



SENIOR NUTRITION GUIDE

Supporting Access to Healthy Food for Older Adults





ABOUT THIS GUIDE

This guide has been designed to help program directors and staff of Senior Grocery Programs better understand how to address the nutritional needs of their clients.

One of the requirements of the Feeding America Senior Grocery Program is that food banks complete a nutrition plan when signing the program agreement. The guide will provide a background on the nutritional needs of older adults and give suggestions for improved food procurement, distribution, and education practices at the food bank and program levels. This guide is not intended to replace medical or nutrition experts, but is designed to be an additional resource for you to utilize and turn to for supplemental guidance and information. This guide was created thanks to the generous support of the AARP Foundation.



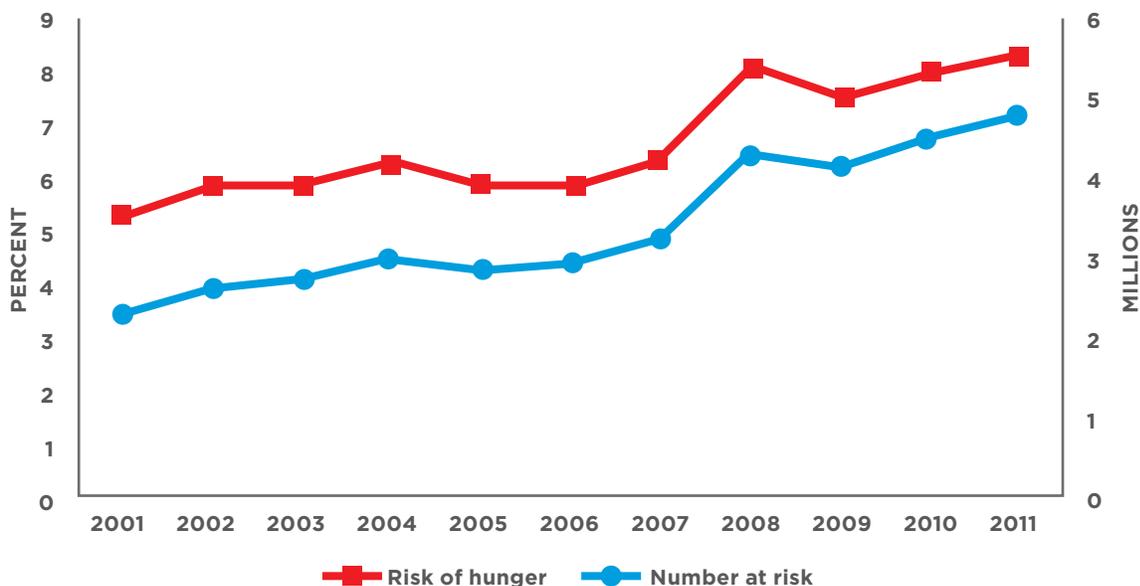
THE OLDER POPULATION

The aging of the baby boomer generation has led to in a greater number of older adults living in the United States than ever before.

Currently, **18.5% of the U.S. population is over the age of 60**, compared to 16.3% a decade ago.¹ Along with general trends in the US population, the Hispanic, American Indian and Alaskan Native, African American, Asian, and Hawaiian and Pacific Islander populations are also now living longer.²

As the population of Americans 60 years of age and older has increased, so has the prevalence of food insecurity. **In 2011, almost one in every 12 seniors above the age of 60 in the United States was food insecure.** That represents 4.8 million seniors nationwide, which is more than double the number of food insecure seniors in 2001.³

TRENDS IN FOOD INSECURITY AMONG SENIORS



PHYSIOLOGICAL CHANGES IN OLDER ADULTS

Nutrition plays a major role in the quality of life for an aging adult, including physical, mental, and social health. As one begins to age, physiological changes can create risk factors for nutritional deficiencies that can affect these four areas of health (Table 1). These physiological concerns coupled with food insecurity have made providing proper nutrition for seniors an important task for the anti-hunger community.

