

# NUTRITIONAL OUTCOME SURVEY ENROLLMENT INSTRUCTIONS

Version: January 29, 2001

As part of the enrollment process and prior to administering the Nutritional Outcome questionnaire to the client, the following background information should be collected from the client:

- Have you been hospitalized or in a nursing home in the last 30 days?  Yes  No
- Prior to your involvement in the current nutrition program, have you been enrolled in any other nutrition program in the last three months?  Yes  No

At this point, please administer the nutrition questionnaire and the demographics intake form to the client. Remember to completely fill out the "office use only box" on the first page of the nutrition questionnaire immediately before or after the questionnaire is completed. The nutrition questionnaire should be administered first, then the optional questionnaires (i.e., emotional well-being, social functioning, and physical functioning) should follow.

**If the client asks for clarification on a question, please tell them to use their own judgement in determining the meaning of the question. Do NOT try to explain what it means to you.**

When the questionnaire is completed by the client, attach this form to their questionnaire and record the following information:

- Client's ID: \_\_\_\_\_
- Client's enrollment date: \_\_\_\_\_
- (Optional) Provider: \_\_\_\_\_ Senior Center: \_\_\_\_\_
- Programs/services that the client is currently enrolled in:
  - Home Delivered Meals (HDM)  Shopping Service  Adult Day Care
  - Congregate Meals (CM)  Transportation  Home Health Care
  - Nutritional Education  Case Management  Respite Care
  - Nutrition Counseling  In-Home Aide  Other: \_\_\_\_\_
- (Optional) Height \_\_\_\_\_ (in) Weight \_\_\_\_\_ (lb)  
Measurements were  Self-reported or  Measured by staff
- Comments:

Thank the client for their participation. You should mention to them that in 6 months they may receive a phone call or visit to re-evaluate their nutritional health. Also please ask them that if they drop out of the program during the next 6 months, could they please notify the agency. The agency would like to assess their nutritional health upon leaving the program. In addition, the agency would like to know more about the people who leave the program early.