



Nutritional Risk Screening

| Nutrition Risk Screen | Comments | Score - if yes, circle |
|---|-------------------------|------------------------|
| Do you eat less than 2 meals daily? | | 3 |
| Do you eat less than 2 servings of fruits and vegetables daily? | | 1 |
| Do you eat less than 2 servings of dairy products (milk, cheese, yogurt, etc.) daily? | | 1 |
| Do you usually drink less than 6 glasses of water, milk, or juice daily? | # of glasses: | 0 |
| Do you drink 3 or more alcoholic beverages daily? | | 2 |
| Do you take 3 or more different prescriptions and/or over-the-counter drugs daily? | | 1 |
| Do you have problems with dentures, teeth, or mouth, which make it hard to eat? | Which: | 2 |
| Have you made changes in the kind and/or amount of food you eat because of an illness and/or condition? | What change: | 2 |
| Are you physically not always able to grocery shop, cook, and/or feed yourself? | Which: | 2 |
| Do you eat alone most of the time? | | 1 |
| Do you feel that you usually do not have enough money to buy the food you need? | | 4 |
| Have you gained or lost more than 10 pounds in the last 6 months? | Pounds gained lost | 2 |
| Customer does not meet any of the nutrition risk screen indicators. | — — | 0 |
| Add all the circled scores for a total Nutrition Risk Score | | |

A score of six (6) or more may indicate a nutritional risk score that could be positively impacted by Meals on Wheels.