

Open Heart Kitchen (DSC) Annual Assessment Survey **PLEASE BLOCK PRINT**

First Name:	Middle Initial:	Last Name:
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Date of Birth (mm/dd/yyyy): / /	Phone Number: ()	Alternate Phone Number (optional): ()
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Home Address:	City:	Zip Code:
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Program Eligibility (Select one): <input type="checkbox"/> Age 60+ <input type="checkbox"/> Spouse of eligible participant <input type="checkbox"/> Disabled person residing in senior housing <input type="checkbox"/> Disabled person residing with eligible participant	Marital Status: <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Domestic Partner <input type="checkbox"/> Separated <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed <input type="checkbox"/> Decline to state	Household Size: <input type="checkbox"/> 1 person <input type="checkbox"/> 2 people <input type="checkbox"/> 3 people <input type="checkbox"/> 4 people <input type="checkbox"/> 5 people <input type="checkbox"/> 6 or more people <input type="checkbox"/> Decline to state	Household Income: <input type="checkbox"/> Less than \$26,050 <input type="checkbox"/> \$26,050 - \$40,150 <input type="checkbox"/> \$40,151 - \$66,950 <input type="checkbox"/> \$66,951 - \$106,450 <input type="checkbox"/> More than \$106,450 <input type="checkbox"/> Decline to state	Do you Live in a Rural Area?: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Decline to state
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Employment Status: <input type="checkbox"/> Full Time <input type="checkbox"/> Part Time <input type="checkbox"/> Retired <input type="checkbox"/> Unemployed <input type="checkbox"/> Decline to state	Gender: <input type="checkbox"/> Male (M) <input type="checkbox"/> Female (F) <input type="checkbox"/> Transgender (F to M) <input type="checkbox"/> Transgender (M to F) <input type="checkbox"/> Gender Non-binary <input type="checkbox"/> Other: _____ <input type="checkbox"/> Decline to state	Gender at Birth: <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Decline to state	Sexual Orientation/Identity: <input type="checkbox"/> Straight/Heterosexual <input type="checkbox"/> Bisexual <input type="checkbox"/> Gay or Lesbian <input type="checkbox"/> Other: _____ <input type="checkbox"/> Decline to state	Are You Ethnically Hispanic?: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Decline to state
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Race (Check all that apply):	<input type="checkbox"/> Asian Indian	<input type="checkbox"/> Filipino	<input type="checkbox"/> Cambodian	<input type="checkbox"/> American Indian/Alaska Native
<input type="checkbox"/> White	<input type="checkbox"/> Chinese	<input type="checkbox"/> Japanese	<input type="checkbox"/> Vietnamese	<input type="checkbox"/> Guamanian
<input type="checkbox"/> Black	<input type="checkbox"/> Hawaiian	<input type="checkbox"/> Korean	<input type="checkbox"/> Samoan	<input type="checkbox"/> Loatian
			<input type="checkbox"/> Other Pacific Islander	<input type="checkbox"/> Other Race
			<input type="checkbox"/> Other Asian	<input type="checkbox"/> Decline to state

Nutritional Assessment (check all that apply to you):

I have a condition that has changed the kind and/or amount of food I eat. 2

I eat fewer than 2 meals per day. 3

I eat few fruits or vegetables or milk products. 2

I have 3 or more alcoholic beverages almost every day. 2

I have tooth or mouth problems that make eating difficult. 2

I don't always have enough money to buy the food I need. 4

I eat alone most of the time. 1

I take 3 or more different prescribed over-the-counter drugs daily. 1

Without wanting to, I have lost or gained 10 pounds in the last 6 months. 2

I am not always physically able to grocery shop, cook, and/or feed myself. 2

Decline to state

I understand that the information I am providing on this form is for registration purposes. I understand that my survey results will only be shared with the Alameda Area Agency on Aging, which may use the information to help identify other services for which I may benefit.

Signature of participant (or person completing form)

Today's Date