## DIET / NUTRITION/ HYDRATION EVALUATION

**Resident Name ___________________________________**  
**Evaluation Date________________________**

**Evaluator Signature ________________________________**  
**Reason for Evaluation________________________**

### RESIDENT SCREENING FOR NEED

- Last recorded weight: _____________ Date obtained _____________ Height: _____________

Once a weight is obtained, calculate the Body Mass Index (BMI) as follows: multiply weight in pounds by 703. Divide that answer by the height in inches. Divide that answer by your height in inches again. Normal BMI in the elderly is 22 to 27. Is the BMI within 22 to 27?  
- circle one **YES**  
- circle one **NO**

- Significant unintentional weight increase or decrease in the last 90 days (defined as:  5% gain or loss in 1 month; 7.5% gain or loss in 3 months; 10% gain or loss in 6 months)  
- circle one **YES**  
- circle one **NO**

- Is weight loss unrelated to a terminal diagnosis or end stage disease process?  
- circle one **YES**  
- circle one **NO**

**Note:** If answer to **all** questions is **NO**, evaluation is complete. Any answer circled **YES**; complete the rest of the form, assess, and intervene.

### EVALUATION

<table>
<thead>
<tr>
<th>Resident History:</th>
<th>YES</th>
<th>NO</th>
<th>COMMENTS</th>
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</thead>
<tbody>
<tr>
<td>Have resident’s eating habits changed recently?</td>
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<td>Does resident have any unusual dietary habits?</td>
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<td>Does Resident take medication which may affect appetite and/or hydration, or possibly involve drug-nutrient interaction?</td>
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<tr>
<td><strong>Lasix</strong> <strong>Levodopa</strong> <strong>NSAIDs</strong> <strong>Dilantin</strong> <strong>SSRIs</strong> <strong>Coumadin</strong> <strong>Steroid</strong> <strong>Polypharmacy</strong></td>
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<td><strong>Other (specify)</strong></td>
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<td>Does resident have a diagnosis that typically affects food choice or weight?</td>
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<td><strong>Depression</strong> <strong>Endocrine disorders</strong> <strong>Chronic Infections</strong> <strong>GI disease</strong> <strong>Connective tissue disease</strong> <strong>Pulmonary disease</strong> <strong>Renal disease</strong> <strong>Dementia</strong></td>
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<td><strong>Other (specify)</strong></td>
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### Physical Appearance:

- Does resident show any of the following indicators of nutrition deficiency?  
  - __Dry mouth/eyes__ __Dry brittle hair__ __Cupped fingernails__ __Muscle Atrophy__ __Pale skin__ __Poor wound healing__ __Petechiae (small red or brown spots on skin)__ __Bruising__ __Skin changes (e.g. dry, thinning, peeling, turgor)__ __Ascites (unusual swelling of abdominal area)__ __Edema__ __Fluid retention__ __Other (specify)__

### Nutritional Status:

- Is resident on modified diet? (Check that apply)  
  - __Controlled carbohydrates__ __Mechanical soft__ __Pureed__ __NAS__ __Vegetarian__ __Finger foods__
  - __Other (specify)__

- Has resident appetite and normal food/fluid intake remained stable?  
- Is resident able to feed self?  
- Is resident able to chew and swallow adequately?  
- Does resident have few or poor teeth or ill-fitting dentures that make chewing difficult or that limit ability to eat?  
- Does resident have chronic or acute pain issue?

### Personal Habits:

- Does Resident have routine opportunity for physical activity to improve appetite?  
- Does resident drink at least one glass of water with each meal?  
- Does resident eat better if served finger foods?  
- Does resident eat better in social environment?  
- Does resident eat better when alone without distractions?  
- Does resident prefer ethnic or culturally familiar foods?