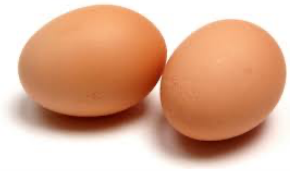
10g protein serves




1.5 oz or 50g serve of meat, fish or poultry (raw weight)


1/2 small tin of canned fish



2 eggs

2 slices of cheese

1 cup of milk

4 tablespoons of milk powder

1 cup of yoghurt

1/2 cup of cottage cheese

1/2 cup of dried lentils or beans

1/2 can of baked beans

2 tablespoons of peanut butter

1/2 handful of nuts

SCREEN II: RATE YOUR EATING HABITS

Answer each question. A score for each response is provided in brackets (_)

1. Has your weight changed in the past 6 months? (without trying)

- ○ Yes, I gained more than 4.5 kg (0)
- ○ Yes, I gained 2.6 - 4.5 kg (2)
- ○ Yes I gained about 2.5 kg (4)
- ○ No, my weight stayed within a few kg (8)
- ○ I don't know how much I weigh or if my weight has changed (0)
- ○ Yes, I lost more than 4.5 kg (0)
- ○ Yes, I lost 2.6 - 4.5 kg (2)
- ○ Yes I lost about 2.5 kg (4)

2. Do you skip meals?

○ Never or rarely (8) ○ Sometimes (4) ○ Often (2) ○ Almost every day (0)

3. How would you describe your appetite?

○ Very good (8) ○ Good (6) ○ Fair (4) ○ Poor (0)

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

○ Never (8) ○ Rarely (6) ○ Sometimes (2) ○ Often or always (0)

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

○ Five or more (4) ○ Four (3) ○ Three (2) ○ Two (1) ○ Less than two (0)

6. How much fluid do you drink in a day? (Count any drinks except alcohol)

○ 8 or more cups (4) ○ 5 to 7 cups (3) ○ 3 to 4 cups (2) ○ About 2 cups (1) ○ Less than 2 cups (0)

7. How often do you eat one or more meals a day with someone else?

○ Never or rarely (0) ○ Sometimes (2) ○ Often (3) ○ Almost always (4)

8. Which statement best describes meal preparation for you?

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

Add up your total score. If your score is less than 38, you may be at nutrition risk and you should speak to your primary healthcare provider.

SCREEN II: RATE YOUR EATING HABITS

Answer each question. A score for each response is provided in brackets (_)

1. Has your weight changed in the past 6 months? (without trying)

- ○ Yes, I gained more than 10 pounds (0)
- ○ Yes, I gained 6 - 10 pounds (2)
- ○ Yes I gained about 5 pound (4)
- ○ No, my weight stayed within a few kg (8)
- ○ I don't know how much I weigh or if my weight has changed (0)
- ○ Yes, I lost more than 10 pounds (0)
- ○ Yes, I lost 6 - 10 pounds kg (2)
- ○ Yes I lost about 5 pounds (4)

2. Do you skip meals?

○ Never or rarely (8) ○ Sometimes (4) ○ Often (2) ○ Almost every day (0)

3. How would you describe your appetite?

○ Very good (8) ○ Good (6) ○ Fair (4) ○ Poor (0)

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

○ Never (8) ○ Rarely (6) ○ Sometimes (2) ○ Often or always (0)

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

○ Five or more (4) ○ Four (3) ○ Three (2) ○ Two (1) ○ Less than two (0)

6. How much fluid do you drink in a day? (Count any drinks except alcohol)

○ 8 or more cups (4) ○ 5 to 7 cups (3) ○ 3 to 4 cups (2) ○ About 2 cups (1) ○ Less than 2 cups (0)

7. How often do you eat one or more meals a day with someone else?

○ Never or rarely (0) ○ Sometimes (2) ○ Often (3) ○ Almost always (4)

8. Which statement best describes meal preparation for you?

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

Add up your total score. If your score is less than 38, you may be at nutrition risk and you should speak to your primary healthcare provider.