



Assessment:  Initial  Discharge

Read each question below and check the answer that best applies to you.		Score (To be completed by Inova Team Member)
1.	<b>On average, how often do you eat nonstarchy vegetables?</b> (e.g., broccoli, zucchini, onions, leafy greens, carrots, tomatoes) <input type="checkbox"/> 0-2 times per week <input type="checkbox"/> 3-5 times per week <input type="checkbox"/> 6-8 times per week <input type="checkbox"/> 9+ times per week	
2.	<b>On average, how often do you eat fruit?</b> (e.g., apples, bananas, berries, melon) <input type="checkbox"/> 0-2 times per week <input type="checkbox"/> 3-5 times per week <input type="checkbox"/> 6-8 times per week <input type="checkbox"/> 9+ times per week	
3.	<b>On average, how often do you eat whole grains?</b> (e.g., oatmeal, brown rice, quinoa, barley, whole wheat bread) <input type="checkbox"/> 0-2 times per week <input type="checkbox"/> 3-5 times per week <input type="checkbox"/> 6-8 times per week <input type="checkbox"/> 9+ times per week	
4.	<b>On average, how often do you eat plant proteins?</b> (e.g., beans, lentils, peas, tofu, nuts, seeds) <input type="checkbox"/> 0-2 times per week <input type="checkbox"/> 3-5 times per week <input type="checkbox"/> 6-8 times per week <input type="checkbox"/> 9+ times per week	
5.	<b>On average, how often do you eat red meat or processed animal proteins?</b> (e.g., pork, beef, lamb/mutton, veal, goat, venison, bacon, sausage, deli meat) <input type="checkbox"/> 9+ times per week <input type="checkbox"/> 6-8 times per week <input type="checkbox"/> 3-5 times per week <input type="checkbox"/> 0-2 times per week	
6.	<b>On average, how often do you eat home-cooked meals?</b> <input type="checkbox"/> 0-2 times per week <input type="checkbox"/> 3-5 times per week <input type="checkbox"/> 6-8 times per week <input type="checkbox"/> 9+ times per week	
7.	<b>A low sodium diet is often recommended for cardiopulmonary health. Which of the following are effective ways to reduce dietary sodium?</b> (check all that apply) <input type="checkbox"/> a. Eat more restaurant meals and fast food <input type="checkbox"/> b. Use sea salt instead of table salt when cooking <input type="checkbox"/> c. Read Nutrition Facts labels when shopping and choose items with less sodium <input type="checkbox"/> d. Use sodium-free herbs and spices to season food	
<b>TOTAL SCORE</b> (to be completed by Inova Team Member) ▶		

List two things you can do to eat a healthier diet:

1. \_\_\_\_\_ 2. \_\_\_\_\_

**Patient** (signature): \_\_\_\_\_ Date: \_\_\_\_\_ Time: \_\_\_\_\_

If patient is unable to complete:

**Completed by** (signature): \_\_\_\_\_ Date: \_\_\_\_\_ Time: \_\_\_\_\_

**Completed by** (print name): \_\_\_\_\_ Relationship: \_\_\_\_\_

**Clinician** (signature): \_\_\_\_\_ Date: \_\_\_\_\_ Time: \_\_\_\_\_

**Clinician** (print name): \_\_\_\_\_

**Interpreter Information** (To be completed by Inova staff, if applicable):

- In person     Telephonic     Video    Interpreter name/ID number (if applicable) \_\_\_\_\_  
 Patient/Designated Decision Maker was offered and refused interpreter     Waiver signed

PATIENT IDENTIFICATION

If label is not available, please complete:

Patient Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Medical Record # \_\_\_\_\_

**Inova  
Cardiopulmonary Rehabilitation  
Nutrition Assessment Survey**

- IAH     IFH     IFOH     ILH     IMVH