

## Senior Nutrition Questionnaire

This questionnaire is designed to help us get a better idea of what you would like to see as part of the Incline Village Senior Nutrition Program. We would like to meet your needs, but also want to make it FUN and interesting. We would greatly appreciate your participation in filling out any or all of this survey.

Please return completed surveys to Project MANA, at the Donald W. Reynolds Community Non-Profit Center, 948 Incline Way, Incline Village, NV 89451 or to Shelia Leijon Coordinator/Seniors at the Incline Village Recreation Center, 980 Incline Way, Incline Village, NV 89451. Or FAX the filled-out questionnaire to (775) 298-0009.

Thanks!

Project MANA

### Questions About You

Male  Female

Age \_\_\_\_\_

Ethnicity: African-American/Black  Caucasian/White  Asian  Hispanic   
Native American  Other \_\_\_\_\_

How long have you lived in this area? \_\_\_\_\_

Please fill out the table below with information about the people in your household:

Relationship to You (spouse, partner, child, friend, etc.)	Age

## Questions About Your Overall Health and Lifestyle

Please feel free to write any comments or explanations after any of the questions.

1. How would you rate your health overall?

- Very healthy – I feel good!
  - Healthy – I have a few problems that are well-managed.
  - So-so – I have good days and bad days.
  - Poor – My health significantly limits what I can do.
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2. How would you rate your body weight?

- Overweight
  - Underweight
  - About right
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3. Does your weight:

- Stay about the same
  - Fluctuate
- 
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4. Do you have any of the following conditions?

- Arthritis
  - Constipation
  - Difficulty chewing
  - Diabetes
  - Diarrhea
  - Food allergies or intolerances (please list): \_\_\_\_\_
  - High blood pressure
  - High cholesterol
  - Osteoporosis
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5. Do you smoke? Yes  No

6. How many hours of sleep do you typically get per 24-hour period? \_\_\_\_\_

**Questions About Activities & Interests**

Please indicate how many times a week you engage in the following physical activities

20 minutes or more of:	Rarely or never	1- 2 times/week	3-4 times/week	At least 5 times/week
Housework				
Walking				
Swimming				
Skiing (winter)				
Golf				
Tennis				
Other				

7. What are hobbies, interests, and activities do you enjoy?

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**Questions About Food & Nutrition**

1. Who prepares your food?

- I prepare my own meals.
- Someone cooks for me.
- I go out for most meals.

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2. Who does the food shopping?

- I do my own shopping.
- Someone assists me with shopping.
- Someone shops for me.

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3. How often do you eat the following meals? Mark the appropriate choices.

	Daily	Most of the Time	Some of the Time	Never
<b>Breakfast</b>				
<b>Lunch</b>				
<b>Dinner</b>				
<b>Snacks</b>				

4. How many servings of the following foods do you typically eat in a week?

Food	Serving size	0	1	2	3	4	5	6	7	>7
Meat: beef, lamb, pork, etc.	2-3 ounces									
Poultry: chicken, turkey	2-3 ounces									
Fish, including shellfish	3 ounces									
Eggs	1 egg									
Beans/Legumes (pinto, lentils, etc.)	½ cup cooked									
Peanut butter or nut butter	2 Tablespoons									
Nuts	1/3 cup									
Milk – whole	1 cup (8 ounces)									
Milk – 1%-2%	1 cup (8 ounces)									
Milk – nonfat	1 cup (8 ounces)									
Soymilk	1 cup (8 ounces)									
Yogurt	1 cup									
Cheese	1 ounce									
Cottage cheese	½ cup									
Bread	1 slice									
Ready-to-eat cereal	¾ cup									
Cooked cereal	½ cup									
Pasta	½ cup									
Rice	½ cup									
Leafy vegetables (spinach, lettuce, kale, etc.)	1 cup raw, ½ cup cooked									
Other vegetables	½ cup cooked or raw									
Fruit	1 medium apple, orange, pear, etc.; ½ med-large banana; ½ cup cooked, canned fruit									
Fruit juice	½ cup									
Butter, margarine	1 tsp									
Oil	1 tsp									
Soda pop, sweetened	8 ounces									
Wine	4 ounces									
Beer	8 ounces									
Other alcohol	2 ounces									
Convenience meals such as macaroni and cheese, frozen dinners										
Fast food meals (McDonald's, KFC, Taco Bell, etc.)										

5. How many servings of vegetables do you eat in a typical day?
  - a. Four or more
  - b. Two or three
  - c. One or none
  
6. How many servings of fruit do you eat in a typical day? (A serving is usually one small piece, or ½ cup canned, cooked)
  - a. Three or more
  - b. Two
  - c. One
  
7. How often does fish appear on your weekly menu?
  - a. Two or more times
  - b. Once
  - c. Rarely or never
  
8. When you shop for bread, pasta, rice, cereals, or other grains, how often do you buy the whole-grain versions?
  - a. Always
  - b. Sometimes
  - c. Rarely or never
  
9. Which of the following are you most likely to use:
  - a. Canola or olive oil
  - b. Corn oil
  - c. Butter or margarine
  
10. What kind of milk do you usually drink?
  - a. Fat-free
  - b. 1 or 2 percent
  - c. Whole milk
  - d. Soymilk
  - e. None
  
11. What do you typically drink when thirsty?
  - a. Water
  - b. Fruit juice
  - c. Regular sweetened soda
  - d. Diet soda
  - e. Coffee or tea
  - f. Other \_\_\_\_\_

12. What is a typical snack?

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