0 Yes, I lost more than 10 pounds
- 0 (Net weight lost \_\_\_\_\_)
- 0 I don't know how much I weigh or if my weight has changed (Do your clothes fit differently?)

2. **Do you skip meals?**

- 8 Never or rarely (Once a week or less; grazing meal pattern)
- 6 Sometimes (2–4 times each week)
- 4 Often (5–6 times each week)
- 0 Almost every day (At least daily; includes having only 2 meals each day)

3. **How would you describe your appetite?**

- 8 Very good
- 6 Good
- 4 Fair (Sometimes do not feel like eating at mealtime)
- 0 Poor (Often do not feel like eating at mealtime)

4. **Do you cough, choke, or have pain when swallowing food or fluids?**

- 8 Never
- 6 Rarely (Once a week or less)
- 4 Sometimes (2–4 times a week)
- 0 Often or always (5–6 times a week or at least daily)

5. **How many pieces or servings of vegetables and fruit do you eat in a day?**

Can be canned, fresh, or frozen. (1 serving = med. size fruit, ½ cup of veg/fruit, or 1 cup salad)

- 4 5 or more
- 3 4
- 2 3
- 1 2
- 0 Less than 2

6. **How much fluid do you drink in a day?** (1 cup = 250 mL = 8 ounces)

Examples are water, tea, coffee, herbal drinks, juice, and soft drinks, but **not** alcohol.

- 4 8 or more cups
- 3 5–7 cups
- 2 3–4 cups
- 1 About 2 cups
- 0 Less than 2 cups

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

- 0 Never or rarely (Once a week)  
2 Sometimes (2–4 times a week)  
3 Often (5–6 times a week)  
4 Almost always (At least daily)

8. Which statement best describes meal preparation for you?

- 4 I enjoy cooking most of my meals (Most days)  
2 I **sometimes** find cooking a chore (Some days of the week)  
0 I **usually** find cooking a chore (Most days of the week)  
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

Total Score: \_\_\_\_\_

0–21	High Risk	Based on your answers today, we have identified a high nutrition risk. This means that you are at a greater risk of developing health problems related to your nutrition. I would like to offer you a referral to a dietitian (and/or other appropriate referral) to address your specific risk factors and help prevent malnutrition. Malnutrition is a health condition that comes from not getting enough nutrition that your body needs. Benefits of good nutrition include: more energy, stronger muscles, lower chance of getting sick but quicker recovery if you do, and shorter hospital stays.
22–37	Moderate Risk	Based on your answers today, you may be at nutrition risk. This means that you are at a greater risk of developing health problems related to your nutrition. I would like to offer you some resources and supports that can address your specific risk factors and help prevent malnutrition. Malnutrition is a health condition that comes from not getting enough nutrition that your body needs. Benefits of good nutrition include: more energy, stronger muscles, lower chance of getting sick, but quicker recovery time if you do, and shorter hospital stays.
≥ 38	Low Risk	Based on your answers today, you are at low nutrition risk. This means that you are at a low risk of developing health problems related to your nutrition. I would like to offer you some resources and supports to help you stay healthy.

The next 2 questions are about barriers to getting healthy food. This information can help me connect you to community supports or benefit programs if needed.

9. How much money you have to buy food affects your nutrition. Is it ok if I ask you about your financial situation? *If no, go to next question.*

Do you ever have difficulty making ends meet at the end of the month? Yes or No

10. When physical mobility and transports are limited, it can be hard to get healthy foods.

Do you have difficulty getting your groceries? Yes or No

Referrals (check all that apply):

Referral declined

Dietitian  
Primary Care Network  
Physician  
Home Care  
Denturist  
Social Worker  
Pharmacist

Handouts & webpage links provided (if appropriate):