## Step 1 Assessment: Nutrition and Food Complaints

Resident Name: Staff Interviewer:						
Date of Interview	r:// mm dd yy					
Check Response DK = Don't Know	e / NR = No Response or Nor	isense Response	REF=R	efusal to	answer questio	n
Food Complaints:						
1. Do you like the	e food here?		_YES _	NO	SOMETIMES	DK/NR/REF
IF NO, what would	d you change to make it better	?(i.e., <i>more salt, su</i>	gar, no re	estricted	diet)	
2. Do you feel th	at there <u>enough variety</u> / food	choices?	_YES _	NO	_SOMETIMES	DK/NR/REF
3. Does the food	l <u>look</u> good / appetizing / attrac	tive to you?	_YES _	NO	SOMETIMES	DK/NR/REF
4. Is the food set	rved at the <u>right temperature</u> (i				served cold)? SOMETIMES _	DKNR
	e the food that you are given, c ed and hope that you will like th					
TOTAL SCORE F	OOD COMPLAINTS (Total nu	umber of "no"s to Q	uestions	1-5):		
PRESENCE OF F	OOD COMPLAINTS (Any "no	" answer to Questic	ons 1-5):	Compla	aints No Comp	laints
	otal score only if all responses metimes" should be treated as			R/REF		
Food and Dining I	Location Preferences:					
6. Would you like	to have a snack (e.g., fruit, pl				s ( <i>breakfast, lunch</i> SOMETIMES _	
IF YES, What	kinds of foods/drinks would yo	ou like to have for a	snack?			
7. Where do you Breakfast:	like/prefer to eat: In Room Outside	e of Room Di	ining Roc	om		
Lunch:	In Room Outside	e of Room Di	ining Roo	m		
Dinner:	In Room Outside	e of Room Di	ining Roo	m		

## Interview outcome

Complete	 1
Incomplete DK	 2
Incomplete NR	 3
Incomplete REF	 4