

Nutrition Screening 营养状况普查

This screening is for all eligible members of the **Let's Do Lunch** program in Howard County. We ask that you fill out this form in its entirety. All responses are confidential. 哈郡所有参加集体午餐的人员都要填普查表。请回答表中的所有问题。所有的回答将是保密。

Full Name (全名): _____; **Date (日期):** _____

Demographic Questionnaire 人口调查

Date of Birth(生日): ____/____/____ **Gender(性别):** Male 男; Female 女; Other 其他

Race 种族(please check all that apply): American Indian/Alaska Native 美国印第安/阿拉斯加人;

Asian or Asian American 亚裔; Black or African American 非裔;

Native Hawaiian or Pacific Islander 夏威夷和太平洋诸岛裔; White 白人

Ethnicity: Hispanic/Latino 西班牙拉丁美族裔; Not Hispanic/Latino 非西班牙拉丁美族裔

Household Size (家庭情况)	
<i>Please only answer for your current household size 请只回答你的目前情况</i>	
Household Size: 1 (Only you) 独居	Household size: 2+ (Others) 与他人合住
My monthly income is above \$1304. 我的收入高于 1304 美元/月? <input type="checkbox"/> Yes 是 <input type="checkbox"/> No 否	My monthly income is above \$1762. (我们的收入高于 1762 美元/月)? <input type="checkbox"/> Yes 是 <input type="checkbox"/> No 否

Nutrition Questionnaire 营养调查

I have an illness/condition that made me change the kind and/or amount of food I eat. (我因患有某种疾病/状况, 导致我改变了所吃食物的种类和/或数量)	Yes 是	No 否
I eat fewer than 2 meals per day. (我每天吃的饭菜少于 2 顿)	Yes 是	No 否
I eat few fruits or vegetables or milk products each day. 我每天很少吃水果, 蔬菜或奶制品。	Yes 是	No 否
I have 3 or more drinks of beer, wine or liquor almost every day. (我几乎每天都喝 3 杯或更多杯啤酒、葡萄酒或白酒)	Yes 是	No 否
I have tooth or mouth problems that make it hard for me to eat. (我有牙齿或口腔问题, 使我难以进食)	Yes 是	No 否
I don't always have enough money to buy the food I need. (我不是总有钱来购买我需要的食物)	Yes 是	No 否
I eat alone most of the time. (我大部分时间都是独自一个人吃饭。)	Yes 是	No 否
I take 3 or more different prescribed or over-the-counter medications each day. (我每天服用 3 种或更多种不同的处方药或非处方药)	Yes 是	No 否
Without wanting to, I have lost or gained 10 pounds in the last 16 months. (我在过去的 16 个月里意外地减掉或增加了 10 磅)	Yes 是	No 否
I am not always physically able to shop, cook and/or feed myself. (我不是总有体力自己购物、做饭和/或吃饭)	Yes 是	No 否

**Thank you for completing the Nutrition Screening form.
This form will be valid until the end of the Federal Fiscal Year.**