You will be asking the senior questions about his/her eating habits.
Emphasize that you are asking about their *typical day*.
Indicate that there are no right or wrong answers, only answers that best describe their eating habits.
Read each question slowly and clearly. Repeat questions as needed.
Use the question as a starting point for discussion. Through conversation you will probably learn which answer describes them best. Check the most appropriate response.
To help answer some questions, it may be easier to show the senior the options.
Record any pertinent information in the Notes & Comments column on the right.
Add up the numbers beside the checked responses and enter the total score in the box.
Compare score to SCREEN Scoring Guide.

1a. Has your weight changed in the past 6 months?

- 4☐ No, my weight stayed within a few pounds.
- 0☐ I don’t know how much I weigh or if my weight has changed.

Yes, *I gained* ...

- 0☐ more than 10 pounds
- 1☐ 6 to 10 pounds
- 2☐ about 5 pounds

Yes, *I lost* ...

- 0☐ more than 10 pounds
- 1☐ 6 to 10 pounds
- 2☐ about 5 pounds

1b. Have you been *trying* to change your weight in the past 6 months?

- 4☐ Yes
- 4☐ No
- 0☐ No, *but it changed anyway*
1c. Do you think your weight is …?

0  □  more than it should be
4  □  just right
0  □  less than it should be

2. Do you skip meals?

4  □  Never or rarely
2  □  Sometimes
1  □  Often
0  □  Almost every day

3. Do you limit or avoid certain foods?

4  □  I eat most foods.
2  □  I limit some foods and I am managing fine.
0  □  I limit some foods and I am finding it difficult to manage.

4. How would you describe your appetite?

4  □  Very good
3  □  Good
2  □  Fair
0  □  Poor

5. How many pieces or servings of fruit and vegetables do you eat in a day?

Fruit and vegetables can be canned, fresh, frozen, or juice.

4  □  Five or more
3  □  Four
2  □  Three
1  □  Two
0  □  Less than two

6. How often do you eat meat, eggs, fish, poultry, OR meat alternatives?

Meat alternatives are dried peas, beans, lentils, nuts, peanut butter, tofu.

4  □  Two or more times a day
3  □  One to two times a day
1  □  Once a day
0  □  Less than once a day
7. How often do you have milk products?  
*Includes fluid milk, cooking with milk, milk puddings, ice cream, cheese, yogurt, and milk alternatives like fortified soy beverages.*

- 4 □ Three or more times a day
- 3 □ Two to three times a day
- 2 □ One to two times a day
- 1 □ Usually once a day
- 0 □ Less than once a day

8. How much fluid do you drink in a day?  
*Includes: water, tea, coffee, herbal drinks, juice, and soft drinks, but not alcohol.*

- 4 □ Eight or more cups
- 3 □ Five to seven cups
- 2 □ Three to four cups
- 1 □ About two cups
- 0 □ Less than two cups

9. Do you cough, choke or have pain when swallowing food OR fluids?

- 4 □ Never
- 3 □ Rarely
- 2 □ Sometimes
- 0 □ Often or always

10. Is biting or chewing food difficult for you?

- 4 □ Never
- 3 □ Rarely
- 2 □ Sometimes
- 0 □ Often or always

11. Do you use commercial meal replacements or supplements?  
*Shakes, puddings, or energy bars*

- 4 □ Never or rarely
- 2 □ Sometimes
- 0 □ Often or always
12. Do you eat one or more meals a day with someone?

0 □ Never or rarely
2 □ Sometimes
3 □ Often
4 □ Almost always

13a. Who usually prepares your meals?

□ I do.
□ I share my cooking with someone else.
□ Someone else cooks most of my meals.

13b. Which statement best describes meal preparation for you?

4 □ I enjoy cooking most of my meals.
2 □ I sometimes find cooking a chore.
0 □ I usually find cooking a chore.
4 □ I'm satisfied with the quality of food prepared by others.
0 □ I'm not satisfied with the quality of food prepared by others.

14. Do you have any problems getting your groceries?

Problems can be poor health or disability, limited income, lack of transportation, weather conditions, or finding someone to shop.

4 □ Never or rarely
2 □ Sometimes
1 □ Often
0 □ Always