



Read the statements below. Tick the box in the “Yes” column for those that apply to you. Add the numbers to get your total nutritional risk score.

Nutrition and Wellness Health Risk Assessment	Value	Yes
I have an illness of condition that made me change the kind/amount of food I eat	1	[]
I eat fewer than two meals a day	2	[]
I eat less than 2 fruits on a typical day	2	[]
I eat less than 2 vegetables or beans on a typical day	2	[]
I have three or more alcoholic drinks on a typical day	2	[]
I have tooth or mouth problems that make it difficult to eat	1	[]
I don't always have enough money to buy the food I need	2	[]
I take three or more different prescription medications	2	[]
Without wanting to, I have lost or gained 10 or more pounds in the last 6 months	1	[]
I drink less than 32 fl oz water on a typical day	2	[]
I describe my stress levels as high and don't have healthy coping mechanisms	2	[]
I drink more than 12 fl oz of sugary or diet beverages daily	2	[]
I exercise less than 2 times a week	2	[]
My BMI is greater than 30 (enter 1) greater than 40 (enter 2)	1 OR 2	
My Waist: Hip ratio is greater than 0.8 women or 1.0 men	2	[]

Total

Initial weigh-in _____ pounds Goal weight _____ pounds

My BMI calculation: _____ pounds / _____ inches² × 703 =

Waist measurement: _____ Hip measurement: _____ W:R

My wellness goals:

1. _____
2. _____
3. _____

Nutritional Health Score: 0-4 Good, 5-7 Moderate Risk, 8-10+ High Risk **Nutritional Risk Score:**