Please answer each question below.

**NUTRITION RISK SCREEN (This section for Congregate Meals and Nutrition Counseling Only)**

**MODIFIED DIETS**

Are you following any modified diet(s)?  □ Yes  □ No

If yes, mark each type:  □ Diabetic  □ Diverticulitis  □ Ethnic/religious  □ Low sodium (salt)  □ Mechanical  □ Pureed  □ Renal  □ Vegetarian  □ Other

**SCORING – If Yes, Circle**

Do you eat less than 2 meals daily? 

Do you eat less than 2 servings of fruits and vegetables daily? 

Do you eat less than 2 servings of dairy products (milk, cheese, yogurt, etc.) daily? 

Do you usually drink less than 6 glasses of water, milk, or juice daily?  # of glasses:

Do you drink 3 or more alcoholic beverages daily? 

Do you take 3 or more different prescriptions and/or over-the-counter drugs daily? 

Do you have problems with dentures, teeth, or mouth, which make it hard to eat?  (Circle all that apply)

**RISK LEVEL:** 0-2: Low 3-5: Moderate 6 or more: High nutritional risk; share results with your health care provider.

**Release of Information:** I consent to the release of the information on this page so I can receive services. I understand the information on this page will be released to Kansas Department for Aging and Disability Services, the Area Agencies on Aging, and service providers as listed below to enable the delivery of services and program monitoring.

Customer/Guardian Signature  ___________________________ Date  ____________

Reviewer Signature  ___________________________ Date  ____________

--- COMPLETED BY REVIEWER ---

<table>
<thead>
<tr>
<th>KAMIS ID:</th>
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</thead>
<tbody>
<tr>
<td>60+ Person</td>
<td>Less than 60 Spouse of 60+ Person</td>
<td>Less than 60 disabled Person residing with 60+ Person</td>
<td>60+ non-spouse Caretaker (IIIIB Home-delivered meals only)</td>
</tr>
<tr>
<td>Volunteer</td>
<td>Less than 60 disabled Person residing in housing facility with CMEL site and occupied mostly by 60+ Persons</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**PARTICIPANT STATUS FOR MEALS**

- 60+ Person
- Less than 60 Spouse of 60+ Person
- Less than 60 disabled Person residing with 60+ Person
- 60+ non-spouse Caretaker (IIIIB Home-delivered meals only)
- Volunteer
- Less than 60 disabled Person residing in housing facility with CMEL site and occupied mostly by 60+ Persons

**KDADS Form UPR-001** Effective: 04/01/2022 Expires: 03/31/2023