



ALAMEDA COUNTY AREA AGENCY ON AGING 2018-2019

Thank you for taking the time to complete this survey. Please print your answers to the questions on **both sides** of this form. Your response is extremely helpful. All your answers will be **kept strictly confidential**.
非常感谢你抽出时间完成此问卷调查。请回答前后两页的所有问题，你的答案对我们十分重要。
你的答案我们会完全严格保密。

First Name 名字: _____ Last Name 姓: _____

Address 地址: _____ Zip Code 邮编: _____

Phone 电话: (____) _____-_____ Email 电邮: _____

Emergency Contact 紧急联系人: _____
Name 姓名 Phone 电话

Are you the Head of Household 你是户主吗? Yes 是 No 不是

Birth Date 出生日期** (MM/DD/YYYY): ____/____/____ MEAL SITE 吃饭地点: _____

**Eligibility for this program requires that you are 60 years or older (born in 1956 or before). If younger than 60, you don't need to register and you must pay the \$6.00 non-senior meal rate.

** 60 岁或以上的人才符合资格。如果你小于 60 岁，你不用填表，请付\$6 元餐费。

What is your gender? (Check only one) 性别

- Male 男 - Female 女 - Transgender female to male 女变男
 - Transgender male to female 男变女 - Genderqueer/ Gender Non- binary 双性人
 - Not listed/Please specify 以上都不是 (请说明): _____
 - Declined/not stated 拒绝回答

What was your sex at birth? (Check only one) 你出生时的性别

- Male 男 - Female 女 - Declined/not stated 拒绝回答

How do you describe your sexual orientation or sexual identity? (Check only one)

你如何描述你的性取向或性身份 (只选一个)

- Straight/ heterosexual 异性恋 - Bisexual 双性恋 - Gay/Lesbian/Same sex Loving 同性恋
 - Not listed/ please specify 以上都不是 (请说明): _____
 - Declined/ not stated-拒绝回答

Ethnicity: - Hispanic or Latino - Not Hispanic or Latino - Unknown

种族: 西班牙裔或拉丁裔 不是西班牙裔或拉丁裔 未知

Race 种族:

- Caucasian (W) 高加索人 - American Indian/Alaska Native (AI) 美洲印第安人/阿拉斯加原住民
 - African American/Black 非洲裔美国人/黑人 - Asian Indian (AS) 亚洲印度人
 - Cambodian (CA) 柬埔寨 - Chinese (CH) 中国 - Filipino (FI) 菲律宾
 - Japanese (JA) 日本 - Korean 韩国 - Laotian (LA) 老挝
 - Vietnamese (VI) 越南 - Other Asian 其他亚裔 - Guamanian (GU) 关岛
 - Hawaiian (HA) 夏威夷 - Samoan (SA) 萨摩亚

- Other Pacific Islander (OP) 其他太平洋岛民
 - Decline to State (RM) 拒绝回答

- Other Race (OR) 其他种族

Preferred language 语言:

- English 英语 -Chinese 中文 -Spanish 西班牙语 -Indian 印度语
-Tagalog 他加禄语 -Vietnamese 越南语 -Cambodian 柬埔寨语
-Dari/Farsi 达里语/波斯语 -Other 其他_____

Veteran Status 退伍军人身份: -U.S. Veteran 退伍军人 -N/A 不是

Do You Live in a Rural Area? 你住在农村吗? Yes 是 No 不是
 (Geographic place that has less than 2,500 persons and is not a suburb to a city or town.)
 (地理位置不到 2,500 人, 不是城市或城镇的郊区。)

Do You Live Alone 你独居吗? Yes 是 No 不是

Please indicate your household gross monthly income 家庭月收入

1 Person 1 人	2 Person 2 人	3 Person 3 人	4 Person 4 人
<input type="checkbox"/> \$0 - \$2,033	<input type="checkbox"/> \$0 - \$2,325	<input type="checkbox"/> \$0 - \$2,616	<input type="checkbox"/> \$0 - \$2,904
<input type="checkbox"/> \$2,033 - \$3,392	<input type="checkbox"/> \$2,325 - \$3,875	<input type="checkbox"/> \$2,616 - \$4,358	<input type="checkbox"/> \$2,904 - \$4,841
<input type="checkbox"/> \$3,392 - \$3,412	<input type="checkbox"/> \$3,875 - \$3,898	<input type="checkbox"/> \$4,358 - \$4,384	<input type="checkbox"/> \$4,841 - \$4,870
<input type="checkbox"/> \$3,412 - \$5,229	<input type="checkbox"/> \$3,898 - \$5,975	<input type="checkbox"/> \$4,384 - \$6,729	<input type="checkbox"/> \$4,870 - \$7,466
<input type="checkbox"/> \$5,229 - \$6,092	<input type="checkbox"/> \$5,975 - \$6,958	<input type="checkbox"/> \$6,729 - \$7,829	<input type="checkbox"/> \$7,466 - \$8,700

NUTRITION SCREENING INITIATIVE 营养筛选方案

Read the statements below. **Circle the number in the "yes" column for those that apply.**
 阅读以下陈述, 在适用的“是”列中圈选数字。

	YES
I have an illness or condition that made me change the kind and/or amount of food I eat. 我有病, 使我改变了我的食物种类和/或数量。	2
I eat fewer than 2 meals per day. 我每天吃少于 2 餐。	3
I eat fewer than 5 servings (1/2 cup each) of fruits or vegetables, or milk products. 我吃小于 5 份 (每杯 1/2 杯) 的水果或蔬菜, 或牛奶产品。	2
I have 3 or more drinks of beer, liquor, or wine almost every day. 我每天都会喝 3 杯或更多的啤酒, 烈性酒或葡萄酒。	2
I have trouble biting, chewing, or swallowing and/or I have tooth or mouth problems that make it hard for me to eat. 我有困难咬, 咀嚼或吞咽, 或者我的牙齿或口腔问题使我很难吃东西。	2
I don't always have enough money to buy the food I need. 我不是经常有足够的钱购买我需要的食物。	4
I eat alone most of the time. 我大部分时间都是独自吃饭。	1
I take 3 or more different prescribed or over-the-counter drugs a day. 我每天服用 3 种或更多种不同的处方药或非处方药。	1
Without wanting to, I have lost or gained 10 pounds in the last 6 months. 超出预期, 在过去的 6 个月里我已经失去或增加了 10 磅的体重	2
I am not always physically able to shop, cook and/or feed myself. 我没能力经常亲自购物, 烹饪和/或喂食。	2
Score TOTAL 总加分	
Declined to State 拒绝回答	

Completed By 填表人: _____

Date 日期: _____