



## 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.

### Client Details

<b>What is your name?</b>	
<b>How old are you?</b> (years)	
<b>D.O.B</b>	
<b>Gender</b> (please tick)	<input type="radio"/> Male <input type="radio"/> Female
<b>URN</b> (office use)	

### Language<sup>(1)</sup> & Culture

<b>What language do you normally speak at home?</b>	
<b>Do you require an interpreter?</b> <sup>(2)</sup>	<input type="radio"/> Yes, all the time <input type="radio"/> Yes, some of the time (e.g. at medical appointments) <input type="radio"/> No

<b>Cultural Background</b>				
Were you born in . . .	<input type="radio"/> Australia <input type="radio"/> Another country (please specify _____)			
If you were born in another country how long have you lived in Australia? (please tick)	<input type="radio"/> Less than 5 years	<input type="radio"/> 5 to 10 years	<input type="radio"/> 11 to 20 years	<input type="radio"/> More than 20 yrs
What cultural/ethnic group do you mostly identify with?				

<b>Do you identify as Aboriginal and/or Torres Strait Islander?</b> <sup>(2)</sup> (tick all that apply)	
<input type="radio"/>	No I am not of Aboriginal/Torres Strait Islander origin
<input type="radio"/>	Yes I am of Aboriginal origin
<input type="radio"/>	Yes I am of Torres Strait Islander origin

<b>Religious Background</b>	
Do you identify as being	<input type="radio"/> Bahai <input type="radio"/> Muslim <input type="radio"/> Catholic <input type="radio"/> Russian Orthodox <input type="radio"/> Greek Orthodox <input type="radio"/> Seventh Day Adventist <input type="radio"/> Hindu <input type="radio"/> Other: Please specify: <input type="radio"/> Jewish <input type="radio"/> None of your business
<input type="radio"/>	I have no religious food-related requirements associated with my religion
<input type="radio"/>	Yes I have religious food-related requirements. Please list what these are:



### Food Preferences (3)

<b>Please indicate which of the following cultural eating styles you follow (tick all that apply)</b>			
O I eat mainly Australian 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)		

<b>How often you follow your cultural eating style?</b>		
O Every meal	O Once a week	O At least once a day
O Once a month	O Several times per week	O Special occasions only

<p><b>In any week list up to five of your most commonly consumed foods and dishes?</b>  <b>Please be as detailed as you can be. Foods may be traditional or cultural foods, or Australian foods that you eat regularly.</b>  <i>Example: chicken and vegetable stir-fry with rice, minestrone soup, lamb kofta with flat bread and Greek salad</i>  <b>Please provide any other comments that may be useful.</b>  <i>Example: Rice: I need to eat rice at every meal or I do not think that I have had a meal.</i></p>
1.
2.
3.
4.
5.

<b>Please indicate the meals that you usually eat<sup>(3)</sup> (Please tick)</b>		
O Breakfast	O Lunch	O Dinner
O Morning tea	O Afternoon tea	O Supper
O Other (please specify)		

<b>How often do you share a meal with another person?</b>	<input type="radio"/> Never <input type="radio"/> Every meal <input type="radio"/> At least daily <input type="radio"/> Less than 3 times a week <input type="radio"/> 3 or more times a week
<b>Are you happy with the number of times you share a meal with other people?</b>	<input type="radio"/> Yes, I would like it to stay the same <input type="radio"/> No, I would like it to increase <input type="radio"/> No, I would like it to decrease



## Functional Abilities & Health

<b>Do you live . . .</b>	<input type="radio"/> Alone	<input type="radio"/> With a partner or family	<input type="radio"/> With others
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<b>Can you prepare all necessary meals (e.g. breakfast, lunch and dinner).....?</b> <sup>(2)</sup>		
<input type="radio"/> Without help (I take care of my own needs completely)		
<input type="radio"/> With some help (e.g. I need someone to come with me on all shopping trips)		
<input type="radio"/> With help for all meal and food preparation		
I have a carer/partner/family member to assist me...	<input type="radio"/> Yes	<input type="radio"/> No
• With shopping	<input type="radio"/> Yes	<input type="radio"/> No
• With preparing food	<input type="radio"/> Yes	<input type="radio"/> No