SELECTED PHYSIOLOGICAL CHANGES IN OLDER ADULTS

TABLE 1

PHYSIOLOGICAL CHANGE	WHAT DOES THIS MEAN FOR YOUR AGING CLIENTS?
REDUCTION IN CALORIC NEEDS	Because older adults lose lean body mass (muscle and bones) as they age and are less physically active, their energy needs (calories) are reduced. It is often difficult to provide the nutrients that an older adult needs in fewer calories, especially when many older adults experience a decreased sense of appetite.
INCREASED NEED FOR QUALITY PROTEIN	Because older adults have less lean body mass, they have less body protein. This can contribute to frailty, less efficient wound healing, and a compromised (suppressed) immune system. Therefore it is very important for older adults to eat high-quality protein. This may be difficult for older adults with limited resources because high-quality protein can be expensive and difficult to transport and cook to proper temperatures to maintain food safety.
DECREASED BONE DENSITY	Because bone density decreases during the aging process, adequate amounts of vitamin D and calcium should be eaten to help slow down the development of osteoporosis. It may be difficult for older adults experiencing food insecurity to have access to a consistent amount of foods that contain these nutrients.
DECREASED ABSORPTION OF VITAMIN B-12	Because many aging adults see a decrease in an essential component to digest vitamin B-12 in the stomach, called intrinsic factor, many seniors are deficient in this vitamin. This can lead to changes in mental function among other physiological changes. It's important for seniors to eat foods that are fortified with vitamin B-12, since this form is easier to absorb for seniors than B-12 in its naturally occurring form.

¹ Kotkin, J (12/14/2012). "Aging America: The Cities that are Graying the Fastest". Available at <http://www.forbes.com/sites/joelkotkin/2012/12/14/aging-america-the-cities-that-are-going-gray-the-fastest>. Accessed on August 8, 2013

² Bernstein, Melissa, and Nancy Munoz. "Position of the academy of nutrition and dietetics: food and nutrition for older adults: promoting health and wellness." *Journal of the Academy of Nutrition and Dietetics* 112.8 (2012): 1255-1277.

³ Gunderson, C. and James Ziliak. Spotlight on Senior Hunger. 2013. Available at <http://feedingamerica.org/SiteFiles/pdf/spotlight-senior-hunger.pdf> Accessed on August 8, 2013.



FOODS TO ENCOURAGE FOR OLDER ADULTS

2010 DIETARY GUIDELINES FOR AMERICANS⁴

Every five years, the Department of Health and Human Services (HHS) and the United States Department of Agriculture (USDA) release a new set of recommendations intended to guide how Americans eat. These guidelines present specific recommendations for select populations such as children, breastfeeding mothers, and older adults. **The most recent set of dietary guidelines focus on addressing the nation's obesity epidemic, so there is a strong emphasis on eating better and moving more.** In most cases, the dietary guidelines are consistent across all populations: eat more fruits and vegetables, lean proteins, and whole grains while eating less sodium, fat, cholesterol, sugar, and refined grains. However, there are a few recommendations that are specific to older Americans. Table 2 summarizes select key messages for the general public and Table 3 summarizes the additional recommendations for older adults.

⁴U.S. Department of Agriculture and U.S. Department of Health and Human Services. Dietary Guidelines for Americans, 2010. 7th Edition, Washington, DC: U.S. Government Printing Office, December 2010.

SUMMARY OF SELECT KEY MESSAGES FOR ALL AMERICANS

TABLE 2

Prevent and/or reduce overweight and obesity by eating better and moving more

Reduce sodium intake to 2300mg a day

Consume less than 10% of calories from saturated fat and less than 300 mg of cholesterol per day

Reduce intake of calories from solid fats and sugars

Limit foods containing refined grains

Observe good food safety practices

SUMMARY OF SELECT KEY MESSAGES TARGETED FOR OLDER AMERICANS

TABLE 3

Older Americans who are both normal weight and overweight are encouraged to maintain current weight. For those who are obese, losing weight may help reduce the incidence of chronic disease such as diabetes and heart disease.

Older Americans may be more sensitive to sodium than the general adult population. This sensitivity may increase the impact sodium has on blood pressure. Older Americans are encouraged to keep sodium intake to 1500 mg a day.

Individuals ages 50 years and older are encouraged to include foods fortified with vitamin B12 (see section 1 for explanation of need for increased B12), such as fortified cereals.

