

Determine Your Own Nutritional Health

What you eat does affect your health. Use this checklist to find out if you or someone you know is at nutritional risk.

Instructions: For each question, answer "yes" or "no". Then circle the number that appears in the appropriate column. Add the circled numbers to determine your total score.

Nutrition Checklist		Yes	No
	1. Have you made any changes in lifelong eating habits because of health problems?	2	
	2. Do you eat fewer than two (2) meals a day?	3	
	3. Do you eat fewer than five (5) servings (1/2 cup each) of fruits and vegetables every day?	1	
	4. Do you eat fewer than two (2) servings of dairy products (such as milk, yogurt, or cheese) every day?	1	
	5. Do you sometimes not have enough money to buy food?	4	
	6. Do you have trouble eating well due to problems with chewing/swallowing?	2	
	7. Do you eat alone most of the time?	1	
	8. Without wanting to, have you lost or gained ten (10) pounds in the past six (6) months?	2	
	9. Are you not always physically able to shop, cook, and/or feed yourself (or to get someone to do it for you)?	2	
	10. Do you have three (3) or more drinks of beer, liquor, or wine almost every day?	2	
	11. Do you take three (3) or more prescription or over-the-counter drugs per day?	1	
Total Score Today			

Total your score from the Nutrition Checklist. If it's:

0 - 2.... Good! Recheck you nutritional score in six (6) months.

3 - 5.... You are at moderate nutritional risk. See what you can do to improve your eating habits. Your office on aging, senior nutrition program, senior citizens center, health department and/or physician can help. Recheck your score in three (3) months.

6 or more.... You are at high nutritional risk. Talk with your doctor, dietitian or other qualified health or social service professional about any problems you may have. Ask for help to improve your nutritional health.

Adapted from the Determine Your Nutritional Health Checklist developed by the Nutrition Screening Initiative, Washington, DC.