Utah Basic Napis/Nutrition Intake

Agency: MAG	Type/Reason Assessment: CONGREGATE	Date:
Last Name:	First:	M.I.
Gender: ☐Male ☐Female	Phone Number:	DOB:
Street Address:		Apartment/Unit #
City:	State:	ZIP:

Current Living Arrangement: ☐ Lives Alone ☐Spouse/Partner ☐ Spouse & Child ☐Child/Children ☐ Information Unavailable ☐ With Others ☐ Not Answered

Length at current residence_____

Race
☐ Black/African American
☐ White-Hispanic
☐ American Indian/ Native Alaskan
☐ Asian
☐ Non-Minority (White Non-Hispanic)
☐ Other
☐ Native Hawaiian/Other Pacific Islander

Ethnicity
☐ Hispanic or Latino
☐ Not Hispanic or Latino
☐ Unknown

Monthly Income (OPTIONAL)	
Individual	**Couple**
$_____	$_____

Persons in family/household	
1 ☐	5 ☐
2 ☐	6 ☐
3 ☐	7 ☐
4 ☐	8 ☐

Nutrition Risk Score-Section 1

	YES	NO
1.1 Do you have an illness or condition that made you change the kind and/or amount of food you eat?	☐2	☐0
1.2 Do you eat fewer than two meals per day?	☐3	☐0
1.3 Do you eat fewer than five (5) servings (1/2 cup each) of fruits or vegetables every day?	☐1	☐0
1.4 Do you eat fewer than two servings of dairy products (such as milk, yogurt, or cheese) every day?	☐1	☐0
1.5 Do you not have enough money to buy food?	☐4	☐0
1.6 Do you have trouble eating due to problems with chewing/swallowing?	☐2	☐0
1.7 Do you eat alone most of the time?	☐1	☐0
1.8 Without wanting to, have you lost or gained 10 pounds in the past 6 months?	☐2	☐0
1.9 Are you physically unable to shop, cook and/or feed yourself (or to get someone to do it for you)?	☐2	☐0
1.10 Do you have 3 or more drinks of beer, liquor or wine almost every day?	☐2	☐0
1.11 Do you take 3 or more prescribed or over-the-counter drugs per day?	☐1	☐0

TOTAL Nutrition Risk Score

Check your Nutritional Score here. 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.