Older Americans are encouraged to observe good food safety practices by cleaning hands, food contact surfaces, and vegetables and fruits; separating raw, cooked, and ready-to-eat foods while shopping, storing, and preparing foods; cooking foods to a safe temperature; and chilling perishable foods promptly. This is no different than the general recommendations for food safety, but it is even more critical to follow these recommendations for the aging population due to their increased risk of compromised immune systems.

For more information such as lessons and tips for each key message of the guidelines, go to <http://www.choosemyplate.gov/print-materials-ordering/selected-messages.html>.

TRANSLATING THE DIETARY GUIDELINES INTO FOODS TO ENCOURAGE FOR SENIOR GROCERY PROGRAMS

Understanding the physiological changes occurring to the clients in your programs and the dietary guidelines that are targeted for them is an excellent first step in serving them better.

The second step is taking this information and applying it to the foods that you are sourcing and distributing. This may seem a little tricky when you first sit down to consider all of the information, but it is actually the same type of food that all Americans should be eating—it looks a lot like USDA's MyPlate.⁵

MyPlate is the icon that USDA uses to illustrate what food groups Americans should be eating to follow a healthy diet. MyPlate uses a dinner plate to help illustrate the relative portion of food in each of the five food groups that should comprise a balanced meal. For example, "try to make half your plate fruits and vegetables" is both a core message of MyPlate and also visually represented on the MyPlate icon.

In order to follow the dietary guidelines for older Americans, Senior Grocery Programs should strive to provide a variety of fruits and vegetables, especially those that are fresh when possible; lean proteins; whole and fortified grains; and low-fat and non-fat dairy products. Programs should consider limiting foods that are high in added sugars and fat such as grain-based desserts (i.e. cakes, pies, muffins, and donuts). Table 4 lists foods that program staff should strive to provide in senior bags/boxes. (Section 5 of this guide will discuss tips for preparing foods for seniors to address common issues such as swallowing and chewing limitations.)

FOOD TO ENCOURAGE FOR SENIOR GROCERY PROGRAMS (Not an exhaustive list) TABLE 4

FRUIT

FRESH, FROZEN[#] AND CANNED[%]

- Pears
- Bananas
- Strawberries
- Blueberries

[#] no added sugars [%] canned in natural juices or light syrup

VEGETABLES

FRESH, FROZEN[^] AND CANNED^{*}

- Kale
- Spinach
- Broccoli
- Brussels sprouts
- Red, green, and orange peppers
- Carrots

[^] avoid high fat sauces for frozen ^{*} Low sodium or no added salt

MEAT AND NON-MEAT PROTEIN

FRESH AND FROZEN

- Boneless, skinless chicken breast
- 95% lean ground beef
- Low-fat hot dogs
- Lean ground turkey or chicken
- Fish

CANNED

- Low-fat, low-sodium chili meat
- Low-fat beans
- Tuna or chicken packed in water

DRY

- Beans (pinto, black, etc.)

DAIRY

MILK

- 1% or fat-free refrigerated
- 1% or fat-free, shelf stable/aseptic

YOGURT

- Low fat

CHEESE

- Low fat/reduced fat

GRAINS

- Whole wheat bread
- Fortified, low- or reduced-sugar cereals
- Whole wheat pasta
- Brown rice
- Whole wheat flour

⁵ USDA. MyPlate. Available at: <http://www.choosemyplate.gov/food-groups/>. Accessed August 3, 2013.



SOURCING AND DISTRIBUTING FOODS TO ENCOURAGE FOR SENIORS

TIPS FOR PROGRAM OPERATORS

Sourcing and distributing the most appropriate foods to serve through your Senior Grocery Program may be difficult. Program staff members have reported challenges ranging from pricing and availability, to storage limitations and food safety concerns. **The following section will list common challenges and solutions for sourcing and distributing foods for Senior Grocery Programs that were identified by program directors and staff in the field.** These challenges have been categorized into two sections: food bank level and program level. This is not an exhaustive list, but is meant to spark creative ideas to improve the product mix in your senior nutrition program.



SOURCING CHALLENGES AT THE FOOD BANK LEVEL

SOURCING A WIDE VARIETY OF FRESH FRUITS AND VEGETABLES

Challenge: “We rely on donated produce. Usually we only receive items such as potatoes and onions, which are very hardy. We are not sure how to source other more nutrient-dense fresh fruits and vegetables.”

