

Health Score 2010

1.F. Nutrition Screening

1. Has the client made any changes in lifelong eating habits because of health problems?

- Y - Yes (2)
 N - No (0)

2. Does the client eat fewer than 2 meals per day?

- Y - Yes (3)
 N - No (0)

3. Does the client eat fewer than five (5) servings (1/2 cup each) of fruits or vegetables every day?

- Y - Yes (1)
 N - No (0)

4. Does the client eat fewer than two servings of dairy products (such as milk, yogurt, or cheese) every day?

- Y - Yes (1)
 N - No (0)

5. Does the client have 3 or more drinks of beer, liquor or wine almost every day?

- Y - Yes (2)
 N - No (0)

6. Does the client have biting, chewing or swallowing problems that make it difficult to eat?

- Y - Yes (2)
 N - No (0)

7. Does the client sometimes not have enough money to buy food?

- Y - Yes (4)
 N - No (0)

8. Does the client eat alone most of the time?

- Y - Yes (1)
 N - No (0)

9. Does the client take 3 or more different prescribed or over-the-counter drugs per day?

- Y - Yes (1)
 N - No (0)

10. Without wanting to, has the client lost or gained 10 pounds in the past 6 months?

- Y - Yes (2)
 N - No (0)

11. Is the client not always physically able to shop, cook and/or feed themselves (or able to get someone to do it for them)?

- Y - Yes (2)
 N - No (0)

Total score of Nutritional Risk Questions.

What is the client's nutritional risk score rating?

- High risk (6 or more)
 Moderate risk (3-5)
 No risk (0-2)

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