



Department of Family Services  
Aging & Disabilities Services Division  
World Elder Abuse Awareness Day—Friday, June 14, 2019

For Office Use:

Rtn. Special Event  
Health Outreach  
MAP General

Site: Phone-In Registration

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Phone No. \_\_\_\_\_

GENDER:  Male  Female MONTHLY INCOME:  Under \$1400  
 Over \$1400

ETHNICITY:  Hispanic  Non-Hispanic

RACE:  African American (Black) PLEASE CHECK:  Lives Alone  
 Asian/Pacific Islander  Lives with Others

Hispanic ARE YOU A VETERAN?  Yes  
 American Indian  No  
 Caucasian (White)

**Nutrition Screening Initiative Form and Scoring Method**

PLEASE READ THE QUESTION AND IF YOUR ANSWER TO THE QUESTION IS "YES" PLEASE CIRCLE THE NUMBER TO THE RIGHT. TALLY THE NUMBER TO DETERMINE YOUR NUTRITIONAL SCORE.	IF YES
I have an illness or condition that made me change the kind and /or amount of food I eat.	2
I eat fewer than two meals per day.	3
I eat few fruits or vegetables, or milk products.	2
I have three or more drinks of beer, liquor or wine almost every day.	2
I have tooth or mouth problems that make it hard for me to eat.	2
I don't always have enough money to buy the food I need.	4
I eat alone most of the time.	1
I take three or more different prescribed or over-the-counter drugs a day.	1
Without wanting to, I have lost or gained 10 pounds in the last six months.	2
I am not always physically able to shop, cook and/or feed myself.	2
TOTAL	

0-2: Low nutritional risk

3-5: Moderate nutritional risk

6 or more: High nutritional risk

Deadline: Friday, June 7, 2019 by 3 pm