

Hello! We are from Project Well and we want to help older adults feel better with diet and good food. We would like to help you pick meals that you will enjoy, so need to ask you a few questions.

1. Name Nicole Mateo

2. Address 155 Fort Hill Drive, apartment 6c

3. Email n.mateo@gmail.com

4. Phone (212) 555 1212

5. Would you agree to answer some of our questions?
We will abide by patient-privacy guidelines.

☒ YES

☐ NO

6. How many people live in your household? 1

7. If more than 1, is there one of you who does most of the meal prep?

8. In general, would you say your health is

☐ Excellent

☐ Very Good

☐ Good

☒ Fair

☐ Poor

9. What is your personal health goal?

☒ To have more energy ☐ To be more active ☐ To participate in family activities

☐ Other (please specify)

10. Do you have any food allergies or sensitivities?

Dairy

11. Do you have any trouble chewing or swallowing food?

NO

12. What did you eat for dinner yesterday and breakfast today?

Canned fruit cocktail, white toast, butter

13. On a scale of 1-5 (1: Strongly disagree, 5: Strongly agree), how strongly do you agree to the following statement?

"My current diet is right for my health and well-being"

☒ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5

14. Do you drink sweetened beverages such as soda? If yes, are you willing to try a healthier alternative?

Yes, yes

15. Within the past 12 months we worried whether our food would run out before we got money to buy more.

☒ Often ☐ Sometimes ☐ Never

16. Within the past 12 months the food we bought just didn't last and we didn't have money to get more.

☐ Often ☒ Sometimes ☐ Never

17. What foods do you enjoy eating the most?

Mexican, salads

18. Which foods do you avoid?

Eggplant, shellfish

19. Because of a physical problem, do you have difficulty doing the following activities without special equipment or help from another person?

☒ Bathing ☐ Dressing ☐ Eating ☐ Walking ☐ Getting in and out of chairs

☐ Other (please specify)

20. Has a doctor ever told you that you had:

- ☐ Diabetes or high blood sugar ☒ Hypertension or high blood pressure ☐ Cancer
☐ Congestive heart failure ☐ A heart attack ☐ Coronary heart disease ☐ Pre-diabetes

21. What is your current weight? 157 lbs.

22. Over the last 2 weeks how often have you been bothered by the following problems?

	Not at all	Several days	More than half the days	Nearly every day
Little interest or pleasure in doing things	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>
Feeling down, depressed, or hopeless	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>

23. Increasingly people are finding that plant-based diets are associated with good health, would you be open to trying some vegetarian meals with us?

☒ YES ☐ NO

24. When we contact you again, what is the best way to contact you? Text or email

25. Preferred time of day to contact you? Late afternoon

26. Additional comments or delivery instructions

Please ring buzzer for apartment and deliver to my door

Thank you for your time!

**We really appreciate it.
Your insights will really help us make this a better service.**

Project**WELL**