



Queensland  
Government

## Scored Sodium Questionnaire (Screening Form)

(Affix identification label here)

URN:

Family name:

Given name(s):

Address:

Date of birth:

Sex:  M  F  I

Facility: .....

The following questions ask you about your **usual** eating patterns over the last **6 months**.

- Please answer as honestly as possible so we can best help you with your diet.
- Be sure to answer every question and tick only **one box per question**.
- Scoring to be completed by your health professional.

How many slices of bread do you **usually** eat **per day**?

Food type	Examples	Please select one only			
		5 or more slices per day	3-4 slices per day	1-2 slices per day	I don't usually eat any bread
All types of bread	White, wholemeal, grain, bakery, homemade, chapatti etc.  Count 1 roll, crumpet, English muffin, small wrap, or small pocket bread as = 2 slices	<input type="checkbox"/> 30	<input type="checkbox"/> 25	<input type="checkbox"/> 15	<input type="checkbox"/> 0

Food type	Examples	Please select one only			
		At least once daily	2-3 times per week	Once per week	Rarely or never eaten
Ready-made breakfast cereals (exclude oats and semolina)	Corn flakes, puffed rice or corn, Froot Loops, Weet-Bix, muesli, bran flakes, Special K etc	<input type="checkbox"/> 5	<input type="checkbox"/> 3	<input type="checkbox"/> 2	<input type="checkbox"/> 0
Sweet biscuits, cookies, and baking/bakery foods	Tea biscuits, shortbread, cream biscuits, cakes, scones, sweet buns, doughnuts, muffins (savory or sweet) etc	<input type="checkbox"/> 5	<input type="checkbox"/> 3	<input type="checkbox"/> 2	<input type="checkbox"/> 0
Savoury biscuits and crackers	BBQ Shapes, rice or water crackers, Country Cheese, Jatz, Sao, Ryvita etc	<input type="checkbox"/> 5	<input type="checkbox"/> 4	<input type="checkbox"/> 3	<input type="checkbox"/> 0
Cheeses (exclude cottage and ricotta)	Block, slices, Cheddar, parmesan, Edam, brie, camembert, feta, gorgonzola, cream cheese, bottled cheese spread etc	<input type="checkbox"/> 12	<input type="checkbox"/> 6	<input type="checkbox"/> 4	<input type="checkbox"/> 0

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v1.00 - 01/2019



SW907

SCORED SODIUM QUESTIONNAIRE (SCREENING FORM)



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Food type	Examples	Please select one only			
		At least once daily	2-3 times per week	Once per week	Rarely or never eaten
Commercial dips, pates, fish or meat spreads	French onion dip, chicken liver pate, fish paste etc	<input type="checkbox"/> 2	<input type="checkbox"/> 1	<input type="checkbox"/> 0.5	<input type="checkbox"/> 0
Tinned or packet soups	Chicken noodle soup mix, Cup-a-Soup, tinned and condensed soups, miso soup, ready-made chilled soups etc	<input type="checkbox"/> 3	<input type="checkbox"/> 2	<input type="checkbox"/> 1	<input type="checkbox"/> 0
Processed meat (cooked, smoked or canned)	Ham, sausages, bacon, hock, corned beef, Spam, pickled pork, Devon, luncheon, salami, rotisserie chicken etc	<input type="checkbox"/> 30	<input type="checkbox"/> 20	<input type="checkbox"/> 10	<input type="checkbox"/> 0
Bottled sauces or marinades for cooking	Pasta sauce in a jar/bottle, barbecue marinades, curry sauce in a jar, satay/black bean/sweet and sour sauces	<input type="checkbox"/> 10	<input type="checkbox"/> 5	<input type="checkbox"/> 3	<input type="checkbox"/> 0
Salt added during cooking (include all types e.g. onion, garlic, chicken, organic, sea salt etc)	In: vegetable or pasta cooking water, soups, mashed potato, gravy, casseroles On: grilled, pan-fried or barbecued foods	<input type="checkbox"/> 25	<input type="checkbox"/> 15	<input type="checkbox"/> 8	<input type="checkbox"/> 0
Salt added at the table (include all types e.g. onion, garlic, chicken, organic, sea salt etc)	On: chips, meat, eggs, vegetables, soups, salads, sandwiches	<input type="checkbox"/> 12	<input type="checkbox"/> 6	<input type="checkbox"/> 4	<input type="checkbox"/> 0
Bottled table sauces and condiments	Tomato/barbecue sauce, Worcestershire sauce, soy/fish sauce, chilli sauce, fruit chutney, mustard pickles, horseradish, tartare sauce etc	<input type="checkbox"/> 5	<input type="checkbox"/> 3	<input type="checkbox"/> 2	<input type="checkbox"/> 0
Takeaway and deep-fried foods	Asian takeaway, pizza, fish and chips, burgers, hot dogs, fried chicken, kebabs, potato chips or wedges, Chiko Rolls, pies, pasties or sausage rolls	<input type="checkbox"/> 5	<input type="checkbox"/> 4	<input type="checkbox"/> 3	<input type="checkbox"/> 0

Do you have a stoma?  Yes  No      If yes, what type?  Ileostomy  Colostomy  
(This may impact how much sodium or salt is recommended in your diet)

**Thank you for answering these questions, you have now finished**

**For health care professional use:**

A score of 50 or greater generates referral to the Dietitian for full dietary assessment and counselling.

Max. score	Min. score	Patient's total score
149		

Name:

Designation:

Signature:

Date:

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