## **Nutrition Assessment/Nutritional Risk**

I have a special diet: ☐Yes ☐No		
i have a food allergy:   Yes  Specify  Specify		
The assessment below is designed to show whether a person is at risk of being in For each "True" answer, add up the numbers in the lower right corner of the "True"	column.	
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I have an illness or condition that makes me change the kind and/or amount of food I eat.	2	
2. I eat fewer than 2 meals per day.	3	
I eat few fruits or vegetables or milk products.	□ 2	
4. I have 3 or more drinks of beer, liquor or wine almost every day.	□ 2	
5. I have tooth or mouth problems that make it hard for me to eat.	2	
6. I don't always have enough money to buy the food I need.	4	
7. I eat alone most of the time.	1	
<ol> <li>I take 3 or more different prescribed or over-the-counter drugs per day.</li> </ol>	1	
<ol><li>Without wanting to, I have lost or gained 10 pounds in the last 6 months.</li></ol>	2	
10. I am not always physically able to shop, cook and/or feed myself.	2	
Score:		
0-2 Low Risk - Recheck in 6 months		
3-5 Medium Risk – Recheck in 3 months		
6 or more High Risk – Suggest speaking with physician, a dietician or or social service professional.	other qualit	fied health
Nutrition Risk: ☐High ☐Medium ☐Low ☐Decli	ned	

## Participant Information Form (PIF) 2022

Lewis County	y Seniors
Congregate I	Meals
Site:	COVID EM Meal

All data must be gathered and entered into CLC for Funding

Date of Intake	:						
Name							
Last	F	irst	Middle	_			
Date of Birth:	Month	/ Day	/ Year	·			
Address:	<del>,</del>						
City Phone:	_				Zip Code		
Ethnicity: [	_ N	on-Hispa	anic		Hispanic	☐ Other	
<b>Race:</b> (check al □American India				□His	panic	☐White/Non-Hispanic	
☐Asian				☐Native/Hawaiian/other Pacific Islander			
☐Black/African American ☐Other:							
Household Cor □Lives Alone	npositio		vith other re	elative(s	) 🗀 ott	ner	
☐With domestic partner ☐with parent(s)			s)	☐Declined to state			
☐With non-relative(s) ☐with spouse							
Gender: ☐Female ☐Male ☐Other ☐Unknown ☐Declined to disclose							
At or below 100% s participant's gro		ly income ∐Y	at or below	v FPL- l □No	Less than \$1,13	32 for a single person or \$1,525 for	
PAA Eligibility C	]Regular isabled <i>li</i> t	Volunteer	Triba eligible seni	l Memb	er (age 60+) □Spouse of	eligible senior	
mergency Cor	ntact: Na	me					
	Pho	one	F	Relation:	ship		