Solution: Consider working with local farmers in your area.

Here are a few suggestions for you to consider:

- See if local farmers are willing to pay their workers to pick produce that is not “sellable” in the market place. Suggest paying for the workers’ time to pick product if the farmer agrees to donate the produce. This will ensure that you receive fresh produce at an inexpensive price.
- Submit for a grant proposal to a local foundation/community group. Use the grant money to purchase a certain amount of a farmer’s crop in advance of harvesting. These types of grants are appealing to local funders because the money is being spent on local agriculture and benefitting food insecure seniors.

For more ideas and tools on sourcing, distributing, funding, and nutrition education related to produce, go to the Produce Resource Center on HungerNet at <https://www.hungernet.org/PRC/Pages/home.aspx>

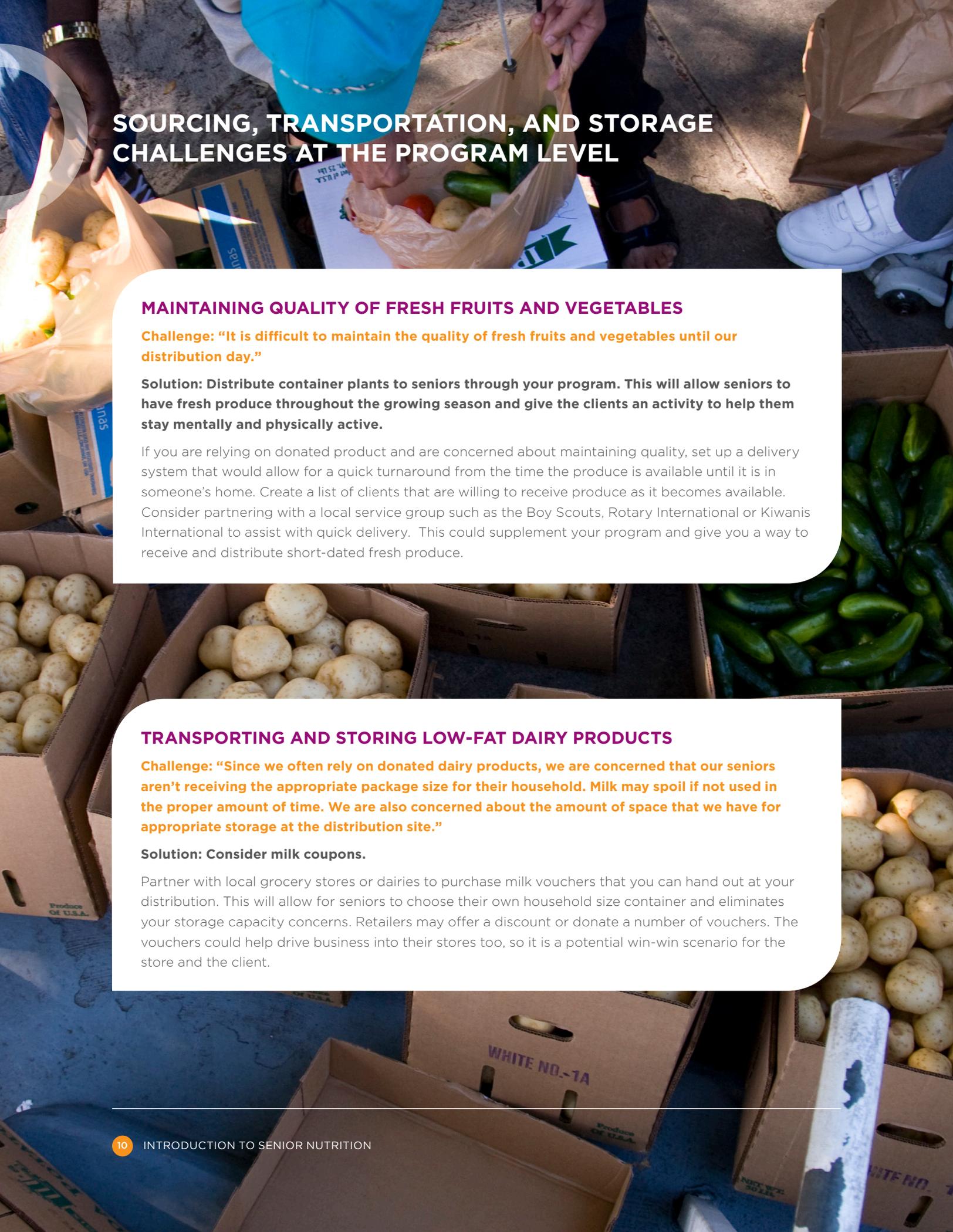
SOURCING LOW-SODIUM CANNED GOODS

Challenge: “We have found it is very difficult to find reasonably priced low-sodium canned goods.”

Solution: Feeding America has an expert food purchasing team that runs a national food-purchasing program.

Visit HungerNet at <https://www.hungernet.org/fgpurch/grocery/Pages/GroceryTeamMembers-ContactInfo.aspx> for contact information.

HungerNet also has a Purchase Portal that allows members to take advantage of direct-from-manufacturer pricing. You can access the purchase portal from the home page of HungerNet, in the Applications menu.



SOURCING, TRANSPORTATION, AND STORAGE CHALLENGES AT THE PROGRAM LEVEL

MAINTAINING QUALITY OF FRESH FRUITS AND VEGETABLES

Challenge: “It is difficult to maintain the quality of fresh fruits and vegetables until our distribution day.”

Solution: Distribute container plants to seniors through your program. This will allow seniors to have fresh produce throughout the growing season and give the clients an activity to help them stay mentally and physically active.

If you are relying on donated product and are concerned about maintaining quality, set up a delivery system that would allow for a quick turnaround from the time the produce is available until it is in someone’s home. Create a list of clients that are willing to receive produce as it becomes available. Consider partnering with a local service group such as the Boy Scouts, Rotary International or Kiwanis International to assist with quick delivery. This could supplement your program and give you a way to receive and distribute short-dated fresh produce.

