

NUTRITIONAL HEALTH CHECKLIST

The warning signs of poor nutritional health are often overlooked. Read the statements below. Circle the number in the column for those that apply. For each yes answer, score the number listed for the total nutritional score.

	YES
I have an illness or condition that made me change the kind and/or amount of food I eat.	2
I eat fewer than 2 meals per day.	3
I eat few fruits and vegetables, or milk products.	2
I have 3 or more drinks of beer, liquor or wine almost every day.	2
I have tooth or mouth problems that make it hard for me to eat.	2
I don't always have enough money to buy the food I need.	4
I eat alone most of the time.	1
I take 3 or more different prescribed or over-the-counter drugs a day.	1
Without wanting to, I have lost or gained 10 pounds in the last 6 months.	2
I am not always physically able to shop, cook and/or feed myself.	2
	TOTAL

Instructions: Circle "yes" for each condition that applies, then total the nutritional score.

Scoring: 0-2 = LITTLE TO NO RISK, recheck in 6 months
 3-5 = MODERATE RISK, consider nutritional supplements, meals on wheels, etc. recheck in 3 months.
 6 or greater = HIGH NUTRITIONAL RISK, see physician, dietician, etc.

Source: The Nutrition Screening Initiative, American Academy of Family Physicians July 2001.