## **GENERAL INFORMATION**

# **Be Counted!!!**

Name			ETHNICITY:	Asian Am.	
Address			Pacific Island	Afr-American	
			Non-minority	Hispanic	
	Telephone		Other	Am. Indian	
	Date of Birth	/ /	None given	Nat. Alaskan	
-		day/month/year			
2009 DHHS Guidelines	0 (11 )		GENDER:	Female	
Household Income single \$10,400	Over / Under /			Male	
couple \$14,000	/		RESIDENCE (p	op. Under/over 25,000)	Over
3 people \$17,600 4 people \$21,200	/		HOUSEHOLD S	<b>IZE</b> : 1	
(add \$3,600 for each additional				2	
household member over 4)				3	
			•	(even once) used the or mobile meals?	

#### **NUTRITION RISK**

Directions: Answer yes or no to each question

	Yes or No	Office use
	NO	Č
I have an illness/condition that made me change the kind/amount of food I eat		_ 2
I eat fewer than 2 meals per day		_ 3
I eat few fruits, vegetables or milk products		_ 2
I have 3 or more drinks (beer, liquor, wine) almost every day		_ 2
I have tooth/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 3 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 6 months		_ 2
I am not always physically able to shop, cook and/or feed myself		_ 2

# **Be Counted!!!**

### Directions - Check "yes" or "no" Yes No 1 - I can use utensils & eat without help 2 - I can get in & out of a bed or chair 3 - I dress & undress without help 4 - I get in & out of bath/shower without help 5 - I can prepare my bath & wash/dry myself 6 - I can complete toilet activities without help 7 - I walk up/down a flight of stairs without help 8 - I walk without getting tired or needing help INSTRUMENTAL ACTIVITIES OF DAILY LIVING (IADL) - important to independence Directions - Check "yes" or "no" Yes No 1 - I can prepare my own meals 2 - I can do housekeeping & outside chores 3 - I can do my own grocery shopping

ACTIVITIES OF DAILY LIVING (ADL'S) - ability to perform ordinary activities

4 - I can travel in a van, taxi, bus or car without help

5 - I answer the phone & can call the operator

6 - I clean my teeth, comb my hair, shave, etc.

7 - I handle my own bill paying, banking, etc.

8 - I do my own laundry

"The information you are being asked to provide is needed to determine if you are eligible to receive Older Americans Act Services and to comply with federal reporting requirements. This information will be stored in a secure electronic database and will not be used for any other purpose. Your information will not be shared with another agency without your permission. This information will not be sold to anyone. You have the right to review your electronic record and request changes to assure accuracy. You will not be denied most services if you refuse to provide this information. If you have questions regarding this, please ask the aging unit staff."