



HACC Food Service Client Cultural Food Preferences Assessment Tool

This assessment form is designed to help your HACC service provider arrange for the most appropriate food and meal services that they can. It includes questions relating to food preferences, health and nutrition, abilities to source and prepare foods as well as questions to highlight if you are at risk of not having adequate access to appropriate foods. It is understood that some people from certain cultures may not feel comfortable answering some of these questions. Therefore, please do not answer those questions with which you are not comfortable.

This form takes 10-20 minutes to complete.

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What is your name?			
How old are you? (years)			
D.O.B			
Gender (please tick)	O Male	O Female	
URN (office use)			

Language⁽¹⁾ & Culture

What language do you normally speak at home?	
Do you require an interpreter? ⁽²⁾	O Yes, all the time O Yes, some of the time (e.g. at medical appointments) O No

Cultural Background				
Were you born in	O Australia			
	O Another countr	y (please specify	y	
If you were born in another country how long have you lived	O Less than 5	O 5 to 10	O 11 to 20	O More than
in Australia? (please tick)	years	years	years	20 yrs
What cultural/ethnic group do you mostly identify with?				

Do	Do you identify as Aboriginal and/or Torres Strait Islander? (tick all that apply)		
О	No I am not of Aboriginal/Torres Strait Islander origin		
О	Yes I am of Aboriginal origin		
О	Yes I am of Torres Strait Islander origin		

Relig	gious Background				
Do yo	ou identity as being	0	Bahai	O	Muslim
		О	Catholic	O	Russian Orthodox
		О	Greek Orthodox	O	Seventh Day Adventist
		О	Hindu	O	Other: Please specify:
		О	Jewish	O	None of your business
О	I have no religious fo	od-1	related requirements a	associate	d with my religion
О	Yes I have religious f	ood	-related requirements	. Please	list what these are:



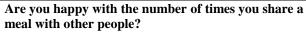


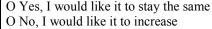


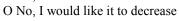


Food Preference	S (3)		
Please indicate which	of the following cultural eating st	yles you follow (tick all t	hat apply)
O I eat mainly Australi	an style foods		
O Italian	O Yugoslavian	O Polish	O Greek
O Spanish	O Sub-Saharan African	O Thai	O Pilipino
O Russian	O Papua New Guinean	O Vietnamese	O Sri Lankan
O Indian	O Samoan	O Maori	O Other Pacific Islander
O Middle Eastern	O Latin American	O Chinese	O Jewish
O Bosnian	O Other (please specify)		
How often you follow	your cultural eating style?		
O Every meal	O Once a week	O At least once a day	7
O Once a month	O Several times per week	O Special occasions	only
Please provide any ot	vegetable stir-fry with rice, minestro her comments that may be useful. to eat rice at every meal or I do not		
2.			
2			
3.			
4.			
5.			
Please indicate the me	eals that you usually eat ⁽³⁾ (Please	tick)	
O Breakfast	O Lunch	O Dinner	
O Morning tea	O Afternoon tea	O Supper	
O Other (please specify	·)		

_				
O Other (please specify)				
How often do you share a meal with another person?	O Never O Every meal O At least daily O Less than 3 times a week O 3 or more times a week			
Ano you hanny with the number of times you should	O Vos. I would like it to stay the same			















Do you have problems with your teeth or gums?

If yes how would you like these changed? (tick any that apply)

If yes, do you require your food or fluids to be changed so they are easier to eat or drink?



Functional Abilities & Health

Do you live O Alone	O With a partner or family	O With	others		
Can you prepare all necessary meals (e.g. br	eakfast, lunch and dinner)?)			
O Without help (I take care of my own needs c	ompletely)				
O With some help (e.g. I need someone to com	e with me on all shopping trips)				
O With help for all meal and food preparation					
I have a carer/partner/family member to assist	me				
With shopping		O Yes	O No		
With preparing food		O Yes	O No		
Can you eat the foods you want? ⁽²⁾					
O Without help (I can take care of own needs of	completely)				
O With some help (e.g. I need some help cuttir	g up food, spreading butter, pouri	ng drinks)			
O With help for all eating activities					
I have a carer/partner/family member to assist	me				
• With shopping O Yes O No					
With preparing food		O Yes	O No		
Listed below are some kinds of support for a more about any of these. (tick any that apply)		ase indicate if	you are interested in learning		
O Social cooking events held with members fro	om my own community/culture/ba	ckground			
O Social meal outings to restaurants that serve	food from my own culture/backgr	ound			
O Day respite at a local venue where foods from	m my own culture are available				
O In-home assistance with shopping and meal	preparation by a home-care worke	r of the same c	ulture/ background		
O In-home assistance with shopping or meal pr	reparation by a home-care worker	of a different c	ulture/ background		
O Delivered meal service of foods from my own culture/background					
O Delivered meal service of foods from a range	O Delivered meal service of foods from a range of cultures/backgrounds				
Oral Health and Swallowing(2)					
Do you have problems swallowing food or drin	iks?	0.7	Yes No		







O Yes O No O Yes

O No

O I need my food to be soft
O I need my meat to be minced
O I need all my food to be pureed
O I need my drinks to be thickened





			PROVIDING FUNDING AND ASSISTANCE FOR AUSTRALIANS IN NEED
Do you suffer from any food allergies or intolerances?		O No	O Yes
If yes, please indicate which	h allergy or intolerance you suffer	from (tick any that apply)	
O Cow's milk allergy	O Egg allergy	O Gluten intolerance	O Peanut allergy
O Seafood allergy	O Sesame allergy	O Soy allergy	O Tree nut allergy
O Wheat allergy	O Other (please specify)		