<b>Can you eat the foods you want ...?</b> <sup>(2)</sup>		
<input type="radio"/> Without help (I can take care of own needs completely)		
<input type="radio"/> With some help (e.g. I need some help cutting up food, spreading butter, pouring drinks)		
<input type="radio"/> With help for all eating activities		
I have a carer/partner/family member to assist me...	<input type="radio"/> Yes	<input type="radio"/> No
• With shopping	<input type="radio"/> Yes	<input type="radio"/> No
• With preparing food	<input type="radio"/> Yes	<input type="radio"/> No

<b>Listed below are some kinds of support for meals that may be available. Please indicate if you are interested in learning more about any of these. (tick any that apply)</b>
<input type="checkbox"/> Social cooking events held with members from my own community/culture/background
<input type="checkbox"/> Social meal outings to restaurants that serve food from my own culture/background
<input type="checkbox"/> Day respite at a local venue where foods from my own culture are available
<input type="checkbox"/> In-home assistance with shopping and meal preparation by a home-care worker of the same culture/ background
<input type="checkbox"/> In-home assistance with shopping or meal preparation by a home-care worker of a different culture/ background
<input type="checkbox"/> Delivered meal service of foods from my own culture/background
<input type="checkbox"/> Delivered meal service of foods from a range of cultures/backgrounds

<b>Oral Health and Swallowing(2)</b>	
Do you have problems swallowing food or drinks?	<input type="radio"/> Yes <input type="radio"/> No
Do you have problems with your teeth or gums?	<input type="radio"/> Yes <input type="radio"/> No
If yes, do you require your food or fluids to be changed so they are easier to eat or drink?	<input type="radio"/> Yes <input type="radio"/> No
If yes how would you like these changed? (tick any that apply)	<input type="radio"/> I need my food to be soft <input type="radio"/> I need my meat to be minced <input type="radio"/> I need all my food to be pureed <input type="radio"/> I need my drinks to be thickened



<b>Do you suffer from any food allergies or intolerances?</b>	<input type="radio"/> No	<input type="radio"/> Yes
<b>If yes, please indicate which allergy or intolerance you suffer from (tick any that apply)</b>		
<input type="radio"/> Cow's milk allergy	<input type="radio"/> Egg allergy	<input type="radio"/> Gluten intolerance
<input type="radio"/> Seafood allergy	<input type="radio"/> Sesame allergy	<input type="radio"/> Soy allergy
<input type="radio"/> Wheat allergy	<input type="radio"/> Other (please specify)	
<input type="radio"/> Peanut allergy	<input type="radio"/> Tree nut allergy	

<b>Do you suffer from or have you suffered from any of the following that may affect your food intake?</b>	<input type="radio"/> No, I do not have any conditions that affect my food intake		
	<input type="radio"/> Yes, I do have conditions that affect my food intake		
<b>If yes, please indicate which allergy or intolerance you suffer from (tick any that apply)</b>			
<input type="radio"/> Cancer	<input type="radio"/> Coeliac Disease	<input type="radio"/> Diverticular disease	<input type="radio"/> High cholesterol
<input type="radio"/> Pre-diabetes	<input type="radio"/> Diabetes Type I	<input type="radio"/> Diabetes Type II	<input type="radio"/> Overweight/ Obesity
<input type="radio"/> Osteoporosis	<input type="radio"/> Depression	<input type="radio"/> Heart disease/Cardio vascular disease	
<input type="radio"/> Rheumatoid Arthritis	<input type="radio"/> Constipation	<input type="radio"/> 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.<sup>(4)</sup>

Question	Answer	Score (please circle)
<b>1: Have you lost weight in the last 6 months without trying?</b>	<input type="radio"/> Yes	0
	<input type="radio"/> No	0
	<input type="radio"/> Unsure	2
<b>1(a): If yes to 1, how much weight have you lost?</b>	<input type="radio"/> 1kg to 5 kg (2.5 lb to 13 lb)	1
	<input type="radio"/> 6 kg to 10 kg (15 lb to 25.5 lb)	2
	<input type="radio"/> 11 kg to 15 kg (28 lb to 38 lb)	3
	<input type="radio"/> More than 15 kg (More than 38 lb)	4
	<input type="radio"/> Unsure	2
<b>2: Have you been eating poorly because of decreased appetite?</b> (i.e. eating less than ¾ of usual food intake). Note eating poorly may be due to swallowing and chewing problems, if so score 'Yes'.	<input type="radio"/> Yes	1
	<input type="radio"/> No	0
<b>Total Score (office use only)</b>		



