

**NUTRITIONAL RISK SURVEY**  
**HOME DELIVERED MEAL CLIENTS**  
Version: March 29, 2002

1. About how many meals do you eat every day?

- 1 meal
- 2 meals
- 3 or more meals

2. About how many meals do you eat alone in a day?

- None
- 1 meal
- 2 meals
- 3 or more meals

3. About how many servings of fruit do you eat per day? (One serving = 1 piece; ½ cup chopped, cooked, or canned fruit; or ¾ cup of juice)

- 0 servings
- 1 serving
- 2 servings
- 3 or more servings

4. About how many servings of vegetables do you eat per day? (One serving = 1 cup raw leafy greens; ½ cup cooked or chopped raw vegetables; or ¾ cup juice)

- 0 servings
- 1 serving
- 2 servings
- 3 or more servings

5. About how many servings of bread, cereal, rice, pasta, noodles, or tortillas do you eat per day? (One serving = 1 piece bread or tortilla; or ½ cup cereal, rice, pasta, noodles)

- 0 servings
- 1 or 2 servings
- 3 or 4 servings
- 5 or more servings

6. How many servings of milk, cheese, yogurt, or calcium rich soy products do you eat per day? (One serving = 1 cup milk or yogurt; or 1 piece or slice of cheese)

- 0 servings
- 1 serving
- 2 servings
- 3 or more servings

7. About how many servings of meat, chicken, fish, or eggs do you eat per day? (One serving = 1 small piece, such as a small chicken breast, hamburger patty, or fish fillet; or 2-3 eggs)

- 0 servings
- 1 serving
- 2 servings
- 3 or more servings

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Client ID: \_\_\_\_\_ Survey Date: \_\_\_\_\_ Program:  HDM  CM  Other  
Test was:  Self-administered  In-person Interview  Phone Interview  Mail  Don't know  Other \_\_\_\_\_  
Questionnaire was filled out by Proxy?  Yes  No  Don't know

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**8. About how many servings of cooked dried beans, nuts, or soy products such as tofu, do you eat per day?** (One serving = 1-2 cups of beans or tofu; 4-6 tablespoons of peanut butter; and ½ -1 cup of nuts)

- 0 servings
- 1 serving
- 2 servings
- 3 or more servings

**9. How many drinks of beer, liquor, or wine do you have almost every day?** (One serving = 1 can of beer, a glass of wine, or shot of hard liquor)

- 0 drinks
- 1 drink
- 2 drinks
- 3 or more drinks

**10. Have you lost 10 pounds or more in the last 6 months without trying?**

- No
- Yes

**10a. (If yes) have you seen a doctor or other professional about your weight loss?**

- No
- Yes

**11. Have you gained 10 pounds or more in the last 6 months without trying?**

- No
- Yes

**11a. (If yes) have you seen a doctor or other professional about your weight gain?**

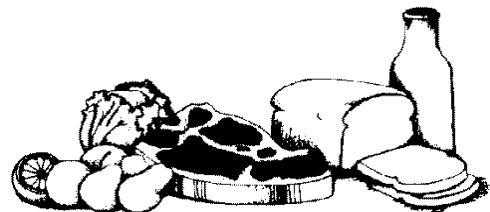
- No
- Yes

**12. Do you have an illness or condition that made you change the kind and/or amount of food you can eat?**

- No
- Yes

**12a. (If yes) have you received information to help you make the necessary food changes?**

- No
- Yes



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**13. Do you have tooth or mouth problems that make it hard for you to eat?**

- No
- Yes

**14. Do you take 3 or more different prescribed or over-the-counter drugs a day?**

- No
- Yes

**15. Are you physically able to shop for yourself?**

- No
- Yes

**15a. (If no) do you have someone who can shop for you?**

- No
- Yes

**16. Are you physically able to cook for yourself?**

- No
- Yes

**16a. (If no) do you have someone who can cook for you?**

- No
- Yes

**17. Are you physically able to feed yourself?**

- No
- Yes

**17a. (If no) do you have someone who can help you?**

- No
- Yes

**18. Do you always have enough money or food stamps to buy the food you need?**

- No
- Yes

**Now think about the meals that you get delivered to your home.**

**19. How satisfied are you with the way the food tastes that is delivered to you?**

- Very satisfied
- Somewhat satisfied
- Not too satisfied
- Not at all satisfied
- Does not apply

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**20. How satisfied are you that the hot foods are hot and the cold foods are cold?**

- Very satisfied
- Somewhat satisfied
- Not too satisfied
- Not at all satisfied
- Does not apply

**21. How satisfied are you with how the food looks that is delivered to you?**

- Very satisfied
- Somewhat satisfied
- Not too satisfied
- Not at all satisfied
- Does not apply

**22. How often would you say that your meals arrive about the time you expect them to?**

- All the time
- Almost all the time
- Some of the time
- Almost never
- Never
- Does not apply



**23. Think of the amount of food you eat in the meal that is delivered to you. What portion of all the foods you eat in a day does this meal represent?**

- Less than  $\frac{1}{3}$  of all the food I eat
- Between  $\frac{1}{3}$  and  $\frac{1}{2}$  of all the food I eat
- About  $\frac{1}{2}$  of all the food I eat
- More than  $\frac{1}{2}$  of all the food I eat
- Does not apply

**24. What is it you like about participating in the home delivered meal program?** (You may choose more than one answer)

- I like the meal
- I like the person who delivers it
- I like that I can get information about other programs
- Does not apply
- I receive other services. (Please specify the services you receive)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Thank you very much for completing this questionnaire.**