

NUTRITION RISK ASSESSMENT

营养风险评估



FY 2023/2024

Complete the questionnaire below and return to your Site Manager.

完成下面的調查問卷並郵寄回給您的現場經理

Senior Nutrition Program #: _____
長者營養計劃 #: _____

Date: _____
日期: _____

CHECK ALL THAT APPLY

請在所有適用的選擇空格上打勾

YES NO

請在你選擇的空格上打勾

是 否

I have an illness or condition that made me change the kind/amount of food I eat.

我的病情或藥物改變食物的種類及/或數量

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I eat fewer than 2 meals per day.

我每天進食少於兩餐

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I eat few fruits or vegetables or milk products.

我很少吃水果，蔬菜或奶製品

我每天進食不到兩份之水果、蔬菜、奶製品食物

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

我几乎每天都喝三杯或更多的啤酒，白酒，或葡萄酒

我幾乎每天都喝三杯或更多的啤酒、白酒、或葡萄酒

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

我有牙齒或口腔問題，故難以進食

我有牙齒或口腔問題，故難以進食

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

我并不是有足够的钱来购买所需的食物

我不總是常有足夠金錢購買我所需的食物

I eat alone most of the time.

我大部分时间都独自进食

我大部分時間都獨自進食

I take 3 or more prescribed or over the counter medications a day.

我每天服用三种或更多处方或非处方药

我每天服用三種或更多處方或非處方藥物

Without wanting to I have lost or gained 10 pounds in the past six months.

在非自愿下，过去六个月，我增加或减少了十磅体重

在非意願下，過去六個月，我增加或減少了十磅體重

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

我不总是常有体力能够自己去购物，煮饭及/或进食

我不總是常有體力能夠自己去購物、煮飯及/或進食