## Food Security<sup>(5, 6)</sup>

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

<b>In the last six months, have you run out of food and not had enough money to buy more?</b>		
<input type="radio"/> Yes	How often did this happen?	<input type="radio"/> Often <input type="radio"/> Sometimes <input type="radio"/> Don't know/Don't want to answer
<input type="radio"/> No, never		
<input type="radio"/> Don't Know (DK)		

<b>In the last six months, have you been unable to afford to eat healthy meals?</b>		
<input type="radio"/> Yes	How often did this happen?	<input type="radio"/> Often <input type="radio"/> Sometimes <input type="radio"/> Don't know/Don't want to answer
<input type="radio"/> No, never		
<input type="radio"/> Don't Know		

<b>In the last 6 months, did you or any other adult in your household (if applicable) ever cut the size of meals or skip meals because there wasn't enough money for food?</b>	
<input type="radio"/> Yes	
How often did you or other adults have to cut the size of your meals?	<input type="radio"/> Almost every month or more often <input type="radio"/> Some months but not every month <input type="radio"/> Only 1 or 2 months <input type="radio"/> Don't know/Don't want to answer
<input type="radio"/> No, never	
<input type="radio"/> Don't Know	

<b>In the last 6 months, did you ever eat less than you thought you should because there wasn't enough money to buy food?</b>		
<input type="radio"/> Yes	How often did this happen?	<input type="radio"/> Often <input type="radio"/> Sometimes <input type="radio"/> Don't know/Don't want to answer
<input type="radio"/> No, never		
<input type="radio"/> Don't Know		

<b>In the last 6 months, did you ever go hungry because there wasn't enough money to buy food?</b>		
<input type="radio"/> Yes	How often did this happen?	<input type="radio"/> Often <input type="radio"/> Sometimes <input type="radio"/> Don't know/Don't want to answer
<input type="radio"/> No, never		
<input type="radio"/> Don't Know		

<b>Here are some reasons why people don't always have the quality or types of food they want</b> <i>(please tick all that apply to you)</i>	
<input type="checkbox"/>	I did not have the transport to get to the shops to buy food
<input type="checkbox"/>	I am not moving too well and find it difficult to get to the shops to buy food
<input type="checkbox"/>	I do not want/cannot cook my own meals at the moment because of health problems
<input type="checkbox"/>	I am on a special or restricted diet
<input type="checkbox"/>	I do not have a working stove or oven
<input type="checkbox"/>	The kinds of foods I want are not available
<input type="checkbox"/>	I am too tired to prepare or purchase food



## Office Use – Actions required

### Food Preferences

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

### Functional Abilities & Health

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

### Nutrition Risk

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

### Food Security

<b>1-5 grey items in food security module</b>	Support services indicated to manage increased risk of food insecurity	O
	Support services already in place to manage increased risk of food insecurity	O



## References

1. Rissel C. The development and application of a scale of acculturation [in exploring the relationship between acculturation and health] [online]. Australian and New Zealand Journal of Public Health. 1997;21(6):606-13.
2. Queensland Health. Ongoing Needs Identification (ONI) Tool. 2011 [cited 2011 November 10]; Available from: <http://www.health.qld.gov.au/hacc/html/oni-tool.asp>.
3. Galleogs D, Perry E. A World of Food: A manual to assist in the provision of culturally appropriate meals for older people. Canberra: Commonwealth Department of Human Services and Health; 1995.
4. Banks M. Malnutrition: Is your patient at risk? Malnutrition Screening Tool. 2004 [cited 2011 19 December ]; Available from: <http://www.health.qld.gov.au/patientsafety/pupp/documents/malsc.pdf>.
5. Economic Research Service U.S. Department. of. Agriculture. U.S. Household Food Security Survey Module: Three Stage Design, with Screeners2008 [cited 2011 November 30]; Available from: <http://www.ers.usda.gov/Briefing/FoodSecurity/surveytools/hh2008.pdf>.
6. Perez-Escamilla R, Segall-Correa A, Maranhã LK, de Fatima Archanjo Sampaio M, Marin-Leon L, Panigassi G. An Adapted Version of the U.S. Department of Agriculture Food Insecurity Module is a Valid Tool for Assessing Household Food Insecurity in Campinas, Brazil. The Journal of Nutrition. 2004;134(8):1923-8.