

## Adult Day Services Client Assessment

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ Date: \_\_\_ / \_\_\_ / \_\_\_

| <b>WEIGHT &amp; NUTRITIONAL STATUS</b>   |   |
|--|---|
| <p><b>1. Record Height and Weight:</b></p> <p>_____ A Height ( in inches)</p> <p>_____ B Weight (in pounds)</p>  | <p><b>2. Weight change:</b></p> <p><input type="checkbox"/> 1 Loss of 5% or more in past 30 days</p> <p><input type="checkbox"/> 2 Gain of 5% or more in past 30 days</p> |
| <p><b>3. Regularly complains of hunger during the last week:</b></p> <p><input type="checkbox"/> 1 Yes</p> <p><input type="checkbox"/> 2 No</p>  | <p><b>4. Leaves 25% or more uneaten at most meals during the last week:</b></p> <p><input type="checkbox"/> 1 Yes</p> <p><input type="checkbox"/> 2 No</p>                |
| <p><b>5. Check all that apply during the last week:</b></p> <p><input type="checkbox"/> A Parental/IV</p> <p><input type="checkbox"/> B Feeding tube</p> <p><input type="checkbox"/> C Dietary supplement between meals</p> <p><input type="checkbox"/> D On weight change program</p> <p><input type="checkbox"/> E Other: _____</p> <p>_____</p> |   |

**Comments:** \_\_\_\_\_

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# WEIGHT AND NUTRITIONAL STATUS CLIENT INTAKE ASSESSMENT

## Instructions

Please record information as it is observed at the Center. This form is completed monthly.

### 1. Record Height and Weight

- A. Height should be recorded in inches. Height should be measured according to the Center's own standards for example shoes off. What matters is that everyone does it the same way every time.
  
- B. Weight should be recorded in pounds. Weight should be measured according to the Center's own standards for example after going to the toilet or sweaters and jackets on.

### 2. Weight change:

Record if client has a weight loss of 5% or more since the last weight was recorded. For example if a client weighed 100 pounds and now weighs 93 pounds you would place a check in this area.

Record if a client has a weight gain of 5% or more since the last weight was recorded. For example if a client weighed 110 pounds and now weighs 120 pounds you would place a check in this area.

### 3. Regularly complains of hunger during the last week.

Regular complaints of hunger refer to complaints on two out of the last three times the client was at the center. For example, the client asked for more food or repetitively complained of feeling hungry even after eating a meal. If yes score as 1, if no score as 2.

### 4. Leaves 25% or more uneaten at most meals during the last week.

On most days during the last week the client ate less than 75% of food (even when substitutes are available). Check with other staff to gather information about client's consumption. Less than 75% will be determined by following the attached guidelines.

### 5. Check all that apply during the last week:

Please check all nutritional approaches that have been used for this client during the last week.