


~~~~~(OPTIONAL) PAGE 2 FOR GRAB AND GO MEAL ELIGIBILITY~~~~~

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Registration Date: \_\_\_\_\_

| How would you rate your knowledge about healthy food and healthy eating? |  | Do you have difficulty with? | Difficulty | No Difficulty |
|--------------------------------------------------------------------------|--|------------------------------|------------|---------------|
| Very poor                                                                |  |                              |            |               |
| Below average                                                            |  | Meal Preparation             |            |               |
| Average                                                                  |  | Eating                       |            |               |
| Above average                                                            |  | Shopping for Food            |            |               |
| Excellent                                                                |  | Transportation               |            |               |
|                                                                          |  | Walking, Mobility            |            |               |

**What prevents you from attending the congregate meal site? (Beyond food quality, preference)**

\_\_\_\_\_

| Level of Agreement with the Following:                                             | Strongly Disagree | Disagree | Neither Agree nor Disagree | Agree | Strongly Agree |
|------------------------------------------------------------------------------------|-------------------|----------|----------------------------|-------|----------------|
| Healthiness of food has little impact on my food choices.                          |                   |          |                            |       |                |
| It is important for me that my daily diet contains a lot of vitamins and minerals. |                   |          |                            |       |                |
| I always follow a healthy and balanced diet.                                       |                   |          |                            |       |                |
| I do not avoid foods, even if they may raise my cholesterol.                       |                   |          |                            |       |                |
| I eat what I like, and I do not worry much about the healthiness of food.          |                   |          |                            |       |                |

| Does anyone help you prepare food or bring food to you? | Yes |  | No |  | How often do you leave home? |             |              |            |                 |
|---------------------------------------------------------|-----|--|----|--|------------------------------|-------------|--------------|------------|-----------------|
|                                                         |     |  |    |  | Never                        | Very Rarely | Occasionally | Frequently | Very Frequently |
|                                                         |     |  |    |  |                              |             |              |            |                 |

|                     |       |                                      |       |
|---------------------|-------|--------------------------------------|-------|
| <b>If yes, who?</b> | _____ | <b>If never or very rarely, why?</b> | _____ |
|---------------------|-------|--------------------------------------|-------|

|                           |                                                                                                                                                                              |
|---------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>Customer Comments:</b> | <p><b>Reviewer:</b> Complete bottom section on Page 1 according to nutrition services eligibility.</p> <p><input type="checkbox"/> Check if emergency/disaster situation</p> |
|---------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|