TRANSPORTING AND STORING LOW-FAT DAIRY PRODUCTS

Challenge: “Since we often rely on donated dairy products, we are concerned that our seniors aren’t receiving the appropriate package size for their household. Milk may spoil if not used in the proper amount of time. We are also concerned about the amount of space that we have for appropriate storage at the distribution site.”

Solution: Consider milk coupons.

Partner with local grocery stores or dairies to purchase milk vouchers that you can hand out at your distribution. This will allow for seniors to choose their own household size container and eliminates your storage capacity concerns. Retailers may offer a discount or donate a number of vouchers. The vouchers could help drive business into their stores too, so it is a potential win-win scenario for the store and the client.

SOURCING, TRANSPORTATION, AND STORAGE CHALLENGES AT THE PROGRAM LEVEL

TRANSPORTING AND STORING LEAN MEAT ITEMS

Challenge: “We would prefer to give our clients frozen meat items since it would give us more time to distribute the products and seems to be a safer way for clients to transport them. However, we are not sure if we have enough freezer space at the distribution site.”

Solution: Work with a local business, grocery store, or food warehouse.

See if they would be willing to donate storage space for your program. Stores often have empty shelf space in storage rooms and could benefit from donating the space—it reflects positively on them for helping the community, and they may be eligible for a tax deduction.

Challenge: “We don’t feel comfortable giving meat items to our seniors and cannot ensure that they transport the items appropriately.”

Solution: Purchase or seek a donation of small, insulated bags that you can provide to your seniors when they sign up for your program.

Ask that they bring the bag with them on distribution days. This will help maintain proper temperatures during transportation and will encourage them to use the bags when transporting food outside of your program.

SOURCING AND DISTRIBUTING FORTIFIED GRAINS OR DIETARY SUPPLEMENTS TO ADDRESS VITAMIN B12 DEFICIENCIES

Challenge: “We don’t receive a lot of fortified grains through our donation stream, and we try to use our purchase dollars to source high-quality protein items. We also don’t feel comfortable distributing dietary supplements. Sometimes we just can’t provide everything a senior needs through our program.”

Solution: Sometimes programs must understand their limitations.

