

NUTRITIONAL RISK SURVEY COVER SHEET

Version: March 21, 2002

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

- During the last 30 days, were you hospitalized or in a nursing home? 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 before giving it to a client. . Next, administer the nutrition and demographics questionnaires followed by the optional questionnaires (i.e., emotional well-being, social functioning, and physical functioning).

Attach this form to completed 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:

Please thank clients for their participation.