

POMP 4 NUTRITION QUESTIONNAIRE
HEALTH MODULE
April 24, 2003

1. How would you describe your **health**?

- Excellent 1
- Very good 2
- Good 3
- Fair 4
- Poor 5

2. During the past year, about how many different times did you stay in the **hospital** overnight or longer?

- Never 1
- 1-2 times 2
- 3-4 times 3
- 5 or more times 4

3. During the past year about how many times did you stay in a **nursing home or convalescent home**?

- Never 1
- 1-2 times 2
- 3-4 times 3
- 5 or more times 4

4. During the past year, about how many times did you see or talk to a **medical doctor** or assistant? (Do not count the doctors you saw while you were an overnight patient in a hospital or nursing home.)

- Never 1
- 1-6 times 2
- 7-11 times 3
- 12 or more times 4

5. About how many different **prescription medications** do you take every day?

- None 1
- 1-3 different medications 2
- 3-5 different medications 3
- 6 or more different medications 4

<u>Office Use Only:</u>		Page 1 of 2
Client ID: _____	Interview was: <input type="checkbox"/> Phone <input type="checkbox"/> In person <input type="checkbox"/> Mail	
Type of Service: <input type="checkbox"/> Congregate Meals	<input type="checkbox"/> Home Delivered Meals	
Service Enrollment Date: _____	Survey Date: _____	

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6. How would you describe your **appetite**?

- Excellent 1
- Very good 2
- Good 3
- Fair 4
- Poor 5

7. Do you ever **not** eat a meal because you're not hungry?

- Yes 1
- No 2

7a. (IF YES) Why are you not hungry? [Check all that apply]

- A. I don't have an appetite 1
- B. The food doesn't taste good 1
- C. I'm nauseated or ill 1
- D. I'm too sleepy 1
- E. Something else (Describe)_____ 1

8. During the past year, did you have enough food to eat most of the time?

- Yes 1
- No 2

8a. (IF NO) Why didn't you have enough food to eat?
(Check all that apply)

- A. Not enough money or food stamps 1
- B. Too hard to get to the store 1
- C. On a diet 1
- D. No working stove available 1
- E. Not able to eat because of health problems 1
- F. Kinds of foods I wanted were not available 1
- G. Good quality food not available 1
- H. Had to pay rent or bills instead 1
- I. Had to purchase medicine instead 1
- J. Some other reasons (specify)_____ 1

Thank you for completing this questionnaire.