

**DIET & NUTRITION**

Self Assessment

These questions are designed for you to reflect and identify possible concerns related to nutrition. Answering these questions can help prompt conversations with your primary care provider or other health services about problems that may be concerning you. You can take this checklist with you to your next appointment as a reminder of what you would like to discuss.

Tick all that apply:

- I have lost weight over the last 6 months

- My appetite or taste has changed

- I find it difficult to prepare food for myself

- I have problems with chewing or swallowing

- I often miss or skip meals

- I would like to improve my diet

