

Nutrition Risk Assessment

Complete this checklist (check yes or no) for a quick and easy look at how you are doing with your diet and nutrition. The points are listed for your answers. To review this screen with an Aging Partners Registered Dietitian, print and send your completed form to: **Aging Partners**

> Attn: Dietitian 1005 "O" Street Lincoln, NE 68508

☐ Yes (2	2)	☐ No (0)	Have you made changes in the way you eat because of an illness or medical condition?		
☐ Yes (3	3)	☐ No (0)	Do you eat fewer than two meals a day?		
Yes (0)	☐ No (1)	Do you eat at least one serving of fruits and vegetables daily?		
☐ Yes (0	0)	☐ No (1)	Do you eat at least one serving of dairy products (milk, cheese, yogurt, etc.) daily?		
Yes (2	2)	☐ No (0)	Do you drink more than two alcoholic beverages daily?		
Yes (2	2)	☐ No (0)	Do you have tooth or mouth problems that make it difficult to eat?		
Yes (0	0)	☐ No (4)	Do you always have enough money to buy the food you need?		
Yes (1)	☐ No (0)	Do you eat alone most of the time?		
Yes (1)	□ No (0)	Do you take three or more different prescriptions, over-the-counter medications or vitamins/nutritional supplements daily?		
Yes (2	2)	☐ No (0)	Have you gained or lost 10 pounds in the last six months without wanting to?		
Yes (0	0)	□ No (2)	Are you always physically able to Shop Cook Feed Self	Yes □ No Yes □ No Yes □ No	
Score:					
Name:	fame: Phone #:				

