

Consumer Characteristics

Basic Information **Circle One:** **HDM** **Congregate** **Transportation**

Name (Last, First, Middle Initial) Date of Birth Form Date

Physical Address City State Zip Code

Mailing Address (if different than physical) City State Zip Code

Contact Information

Phone Number Email

Emergency Contact

Name Relationship Phone Number

Demographics

Race (Check all that apply)	Gender	Ethnicity	Individuals	Income	
			in home	Annual	Monthly
<input type="checkbox"/> Alaskan Native/American Indian	<input type="checkbox"/> Female	<input type="checkbox"/> Unknown			
<input type="checkbox"/> Asian/Asian American	<input type="checkbox"/> Male	<input type="checkbox"/> Hispanic or Latino	1	\$18,210	\$1,518
<input type="checkbox"/> Black/African American	<input type="checkbox"/> Other	<input type="checkbox"/> Not Hispanic or Latino	2	\$24,640	\$2,053
<input type="checkbox"/> Native Hawaiian/Pacific Islander	Minority Status		3	\$31,070	\$2,589
<input type="checkbox"/> Non-Minority (white, non-Hispanic)	<input type="checkbox"/> Minority	Do you live alone?	4	\$37,500	\$3,125
<input type="checkbox"/> White Hispanic	<input type="checkbox"/> Non-Minority		<input type="checkbox"/> Yes <input type="checkbox"/> No	5	\$43,930
Are you a Veteran?			Is household income at or below the above income guide?		
<input type="checkbox"/> Yes <input type="checkbox"/> No			<input type="checkbox"/> Yes <input type="checkbox"/> No		

Ability and Assistance

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

<p>Instrumental Activities of Daily Living (IADLs)</p> <input type="checkbox"/> Preparing Meals <input type="checkbox"/> Shopping for personal items <input type="checkbox"/> Medication management <input type="checkbox"/> Managing money <input type="checkbox"/> Using telephone <input type="checkbox"/> Doing laundry <input type="checkbox"/> Doing light housework <input type="checkbox"/> Using available transportation	<p>Activities of Daily Living (ADLs)</p> <input type="checkbox"/> Feeding <input type="checkbox"/> Dressing <input type="checkbox"/> Continence <input type="checkbox"/> Transferring in/out of bed/chair <input type="checkbox"/> Bathing <input type="checkbox"/> Toileting
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Are you Diabetic? Yes No
Preferr Milk or Juice? Milk Juice

Do you have food allergies? YES NO

If yes, please describe allergies:

Employee Initials **Date**

Has Alzheimer's or Related Dementia/Disorder (ADRD):
<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't Know
Has Traumatic or Acquired Brain Injury (TABI):
<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't Know
Total score from your Nutritional Health (required for home delivered meals)

For Caregivers Only (indicate relationship to care recipient)

Indicate relationship to care recipient:

<input type="checkbox"/> Parent
<input type="checkbox"/> Grandparent
<input type="checkbox"/> Other Relative
<input type="checkbox"/> Non-Relative
<input type="checkbox"/> Partner/Spouse

For Adult Day Service (ADS) Consumers Only

Indicate Payment Source:

<input type="checkbox"/> Adult Day Services
<input type="checkbox"/> Medicaid Waiver
<input type="checkbox"/> Private Pay

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
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THE AMERICAN
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The Nutrition Checklist is based on the Warning Signs described below.
Use the word **DETERMINE** to remind you of the Warning Signs.

DISEASE

Any disease, illness or chronic condition which causes you to change the way you eat, or makes it hard for you to eat, puts your nutritional health at risk. Four out of five adults have chronic diseases that are affected by diet. Confusion or memory loss that keeps getting worse is estimated to affect one out of five or more of older adults. This can make it hard to remember what, when or if you've eaten. Feeling sad or depressed, which happens to about one in eight older adults, can cause big changes in appetite, digestion, energy level, weight and well-being.

EATING POORLY

Eating too little and eating too much both lead to poor health. Eating the same foods day after day or not eating fruit, vegetables, and milk products daily will also cause poor nutritional health. One in five adults skip meals daily. Only 13% of adults eat the minimum amount of fruit and vegetables needed. One in four older adults drink too much alcohol. Many health problems become worse if you drink more than one or two alcoholic beverages per day.

TOOOTH LOSS/MOUTH PAIN

A healthy mouth, teeth and gums are needed to eat. Missing, loose or rotten teeth or dentures which don't fit well, or cause mouth sores, make it hard to eat.

ECONOMIC HARDSHIP

As many as 40% of older Americans have incomes of less than \$6,000 per year. Having less -- or choosing to spend less -- than \$25-30 per week for food makes it very hard to get the foods you need to stay healthy.

REDUCED SOCIAL CONTACT

One-third of all older people live alone. Being with people daily has a positive effect on morale, well-being and eating.

MULTIPLE MEDICINES

Many older Americans must take medicines for health problems. Almost half of older Americans take multiple medicines daily. Growing old may change the way we respond to drugs. The more medicines you take, the greater the chance for side effects such as increased or decreased appetite, change in taste, constipation, weakness, drowsiness, diarrhea, nausea, and others. Vitamins or minerals, when taken in large doses, act like drugs and can cause harm. Alert your doctor to everything you take.

INVOLUNTARY WEIGHT LOSS/GAIN

Losing or gaining a lot of weight when you are not trying to do so is an important warning sign that must not be ignored. Being overweight or underweight also increases your chance of poor health.

NEEDS ASSISTANCE IN SELF CARE

Although most older people are able to eat, one of every five have trouble walking, shopping, buying and cooking food, especially as they get older.

ELDER YEARS ABOVE AGE 80

Most older people lead full and productive lives. But as age increases, risk of frailty and health problems increase. Checking your nutritional health regularly makes good sense.

