

Determine Your Nutritional Health

Read the statements below. Circle the number in the column for those that apply to you or some you know. For each yes answer, score the number in the box. Total your 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 or 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 physically able to shop, cook and / or feed myself.	2

TOTAL

Your Nutritional Score Indicates:

- 0-2 Good recheck your nutritional score in 6months
- 3-5 You are at moderate nutritional risk. Make an appointment with me or a health care professional for further testing and / or nutritional advise.
- 6 + You are at high nutritional risk. See a health care provider

Remember that warning signs suggest risk, but di not represent diagnosis of any condition.