



SCREEN-8

Rate your eating habits!

Name: _____

Score: _____

- For each question, check **only one** box that describes you **best**.
- Your response should reflect your **typical eating habits**.

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

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

2. Do you skip meals?

- 8 Never or rarely.
- 4 Sometimes.
- 2 Often.
- 0 Almost every day.

3. How would you describe your appetite?

- 8 Very good.
- 6 Good.
- 4 Fair.
- 0 Poor.

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

- 8 Never.
- 6 Rarely.
- 2 Sometimes.
- 0 Often or always.

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

Vegetables and fruit can be canned, fresh, or frozen.

4 Five or more.

3 Four.

2 Three.

1 Two.

0 Less than two.

6. How much fluid do you drink in a day?

Examples are 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.

7. Do you eat one or more meals a day with someone?

0 Never or rarely.

2 Sometimes.

3 Often.

4 Almost always.

8. 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.

Thank you for telling us about your eating habits.

Add the subscript numbers to determine the SCREEN-8 score.

A score of < 38 indicates high nutrition risk.

For further details on SCREEN, visit: www.olderadultnutritionscreening.com