Do you suffer from or have you suffered from any of the following that may affect your food intake?		O No, I do not have any conditions that affect my food intake O Yes, I do have conditions that affect my food intake		
If yes, please indicate which	allergy or intolerance you su	ou suffer from (tick any that apply)		
O Cancer	O Coeliac Disease	O Diverticular disease	O High cholesterol	
O Pre-diabetes	O Diabetes Type I	O Diabetes Type II	O Overweight/ Obesity	
O Osteoporosis	O Depression	O Heart disease/Cardio vascular disease		
O Rheumatoid Arthritis	O Constipation	O Other (please specify)		

Nutrition Risk:

These questions are trying to see if you have had any changes in the last 6 months that could indicate that your food intake and health could be affected. If you have a higher score it may mean that you need to have a discussion with your GP or with a dietitian. (4)

Question	Answer	Score (please circle)
1: Have you lost weight in the last 6 months without trying?	O Yes	0
	O No	0
	O Unsure	2
1(a): If yes to 1, how much weight have you lost?	O 1kg to 5 kg (2.5 lb to 13 lb)	1
	O 6 kg to 10 kg (15 lb to 25.5 lb)	2
	O 11 kg to 15 kg (28 lb to 38 lb)	3
	O More than 15 kg (More than 38 lb)	4
	O Unsure	2
2: Have you been eating poorly because of decreased appetite?	O Yes	1
(i.e. eating less than 3/4 of usual food intake). Note eating poorly may be due to swallowing and chewing problems, if so score 'Yes'.	O No	0
Total Score (office use only)		











Food Security^(5, 6)

These questions are designed to assess if you are having trouble accessing food for a variety of reasons.

In	In the last six months, have you run out of food and not had enough money to buy more?						
О	Yes	How often did this happen?	O Often	O Sometimes	O Don't know/Don't want to answer		
О	No, never						
О	Don't Know (DK)						
In	In the last six months, have you been unable to afford to eat healthy meals?						
О	Yes	How often did this happen?	O Often	O Sometimes	O Don't know/Don't want to answer		
О	No, never						
О	Don't Know						
T	the last 6 month	a did way ay ayy athay adult in w	ove bovech	ald (if applicable	aron out the size of mools on skin mools		
		is, aid you or any other aduit in yon't enough money for food?	our nousen	юю (п аррисави	e) ever cut the size of meals or skip meals		
О	Yes						
				every month or nonths but not eve			
				or 2 months now/Don't want t	o answer		
О	No, never						
О	Don't Know						
In	the last 6 month	ıs, did you ever eat less than you t	thought you	ı should because	there wasn't enough money to buy food?		
О	Yes	How often did this happen?	O Often	O Sometimes	O Don't know/Don't want to answer		
О	No, never						
О	Don't Know						
In	the last 6 month	ns, did you ever go hungry because	e there was	sn't enough mone	ey to buy food?		
О	Yes	How often did this happen?	O Often	O Sometimes	O Don't know/Don't want to answer		
О	No, never						
О							
	Don't Know						
Не		sons why people don't always hav	e the quali	ty or types of foo	d they want		
Не	re are some rea			ty or types of foo	d they want		
He (ple	re are some rea ease tick all that I did not have	apply to you)	ouy food	· · ·	d they want		
He (ple	re are some rea ease tick all that I did not have I am not movi	apply to you) the transport to get to the shops to be	ouy food et to the sho	ps to buy food	·		
He (pla	re are some rea ease tick all that I did not have I am not movid	apply to you) the transport to get to the shops to be ng too well and find it difficult to ge	ouy food et to the sho	ps to buy food	·		
He (pla	re are some rea ease tick all that I did not have I am not movin I do not want/o	apply to you) the transport to get to the shops to be ng too well and find it difficult to ge cannot cook my own meals at the m	ouy food et to the sho	ps to buy food	·		
He (pla	I did not have I do not want/o I am on a spec I do not have	apply to you) the transport to get to the shops to be ng too well and find it difficult to ge cannot cook my own meals at the me tial or restricted diet	ouy food et to the sho	ps to buy food	·		











Office Use – Actions required

Food Preferences

Cultural meals required	O Yes, please identify cultural preference:	O No
Special arrangements required to meet cultural food preferences (cultural foods, frequency of cultural foods, etc)	O Yes, please describe:	O No

Functional Abilities & Health

Assistance required with shopping/sourcing ingredients	O Yes	O No
Assistance required with meal preparation	O Yes	O No
Do foods need to be modified in texture (soft, minced, pureed) or fluids need to be thickened?	O Yes (referral to Speech Pathologist required to assess appropriate textures/thickness)	O No
Types of food services preferred		
Is a referral to a Speech Pathologist indicated?	O Yes	O No
Is a referral to a Dental Health Professional indicated?	O Yes	O No
Food allergy	O Yes, please identify	O No
Requires a special diet	O Yes, please identify	O No

Nutrition Risk

Total Score			
Screening Score:	2 or more = At risk of malnutrition → consider referral to GP or dietitian		
Is a referral to a dietitian or GP indicated?	O Yes	O No	

Food Security

	Support services indicated to manage increased risk of food insecurity	О
1-5 grey items in food security module	Support services already in place to manage increased risk of food insecurity	О











References

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