In this case, it may be beneficial to reach out to your local health care community. Many hospitals/clinics have outreach workers who may come to your program to conduct screenings or promote ways that seniors could access health care needs.



KEY CONSIDERATION FOR FOOD DISTRIBUTION AT SENIOR GROCERY PROGRAMS

Senior Grocery Program directors, staff, and volunteers can make a positive difference in the nutritional status of their clients. When possible, each senior's unique circumstance should be considered when preparing a food box. These considerations range from understanding a client's housing situation to his or her food preferences and medical status. (See appendix C of this guide for a template food preference questionnaire.)

ALTHOUGH SENIOR GROCERY PROGRAMS MAY NOT BE ABLE TO TAILOR PACKAGES FOR EACH AGING ADULT ACCESSING THEIR SERVICES, STAFF, AND VOLUNTEERS SHOULD STRIVE TO CONSIDER:

The cultural preferences of clients.

Giving clients healthful foods they are familiar with and know how to prepare could greatly impact the amount of food they consume and, in turn, ultimately have a positive impact on their health status. Additionally, seniors are more likely to return to a program when their cultural preferences are considered and respected. Consider collecting information about cultural preferences when you sign someone up for your program. For example, in communities with a large Hispanic population, consider providing whole grain tortillas instead of bread.

The medical status of clients.

Many aging clients suffer from chronic diseases such as diabetes and heart disease and have to balance an increased need for certain nutrients with the reduced need for calories and other nutrients of concern such as sugar and sodium. In addition, clients with certain medical conditions or taking medications may experience changes and decreases in their appetite. Therefore, it is very important to provide a variety of food from all the food groups that meet the dietary guidelines recommendations but also to consider your clients' food preferences and restrictions. All seniors may benefit from foods that are low in sodium, fat, and sugar and nutrient dense. When in doubt, ask!

Change in physical abilities.

Many seniors face physical limitations that inhibit their ability to cook and eat food. It is important to understand if a client has issues with Activities of Active Daily Living (ADL) that could impact their nutritional status. For example, it may be difficult for a client to:

- **Open a jar or can because of arthritis**
- **Chew certain foods**
- **Carry packages**

The housing situation of clients.

Each senior client may have a different living situation that should be factored into the package. For example, it is important to understand how many people live in the household in order to pack the appropriate number of items. It is also important to know the extent of storage space – dry, refrigerated, and freezer space – a client has available to them. Furthermore, consider whether clients have access to a microwave, oven, or cook top to prepare and cook the food provided to them. It is also important to understand if the client will prepare the food or if someone else will prepare the food for them.

Providing food demonstrations and simple recipes at the distribution site.

Since many senior nutrition programs rely on donations, it is not uncommon to receive donations of foods that may be unfamiliar to clients. Consider providing a food demonstration on distribution day so clients can smell, touch, and possibly eat the unfamiliar food (remember to check with your local health department first!). Also provide simple recipes that clients can use at home. If you or your food bank does not have the expertise or time to conduct these demonstrations, consider looking for a local partner to help you. Local health departments, SNAP-Ed educators, cooperative extension services, universities, dietetic interns, and other community health groups may have people and resources to help. For more information such as healthy recipes, check out the Healthy Food Bank Hub at www.healthyfoodbankhub.org.

FOOD PREPARATION TIPS FOR SENIOR CLIENTS

Senior Grocery Program staff and volunteers work hard to provide the most appropriate foods for their clients whenever possible. Program staff and volunteers can continue to support their clients after they have left a distribution site by providing them with tips on how to best prepare their food to maintain its safety and nutritional integrity.

FOOD PREPARATION TIPS FOR SENIOR CLIENTS

AREA OF CONCERN

TIPS FOR PREPARING FOODS

KEEPING FOODS SAFE

There are four key principles to keeping food safe. Be sure to clean hands, food contact surfaces, and vegetables and fruits; separate raw, cooked, and ready-to-eat foods while shopping, storing, and preparing foods; cook foods to a safe temperature; and chill perishable foods promptly. For more information, go to www.fightbac.org.

