

STEP 1 ASSESSMENT: NUTRITION AND FOOD COMPLAINTS

Resident Name: _____

Staff Interviewer: _____

Date of Interview: ____ / ____ / ____
mm dd yy

Check Response

DK = Don't Know NR = No Response or Nonsense Response REF=Refused to answer question

Food Complaints:

1. Do you like the food here? ___YES ___NO ___SOMETIMES ___DK/NR/REF

IF NO, what would you change to make it better? (optional)

2. Do you feel that there are enough choices? ___YES ___NO ___SOMETIMES ___DK/NR/REF

3. Does the food look good to you? ___YES ___NO ___SOMETIMES ___DK/NR/REF

4. Is the food served at the right temperature (i.e., *coffee and soup served hot; jello served cold*)?
___YES ___NO ___SOMETIMES ___DK/NR/REF

5. If you don't like the food that you are given, can you get something else?
___YES ___NO ___SOMETIMES ___DK/NR/REF

NOTE: Do *not* calculate total score if all responses to questions 1-5 were DK/NR/REF.

TOTAL SCORE FOOD COMPLAINTS (Total number of "no"s or "sometimes" to Questions 1-5): _____

PRESENCE OF FOOD COMPLAINTS (Any "no" or "sometimes" answer to Questions 1-5):
_____ Complaints _____ No Complaints

Food and Dining Location Preferences:

6. Would you like to have a snack (e.g., *fruit, pudding, cookies, juice*) between meals (*breakfast, lunch, dinner*)?
___YES ___NO ___SOMETIMES ___DK ___NR

IF YES, What kinds of foods/drinks would you like to have for a snack? (optional)

7. Where do you like to eat:

Breakfast: ___ In Room ___ Outside of Room ___ Dining Room Other: _____

Lunch: ___ In Room ___ Outside of Room ___ Dining Room Other: _____

Dinner: ___ In Room ___ Outside of Room ___ Dining Room Other: _____

Interview outcome (check one):

Complete _____

Could not be scored due to DK/NR/REF _____