

**Table 4.3** -Number of focus group participants agreeing with statements in the *Determine Your Nutritional Health Checklist* of the Nutrition Screening Initiative <sup>a</sup>

Statement <sup>b</sup>	Focus Group Site				Total
	Richmond	Halifax	Christiansburg	Fredricksburg	
1. I have an illness or condition that made me change the kind and/or amount of food I eat. (2pt)	6	4	6	6	22
2. I eat less than 2 meals per day. (3 pt)	1	0	2	0 <sup>c</sup>	3 <sup>c</sup>
3. I eat few fruits, vegetables, or milk products. (2pt)	6	6	8	4 <sup>c</sup>	24 <sup>c</sup>
4. I have 3 or more drinks of beer, liquor, or wine almost everyday. (2 pt)	0	0	0	0	0
5. I have tooth or mouth problems that make it hard for me to eat. (2 pt)	3	2	0	0	5
6. I don't always have enough money to buy the food I need. (4 pt)	5	8	1	2	16
7. I eat alone most of the time. (1 pt)	4	2	8	8	22
8. I take 3 or more different medications a day. (1pt)	5	2	7	6	20
9. I have lost or gained 10 pounds in the last 6 months without trying to. ( 2 pt)	2	1	3 <sup>c</sup>	0	12 <sup>c</sup>
10. I am not always physically able to shop, cook, and/or feed myself. (2 pt)	2	0	4	1	7

<sup>a</sup> n=35 participants

<sup>b</sup> Point values for each statement indicate the extent to which each practice contributes to nutritional risk.

<sup>c</sup> One participant left at least one statement unanswered