

# Nutritional Risk Questionnaire

*Instructions* – Ask each question to the participant and record any questions answered “yes” with the corresponding number. Once all questions have been recorded, add the nutritional risk score at the bottom.

<b>Have you had changes in kind and /or amount of food eaten? (such as low salt / diabetic diet)</b>	If yes enter 2	
<b>Do you eat fewer than two meals per day?</b>	If yes enter 3	
<b>Do you eat less than five servings (half cup each) of fruits or vegetables daily?</b>	If yes enter 1	
<b>Do you eat less than two servings of dairy products daily? (such as milk, yogurt, or cheese)</b>	If yes enter 1	
<b>Do you have three or more drinks of beer, liquor or wine almost every day?</b>	If yes enter 2	
<b>Do you have tooth or mouth problems make it hard to eat? (such as ulcers or missing teeth)</b>	If yes enter 2	
<b>Do you sometimes run short of money to buy food?</b>	If yes enter 4	
<b>Do you eat alone most of the time?</b>	If yes enter 1	
<b>Do you take three or more different prescribed or over-the-counter drugs per day?</b>	If yes enter 1	
<b>Have you lost or gained ten pounds in past six months?</b>	If yes enter 2	
<b>Are physically unable to shop, cook and feed yourself or get someone to do it for you?</b>	If yes enter 2	

Total Nutritional Risk Score \_\_\_\_\_

*A score of 6 points or higher is considered a nutritional risk*