ARIZONA DEPARTMENT OF ECONOMIC SECURITY Division of Aging and Adult Services

Nutritional Health Screening Tool

Section 1

The warning signs of poor nutritional health are often overlooked.

Use this checklist to find out if you or someone you know is at nutritional risk.

- Read the statements below.
- Check the box in the YES column for those statements that apply to you or someone you know.

	YES
1. I have an illness or condition that made me change the kind and/or amount of food I eat	
2. I eat fewer than 2 meals a day.	
3. I eat few fruits, vegetables or milk products.	
4. I have 3 or more drinks of beer, liquor, or wine almost every day.	
5. I have tooth or mouth problems that make it hard for me to eat.	
6. I don't always have enough money to buy the food I need.	
7. I eat alone most of the time.	
8. I take 3 or more different prescribed or over-the-counter drugs a day.	
9. Without wanting to, I have lost or gained 10 pounds in the last 6 months.	
10. I am not always physically able to shop, cook, and/or feed myself.	

Section 2

1.	1. Have you recently lost weight without trying?						Yes	No
	If Yes, how much weight (pounds) have you lost?							
	2-13	14-23	24-33	34 or more	Unsure			
2.	2. Have you been eating poorly because of a decreased appetite?					Yes	No	
C								

Section 3

For each statement, please indicate whether the statement was often true, sometimes true, or never true for your household in the last 12 months.

1. "We worried whether our food would run out before we got money to buy more."

Often True Sometimes True Never True

2. "The food that we bought just didn't last, and we didn't have money to get more."

Often True Sometimes True Never True

Equal Opportunity Employer / Program • Auxiliary aids and services are available upon request to individuals with disabilities • To request this document in alternative format or for further information about this policy, contact the Division of Aging and Adult Services at 602-542-4446; TTY/TDD Services 7-1-1 • Disponible en español en línea o en la oficina local

FOR OFFICE USE ONLY

Provider Scoring Tool

Section 1: DETERMINE Your	Nutritional Hea	lth					
					YES		
1. I have an illness or condition that made me change the kind and/or amount of food I eat							
2. I eat fewer than 2 meals a day.					3		
3. I eat few fruits, vegetables or milk pro	oducts.				2		
4. I have 3 or more drinks of beer, liquor, or wine almost every day.							
5. I have tooth or mouth problems that make it hard for me to eat.							
6. I don't always have enough money to	buy the food I need.				4		
7. I eat alone most of the time.					1		
8. I take 3 or more different prescribed or over-the-counter drugs a day.							
9. Without wanting to, I have lost or gained 10 pounds in the last 6 months.							
10. I am not always physically able to shop, cook, and/or feed myself.							
	FINAL DETEI	RMINE Score (ad	d all nun	nbers circled above)			
DETERMINE Nutrition Risk Level		Moderate Risk		High Risk (6 or m	ore)		
Section 2: Malnutrition Scre	()						
. Have you recently lost weight withou		Yes	No				
	f Yes, how much weight have you lost?						
2-13 lbs. (Score 1)				How to Score:			
14-23 lbs. (Score 2)							
24-33 lbs. (Score 3)	(Score 3) MST = 0 or 1 = N (Eating well with I						
34 lb. or more (Score 4)	weight loss)						
Unsure (Score 1)	Weight loss sc	ore		MST= 2 or more =			
2. Have you been eating poorly because		(Eating poorly and/or recent weight loss)					
Yes (Score 1)							
No (Score 0)	Appetite Sc	ore					
		Total Wei	ght Los	s Score + Appetite	= RESUL		
			NOT	At Risk AT Ris	k		
Section 3: Food Insecurity Q	uestions						

1. "We worried whether our food would run out before we got money to buy more."

Often True Sometimes True Never True

2. "The food that we bought just didn't last, and we didn't have money to get more."

Often True Sometimes True Never True

RESULT