ADDRESSING CHEWING AND SWALLOWING

Many aging adults have a difficult time chewing food and may experience pain while eating. This can be from poor fitting dentures or softening of enamel. Seniors may also experience dry mouth due to medications, which can lead to difficulty swallowing. Advise clients to soften tough food like meats and hard vegetables by preparing them in casseroles and soups. Hard fruits and vegetables can also be blended with juices or yogurt to create healthful smoothies. Additionally, tough foods can be blended to create sauces to accompany soft foods such as rice and pasta.

REDUCING SODIUM

There are many ways to reduce sodium in food preparation.

- Reduce sodium from canned goods by rinsing the contents, which will remove salt added to preserve the food.
- Choose herbs, spices, and salt-free seasoning blends while cooking and at the table.

REDUCING FAT

There are a variety of ways to reduce fat while preparing food.

- Try using nonstick cooking spray instead of butter or oil.
- Trim visible fat from meat such as chicken and beef.
- Grill, braise or broil instead of frying.

REDUCING SUGAR

Reducing sugar is important for the aging population. There are a number of ways to reduce sugar when preparing food.

- Replace oil or sugar with unsweetened applesauce when cooking.
- Add bananas or other fruit to cereal instead of sugar.
- Try spices such as cinnamon, nutmeg, and ginger to enhance the flavor of foods.
- Rinse canned and frozen fruit that has been packed in syrup or has added sugar.



SENIOR GROCERY PROGRAM TOOLS

SENIOR GROCERY PROGRAM SUGGESTED THREE-DAY MENU FOR CLIENTS⁶

MEAL	DAY 1	DAY 2	DAY 3
BREAKFAST	<ul style="list-style-type: none"> • Cereal • Aseptic Milk • Peaches 	<ul style="list-style-type: none"> • Yogurt • Berries • Toast 	<ul style="list-style-type: none"> • Cereal • Milk • Berries
LUNCH	<ul style="list-style-type: none"> • Black beans • Rice • Cheese • Banana 	<ul style="list-style-type: none"> • Toasted cheese sandwich • Banana 	<ul style="list-style-type: none"> • Chicken and spinach salad with tomatoes • Peaches
DINNER	<ul style="list-style-type: none"> • Chicken • Spinach • Tomatoes 	<ul style="list-style-type: none"> • Ground beef • Rice • Green beans • Peaches 	<ul style="list-style-type: none"> • Black Beans • Rice • Cheese • Banana

⁶ A general rule for menu planning, to ensure a good balance of nutrients, is to provide at least 3 of the 5 food groups at each meal. Menu is based on suggested food package. Adjust as necessary to address actual food package, family size, and additional food available for meal preparation.

SUGGESTED THREE-DAY FOOD PACKAGE⁷

FOOD GROUP	FOOD ITEMS	# OF ITEMS FOR 1-2 PEOPLE	# OF ITEMS FOR 3-4 PEOPLE	# OF ITEMS FOR 5-6 PEOPLE
FRUIT 	Canned Peaches in Light Syrup	1-2 16 oz cans	3-4 16 oz cans	5-6 16oz cans
	Frozen blueberries (no added sugar)	1 2-pound bag	1 2-pound bag	2 2-pound bags
	Fresh Bananas	1-bunch	1-bunch	2-bunches
VEGETABLES 	Fresh spinach	1/4 -1/2 pound	1 pound	2 pounds
	Low sodium canned green beans	1-2 16 oz cans	3-4 16 oz cans	5-6 16oz cans
	Canned tomatoes	1-2 16 oz cans	3-4 16 oz cans	5-6 16oz cans
PROTEIN 	Frozen ground beef (95% lean)	1/4 -1/2 pound	1 pound	1-2 pounds
	Frozen chicken breast (boneless, skinless)	1/4 -1/2 pound	1 pound	1-2 pounds
	Dry black beans	1 pound bag	1 pound bag	1 pound bag
DAIRY 	Shelf-Stable milk	1-32 ounce package	1-32 ounce package	2-32 ounce packages
	Low-fat greek yogurt	1-16 ounce package	1-32 ounce package	2-32 ounce packages
	Low-fat cheese	1-8 ounce block	1-8 ounce block	2-8 ounce block
BREAD 	Fortified whole-grain cereal	1-12 ounce box	1-12 ounce box	1-2 12 ounce boxes
	Whole wheat bread	1 loaf	1 loaf	1 loaf
	Brown rice	1-1 pound bag	1-1 pound bag	1-2 1 pound bags

⁷This food package is just a suggestion. The number of items is estimated based on average pack and serving size. Program staff and volunteers should strive to distribute a variety of foods that are appropriate for aging clients. Based on inventory, make adjustments as necessary. This food package was adapted from a tool developed by the Food Bank of Central New York.

