



## SCREENII- Interviewer

Name:	Date:
-------	-------

- 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.

Notes & Comments

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
- 1  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