

SCREEN-8 RED DEER

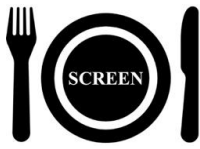
Name: _____

Score: _____ Date: _____

For each question, check **only 1** box that describes you **best**. Your response should reflect your **typical eating habits**.

Responses of this survey are private and confidential. These questions will help us find out more about your eating habits and identify any nutrition risk. Nutrition risk can result in malnutrition, and issues such as frailty, weakness, poor immunity, or decreased ability to recover from a fall or injury. By identifying your risk early, we can help provide you with services and resources to prevent malnutrition. If you agree, your results will be shared without your personal information as part of a larger project to assess how services for older adults can be improved in the Red Deer area.

- Has your weight changed in the past 6 months? (Net weight gain/loss). 1kg = 2.2lbs**
 - 0 Yes, I gained more than 10 pounds.
 - 2 Yes, I gained 6 – 10 pounds.
 - 4 Yes, I gained about 5 pounds.
 - 8 No, my weight stayed within a few pounds. (within 2 pounds)
 - 4 Yes, I lost about 5 pounds. Is weight continuing to decrease? Intentional?
 - 2 Yes, I lost 6 – 10 pounds. Is weight continuing to decrease? Intentional?
 - 0 Yes, I lost more than 10 pounds. (Net weight lost _____) Continuing to decrease? Intentional?
 - 0 I don't know how much I weigh or if my weight has changed. Do your clothes fit differently?
- Do you skip meals?**
 - 8 Never or rarely. (once a week or less; grazing meal pattern)
 - 4 Sometimes. (2-4 times each week)
 - 2 Often. (5-6 times each week)
 - 0 Almost every day. (At least daily, including having only 2 meals each day)
- How would you describe your appetite?**
 - 8 Very good.
 - 6 Good.
 - 4 Fair. (sometimes do not feel like eating at mealtime)
 - 0 Poor. (often do not feel like eating at mealtime)
- Do you cough, choke, or have pain when swallowing food OR fluids?**
 - 8 Never.
 - 6 Rarely. (once a week or less)
 - 4 Sometimes. (2-4 times a week)
 - 0 Often or always. (5-6 times a week or at least daily)
- How many pieces or servings of vegetables and fruit do you eat in a day?**
Can be canned, fresh, or frozen. (1 serving = med. size pc fruit, ½ cup of veg/fruit or 1 cup salad)
 - 4 Five or more.
 - 3 Four.
 - 2 Three.
 - 1 Two.
 - 0 Less than two.
- How much fluid do you drink in a day? (1 cup = 250 mL= 8 ounces)**
Examples are water, tea, coffee, herbal drinks, juice, and soft drinks, but NOT alcohol.
 - 4 8 or more cups.
 - 3 5 – 7 cups.
 - 2 3 – 4 cups.
 - 1 About 2 cups.
 - 0 Less than 2 cups.



7. **Do you eat one or more meals a day with someone?**
 0 Never or rarely. (once a week)
 2 Sometimes. (2-4 times a week)
 3 Often. (5-6 times a week)
 4 Almost always. (At least daily)
8. **Which statement best describes meal preparation for you?**
 4 I enjoy cooking most of my meals. (most days)
 2 I *sometimes* find cooking a chore. (some days of the week)
 0 I *usually* find cooking a chore. (most days of the week)
 4 I'm *satisfied* with the quality of food prepared by others.
 0 I'm *not satisfied* with the quality of food prepared by others.
9. **Do you ever have difficulty making ends meet at the end of the month?** Circle: Yes or No
10. **Do you have any problems getting your groceries?** Problems can be poor health or disability, limited income, lack of transportation, weather conditions, or finding someone to shop.
 0 Never or rarely. (no problems getting groceries in any season)
 0 Sometimes. (challenging on occasion)
 0 Often. (difficult in all seasons)
 0 Almost always. (you often cannot get the food you need)

Thank you for telling us about your eating habits. Total SCORE: _____

0 – 21	High Risk	Based on your answers today, we have identified a nutrition risk. I would like to offer you a referral to a dietitian (and/or other appropriate referral) to address your specific risk factors and help prevent malnutrition.
22 – 37	Moderate Risk	Based on your answers today, you may be at nutrition risk, I would like to offer you some resources and supports that can address your specific risk factors and help prevent malnutrition.
38 – 48	Low Risk	Based on your answers today, you are at low nutrition risk. I would like to offer you some resources and supports to help you stay healthy.

Referrals: (Check all that apply)

- Consent to send referral to appropriate services** **Referral declined**
- Registered Dietitian
 - Golden Circle Outreach (403 343 6074)
 - Red Deer Primary Care Network (Phone: 403 343 9100 Fax: 403 343 9580)
 - Physician
 - Homecare (1 888 357 9339)
 - Red Deer Meals on Wheels (403 340 2511)
 - Alberta Healthy Living Program (AHLP 1 877 314 6997)
 - Community Referral: _____
 - Denturist
 - Pharmacist

Handouts and Class Recommendations:

Signature

We are planning to evaluate how using the SCREEN-8 is working for seniors and staff. Would you be willing to share your experiences with us in the future? Please provide your telephone number so that we can pass it to the research team.



- Consent to be contacted by evaluation team, phone # _____**