SENIOR GROCERY PROGRAM FOOD PREFERENCES AND PREPARATION SURVEY⁸

Program Staff/Volunteer (to be read to new client):

Good morning/afternoon. My name is _____ and I am pleased to meet you. It is our goal at _____ Senior Grocery Program (insert name of program if it is different) to provide you with the best services possible. Today, I would like to ask you a few questions/have you fill out a questionnaire in order to best understand your food and nutrition preferences and needs. This will help us provide you with the most appropriate food packages. Please know that this information will only be used for the purposes of this program and will not be shared with anyone outside of the staff and volunteers.

FOOD PREFERENCES

Vegetables

Which of the following would you most prefer to receive at this program? (Mark only one)

- Canned vegetables
- Frozen vegetables
- Fresh vegetables
- A mix of canned, frozen, and fresh vegetables

Comment:

Name the kind of vegetables that you would like to receive at this program:

Fruit

Which of the following would you most prefer to receive through the program? (Mark only one)

- Canned fruit
- Frozen fruit
- Fresh fruit
- A mix of canned, frozen, and fresh fruits

Comment:

Name the kind of fruit that you would like to receive at this program:

Meat and Non-Meat Protein

Which of the following would you most prefer to receive at this program? (Mark only one)

- Canned meat/poultry/fish
- Frozen meat/poultry/fish
- A mix of canned and frozen meat/poultry/fish
- None of the above

Comment:

Name the kind of meat/poultry/fish that you would like to receive at this program:

Beans/Legumes

What type of beans/legumes would you most prefer to receive at this program? (Pick One)

- Dry beans
- Canned beans
- Mix of dry and canned beans
- None of the above

Comment:

Name the kind of beans/legumes that you would like to receive at this program:

⁸This document is a suggested list of questions/pieces of information to collect about the nutritional status/needs and preferences of your clients. It may be administered as an interview or given to clients to fill out on their own. Adjust by eliminating or adding questions as necessary for your program. Food preference questions adapted from Dr. Robert C. and Veronica Atkins Center for Weight and Health's Clients of Emergency Food System Food Preference survey. Can be accessed at http://cwh.berkeley.edu/sites/default/files/primary_pdfs/PART_2_Research_Tools_Nutrition_Policies_Practices_Emergency_Food_Bank_Network_6.12.pdf

Dairy

Now think about milk. Which of the following would you most prefer to receive at this program? (Pick One)

- Dry milk
- Refrigerated milk
- Shelf-stable/boxed/aseptic milk
- Voucher or coupon to a local store/dairy
- I wouldn't use milk from the pantry (skip next)

Comment:

And which of the following, if any, would you MOST prefer to receive at this program? (Pick One)

- Skim/Non-fat milk
- 1% milk
- 2% milk
- Whole milk

Comment:

Grains

Which would you most prefer to receive at this program?

- White rice
- Brown rice
- None of the above

Which breakfast cereals would you like to receive from this program?

List any foods that you do not want to receive in your food package?

LIMITATIONS THAT MAY AFFECT FOOD PREFERENCES

Please indicate any of the following items that you would like us to be aware of

- I have a hard time chewing or swallowing foods

I have access to a (check all that apply)

- refrigerator
- freezer
- microwave
- oven
- stove top

I do not have a car and need a package that I will be able to carry

I have a medical diagnosis that necessitates that I have a special dietary accommodation.

For example:

- Diabetes
- Heart disease
- High blood pressure
- Kidney disease
- Other: Please explain further: _____

I am vegetarian or vegan

Please explain further:

I have a food allergy

Please explain further:

HOUSEHOLD INFORMATION

How many people live in your household? _____

Who cooks/prepares the meals in your house?

OTHER

Please list/tell us any other concerns that you would like us to be aware of.
