

		Benefits? <input type="checkbox"/> Yes <input type="checkbox"/> No
Living Arrangement: <input type="checkbox"/> Lives Alone <input type="checkbox"/> Lives with Spouse Only <input type="checkbox"/> Lives with Children, but not spouse <input type="checkbox"/> Lives with other Family Members <input type="checkbox"/> Other:	Type of PERMANENT residence in which you live? <input type="checkbox"/> Apartment <input type="checkbox"/> Domiciliary Care <input type="checkbox"/> Group Home <input type="checkbox"/> Own Home <input type="checkbox"/> Personal Care Home <input type="checkbox"/> Relative's Home <input type="checkbox"/> Rehab Facility <input type="checkbox"/> State Institution <input type="checkbox"/> Other:	Years living at same address: <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
Ethnicity: <input type="checkbox"/> Hispanic or Latino <input type="checkbox"/> Not Hispanic or Latino <input type="checkbox"/> Unknown	Ethnic Race: <input type="checkbox"/> American Indian/Native Alaskan <input type="checkbox"/> Asian <input type="checkbox"/> Black/African American <input type="checkbox"/> Native Hawaiian/Other Pacific Islander <input type="checkbox"/> Non—Minority (White/Non-Hispanic) <input type="checkbox"/> Unknown <input type="checkbox"/> Other	Marital Status: <input type="checkbox"/>
Emergency Contact		
	Emergency Name:	Nutrition Score:
Emergency Phone:		
(___) ___-___		
Emergency Phone 2:		

(Continued on other side)

1. I have an illness or condition that has 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

4. I have 3 or more drinks of beer, liquor, or wine almost every day

5. I have tooth or mouth problems that make it hard for me to eat

6. I don't always have enough money to buy the food I need

7. I eat alone most of the time

8. I take 3 or more different prescribed or over-the-counter drugs per day

9. Without wanting to, I have lost or gained 10 pounds in the last 6 months

10. I am not always physically able to shop, cook, and/or feed myself

Total Score:

