

**Utah Basic Napis/Nutrition Intake**

Agency: MAG	Type/Reason Assessment: CONGREGATE	Scan Card #:	Date:
Last Name:		First:	M.I.
Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female	Phone Number:		DOB:      AGE:
Street Address:			Apartment/Unit #
City:		State:	ZIP:
<b>Current Living Arrangement:</b> <input type="checkbox"/> Lives Alone <input type="checkbox"/> Spouse/Partner <input type="checkbox"/> Spouse & Child <input type="checkbox"/> Child/Children <input type="checkbox"/> Information Unavailable <input type="checkbox"/> With Others <input type="checkbox"/> Not Answered Length at current residence _____ Email: _____ <b>Emergency Contact Name &amp; Phone:</b> _____			

<p align="center"><b>Race</b></p> <input type="checkbox"/> Black/African American <input type="checkbox"/> White-Hispanic <input type="checkbox"/> American Indian/ Native Alaskan <input type="checkbox"/> Asian <input type="checkbox"/> Non-Minority (White Non-Hispanic) <input type="checkbox"/> Other <input type="checkbox"/> Native Hawaiian/Other Pacific Islander	<p align="center"><b>Ethnicity</b></p> <input type="checkbox"/> Hispanic or Latino <input type="checkbox"/> Not Hispanic or Latino <input type="checkbox"/> Unknown  <p align="center"><b>Marital Status</b></p> <input type="checkbox"/> Married <input type="checkbox"/> Single <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed <input type="checkbox"/> Unknown	<p align="center">Monthly Income (OPTIONAL)</p> <table style="width:100%;"> <tr> <td style="width:50%;"><b>Individual</b></td> <td style="width:50%;"><b>Couple</b></td> </tr> <tr> <td>\$ _____</td> <td>\$ _____</td> </tr> </table> <p align="center">Persons in family/household</p> <table style="width:100%;"> <tr> <td>1 <input type="checkbox"/></td> <td>5 <input type="checkbox"/></td> </tr> <tr> <td>2 <input type="checkbox"/></td> <td>6 <input type="checkbox"/></td> </tr> <tr> <td>3 <input type="checkbox"/></td> <td>7 <input type="checkbox"/></td> </tr> <tr> <td>4 <input type="checkbox"/></td> <td>8 <input type="checkbox"/></td> </tr> </table> <p align="right"><input type="checkbox"/> Veteran/ Spouse of Veteran</p>	<b>Individual</b>	<b>Couple</b>	\$ _____	\$ _____	1 <input type="checkbox"/>	5 <input type="checkbox"/>	2 <input type="checkbox"/>	6 <input type="checkbox"/>	3 <input type="checkbox"/>	7 <input type="checkbox"/>	4 <input type="checkbox"/>	8 <input type="checkbox"/>
<b>Individual</b>	<b>Couple</b>													
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4 <input type="checkbox"/>	8 <input type="checkbox"/>													

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