

The Warning Signs of poor nutritional health are often overlooked. Use this Checklist to find out if you or someone you know is at nutritional risk.

DETERMINE YOUR NUTRITIONAL HEALTH

Read the statements below. Circle the number in the "yes" column for those that apply to you or someone you know. For each "yes" answer, score the number in the box. Total your nutritional score.

	YES
I have an illness or condition that made me change 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 drinks of beer, liquor or wine almost every day.	2
I have tooth or mouth problems that make it hard for me to eat.	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 or over-the-counter drugs a day.	1
Without wanting to, I have lost or gained 10 pounds in the last 6 months.	2
I am not always physically able to shop, cook and/or feed myself.	2
TOTAL	

Total Your Nutritional Score. If it's –

- 0-2 Good! Recheck your nutritional score in 6 months.
- 3-5 You are at moderate nutritional risk. See what can be done to improve your eating habits and lifestyle. Your office on aging, senior nutrition program, senior citizens center or health department can help. Recheck your nutritional score in 3 months.
- 6 or more You are at high nutritional risk. Bring this Checklist the next time you see your doctor, dietitian or other qualified health or social service professional. Talk with them about any problems you may have. Ask for help to improve your nutritional health.

Remember that Warning Signs suggest risk, but do not represent a diagnosis of any condition. Turn the page to learn more about the Warnings Signs of poor nutritional health.

These materials are developed and distributed by the Nutrition Screening Initiative, a project of:



AMERICAN ACADEMY
OF FAMILY PHYSICIANS



THE AMERICAN
DIETETIC ASSOCIATION



THE NATIONAL COUNCIL
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State of Alaska DHSS Division of Senior & Disabilities Services
Consumer Characteristics for Nutrition, Transportation, & Support Services

Please complete this form annually (or sooner, if there has been a change in circumstances) for Registered Services under the Older Americans Act.

Data is critical for Federal Title III funds. Unauthorized use is strictly prohibited.

Information is protected by Privacy and Security Agreement.

Names and identifiers are not submitted.

Thanks for your help!

Name: First _____ Initial _____ Last _____

Birth Date _____ Date this form completed _____

Month Day Year

Month Day Year

Address _____ No change-check here

Physical _____

Mailing (if different than above) _____

Community _____

State Alaska

Other _____ Zip _____

Phone _____

email _____

Do you live alone? Yes No

Is your income below the Guideline? Yes No

Number in Home	Federal Income Guideline 1.28.16		For each additional person with income, add \$ 5,200
	Year	Month	
1	\$14,840	\$1,237	
2	\$20,020	\$1,668	
3	\$25,200	\$2,100	
4	\$30,380	\$2,532	

Please complete this section for Home Delivered Meals, Assisted Transportation, and/or Homemaker.

If you use personal or stand-by assistance, supervision or cues, to perform the following activities, please check the box.

- Activities of Daily Living (ADLs)
- Eating
 - Dressing
 - Bathing
 - Transferring in/out of bed/chair
 - Walking
 - Toileting

Instrumental Activities of Daily Living (IADLs)

- Preparing meals
- Shopping for personal items
- Medication management
- Managing money
- Using telephone
- Doing heavy housework
- Doing light housework
- Using available transportation

Please complete this section for Meals and/or Nutrition Counseling.

Total Score from Determine Your Nutritional Health _____

Please complete this section if using this form for the first time. It is very important for Federal funding.

Gender Female
 Male

Ethnic Race (Check as many as apply)

- Alaskan Native/American Indian
- Asian
- Black/African American
- Native Hawaiian/Pacific Islander
- White

Ethnicity Hispanic or Latino
 Not Hispanic or Latino

For office use: _____ Initials _____ Referrals _____

Site _____

Date _____

Follow up _____ Follow up date _____