NUTRITIONAL OUTCOME SURVEY
FOLLOW-UP INSTRUCTIONS

Version: January 29, 2001

As part of the follow-up process, please record whether you were able to contact the client. Also, if they terminated services record when and why they ended services if possible. This will greatly help in determining attrition in our programs.

- For the follow-up survey, the client:

☐ Successfully completed the questionnaire ☐ Refused to participate ☐ Had died
☐ Was unreachable (e.g. phone disconnected or moved) ☐ Other: _____

- Client's termination date: _____

- Termination reasons:

☐ Hospitalized ☐ Improved health ☐ Service expired
☐ In nursing home ☐ Health problems ☐ Don't know
☐ In day care ☐ Deceased ☐ Other: _____
☐ Disliked food ☐ Moved away

At this point, please administer the nutrition questionnaire 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. (The demographics intake form does not have to be administered during the follow-up.)

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: _____

- 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.