



Nutrition Checklist for Older Adults

"DETERMINE" Mnemonic

Name: _____ Today's Date: _____

Possible Problem	Question to Answer	Score for "Yes" Answer (Circle if "yes")
D isease	Do you have an illness or condition that makes you change the kind and/or amount of food you eat?	2
E ating Poorly	Do you eat fewer than 2 meals per day?	3
	Do you eat few fruits, vegetables or milk products?	2
	Do you have 3 or more drinks of beer, liquor or wine almost every day?	2
T ooth Loss/Mouth Pain	Do you have tooth or mouth problems that make it hard for you to eat?	2
E conomic Hardship	Do you sometimes have trouble affording the food you need?	4
R educed Social Contact	Do you eat alone most of the time?	1
M ultiple Medications	Do you take 3 or more prescribed or over-the-counter drugs a day?	1
I nvoluntary Weight Loss/Gain	Have you lost or gained 10 pounds in the last 6 months without trying?	2

N needs Assistance In Self Care	Are you sometimes physically not able to shop, cook or feed yourself?	1
E lder Years > Age 80	Are you over 80 years old?	1
TOTAL		

- **0-2--Good!**
Recheck your nutritional score in 6 months.
- **3-5--You are at moderate nutritional risk.**
See what can be done to improve your eating habits and lifestyle. Your office on aging, senior nutrition program (e.g., Meals on Wheels), senior center or health department can help. Recheck your nutritional score in 3 months.
- **6 or more--You are at high nutritional risk.**
Bring this checklist the next time you see your doctor, dietitian or other qualified health or social service professional. Talk with them about any problems you may have. Ask for help to improve your nutritional health.

(From *The Nutrition Screening Initiative*, a project of the AAFP, ADA & NCOA, Washington, D.C. 1992.)