

NUTRITION & HEALTH QUESTIONNAIRE

ID # - -

1. In general, would you say your **health** is

- Excellent Very Good Good Fair Poor

2. In general, would you say your **appetite** is

- Excellent Very Good Good Fair Poor

3. How many servings of **fruit** do you usually eat every day?

(1 serving = 1 piece; ½ cup chopped, cooked, or canned fruit; or ¾ cup of juice)

- 0 servings 1 serving 2 servings 3 or more servings

4. How many servings of **vegetables** do you usually eat every day?

(1 serving = 1 cup raw leafy greens; ½ cup cooked or raw vegetables; or ¾ cup juice)

- 0 servings 1 serving 2 servings 3 or more servings

5. How many servings of **whole grains** or **high fiber foods** (such as breakfast cereals like bran flakes or oatmeal, whole wheat breads, whole grain crackers, beans, brown rice) do you usually eat every day? (1 serving = 1 piece bread; or ½ cup cereal, rice, pasta).

- 0 servings 1 serving 2 servings 3 or more servings

6. How many servings of **milk, cheese, yogurt, or calcium rich soy products** do you usually eat every day? (1 serving = 1 cup or 8 ounces of milk or yogurt; or 1 slice of cheese).

- 0 servings 1 serving 2 servings 3 or more servings

7. Think about all **non-alcoholic fluids, including water** that you usually drink. How many glasses do you usually drink each day? (1 glass = 1 cup or 8 ounces)

- 0 1-2 3-4 5-6 7 or more

8. Check the following based on your abilities:

Preparing food

- Don't need help Need some help Have total difficulty

Shopping for food

- Don't need help Need some help Have total difficulty

Getting to the grocery

- Don't need help Need some help Have total difficulty

9. Think about the amount of food you eat at the congregate Nutrition Program. On the days you eat there, what portion of all the foods you eat in a day does this meal represent?

- Less than 1/3 Between 1/3 and 1/2 About 1/2 More than 1/2

10. Do you always have enough money or food stamps to buy the food you need?

- Yes No

11. Check the statement which best describes you:

- I have been eating **2-3 servings** of **milk, cheese, yogurt,** and **calcium-rich soy products** per day for more than 6 months.
- I have been eating **2-3 servings** of **milk, cheese, yogurt,** and **calcium-rich soy products** per day, but for less than 6 months.
- I do not eat **2-3 servings** of **milk, cheese, yogurt,** and **calcium-rich soy products** per day, but I intend to begin eating **2-3 servings** of **milk, cheese, yogurt,** and **calcium-rich soy products** per day in the next 30 days.
- I do not eat **2-3 servings** of **milk, cheese, yogurt,** and **calcium-rich soy products** per day, but I intend to begin eating **2-3 servings** of **milk, cheese, yogurt,** and **calcium-rich soy products** per day in the next 6 months.

12. When you started this program you said that you would like to improve

1. _____ 2. _____.

Were you able to improve these goals during this program?

Yes

No

**Thank you very much for your time and cooperation.
Your answers are very important to us.**