



Nutrition Risk Assessment

DETERMINE Your Nutritional Health Nutrition Screening Initiative

Background

The Nutrition Screening Initiative (NSI) was developed to address the prevalence of malnutrition among older adults. This initiative represents the work of the American Academy of Family Physicians and the American Dietetic Association to create a coalition whose goal is to promote the integration of nutrition screening and intervention into healthcare for older adults. NSI helps to increase older adults' awareness about nutrition and health. It differentiates among adequate nutritional status, malnutrition risk, and malnutrition.

The checklist is based on the following warning signs for poor nutrition:

Disease
Eating Poorly
Tooth Loss/Mouth Pain
Economic Hardship
Reduced Social Contact
Multiple Medicines
Involuntary Weight Loss/Gain
Needs Assistance in Self- Care
Elder Years Above Age 80

DETERMINE was designed by the American Academy of Family Physicians, the National Council on the Aging and others as part of the Nutrition Screening Initiative. This tool can be used by professionals working with elders to assess their risk for poor nutritional status or malnutrition. The DETERMINE questionnaire can also be used to measure an individual's change in level of nutritional risk over time. If DETERMINE scores taken prior to beginning a new nutrition program are compared with scores later in the program, a decrease in the resulting score would indicate a corresponding decrease in the elder's nutritional risk. In this way, the effectiveness of the program for the individual can be evaluated.

Requirements

The U.S. Administration on Aging (AoA) and the Health and Human Services (HHS) require nutrition programs funded by the Older Americans Act and Area Agencies on Aging (AAA) providing nutrition counseling to identify persons at high nutritional risk.

Individuals at high nutritional risk are defined by AoA as individuals who score "six (6) or higher on the DETERMINE Your Nutritional Health checklist published by the Nutrition Screen Initiative." This definition is included in the National Aging Program Information System (NAPIS) State Program Report.

The DETERMINE Your Nutritional Health checklist must be completed annually for all consumers receiving **congregate meals, home delivered meals** or **nutrition counseling**. The results of the completed checklist must be entered in the SAMS system for every consumer receiving one or more of these services. The content for this form is required and may not be altered by the AAA.

Completing the Paper Form

This form may be completed by the consumer or, when needed, it can be completed through an interview with the consumer. When this assessment is conducted by telephone by AAA staff the completed checklist and the "Determine Your Nutritional Health Handout" must both be provided to the consumer assessed and, as appropriate, documented in the consumer's file.

1. Enter the name of the provider or nutrition center. If the AAA is providing nutrition counseling directly, enter the name of the AAA.
2. Enter the consumer's name.
3. Enter the consumer's client identification number, if known. The consumer's Social Security Number should not be used for the client identification number.
4. Enter the date the DETERMINE Your Nutritional Health was completed. This assessment must be completed annually for all consumers receiving congregate meals, home delivered meals or nutrition counseling.
5. Circle the number in the "Yes" column if the statement applies to the consumer.
6. Total the score by summing only the numbers circled.
7. Enter the date and total score on the Handout for the DETERMINE Your Nutritional Health. The Handout should be given to the consumer for educational purposes and for future reference.
8. Enter the responses into SAMS. When the response is "Yes," SAMS will automatically apply the correct DETERMINE Your Nutritional Health score. The system will also automatically total the nutritional risk score and indicate the consumer's nutrition risk status in the SAMS client record.

Provider/Center: _____

Consumer Name: _____

Consumer ID: _____

Date: _____

**The warning signs of poor nutritional health are often overlooked.
Use this checklist to find out if you are at nutritional risk.**

Read the statements below. Circle the number in the “Yes” column for those that apply to you. Add the circled numbers to get your total nutritional risk score.

Statement	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 two meals a day.	3
I eat few fruits or vegetables, or milk products.	2
I have three 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 three or more different prescribed or over-the-counter drugs a day.	1
Without wanting to, I have lost or gained ten pounds in the last six month.	2
I am not always physically able to shop, cook and/or feed myself.	2
TOTAL	

Nutritional Health Score

0 – 2 Good
 3 – 5 Moderate Nutritional Risk
 6 or More High Nutritional Risk

Refer to the Determine Your Nutritional Health Handout to learn more about the warning signs of poor nutritional health.