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

CHECK ALL THAT APPLY 請在所有適用的選擇空格上打勾 是 Thave an illness or condition that made me change the kind/amount of food I eat. 我的帮情或高物心变食物的种类及/或数量 我的帮情或高物心变食物的种类及/或数量 I eat fewer than a meals per day. 我每天进食少於兩餐 I eat fewer than a meals per day. 我每天进食少於兩餐 I eat fewer than a meals per day. 我每天进食少於兩餐 I eat fewer than a meals per day. 我每天进食分於兩餐 I eat fewer than a meals per day. 我是少吃水果。蔬菜或奶制品 我是每天进食分的两餐 I eat fewer than a meals per day. 我是少吃水果。蔬菜或奶制品 我是多大酒食工作。 如果是一个一个一个一个一个一个一个一个一个一个一个一个一个一个一个一个一个一个一个	Senior Nutrition Program #: 長者營養計劃 #:	Date: 日期:		
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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. 我并不总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惨重 在非意願下,過去六個月,我增加或减少了十磅體重 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	_			
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