

Staying Healthy Restaurant Initiative

Portage, Stark, Summit and Wayne Counties

NAME:

PIMS:

ADDRESS:

DOB:

PHONE:

city

zip

GENDER:

Female

Male

CURRENT LIVING ARRANGEMENT:

Lives Alone

With Spouse/Partner

With Spouse & Child

With Child/Children

Information Unavailable

With others

ETHNICITY:

Hispanic or Latino

Not Hispanic or Latino

Refused

\$

Client's monthly income

RACE:

American Indian/Native American

Asian

Black/African American

Native Hawaiian/Pacific Islander

Non-minority (White, non-Hispanic)

White-Hispanic

Other

IS INCOME BELOW NATIONAL POVERTY LEVEL?

*National Poverty Level is
\$12,760.00 annually for
one person*

Yes

No

IS CLIENT DISABLED?

Yes

No

RURAL?

Yes

No

HOLOCAUST SURVIVOR?

Yes

No

LIMITED ENGLISH?

Yes

No

NUTRITION

Are you always physically able to shop, cook and/or feed yourself (or get someone to help you)?

Yes

No

During the past 7 days, and considering all episodes, how would you rate the client's ability to perform meal preparation?

Independent

Somewhat Dependent

Mostly Dependent

Totally Dependent

Activity does not occur

Yes No

1.Has the client made any changes in lifelong eating habits because of health problems?
2.Does the client eat fewer than 2 meals per day?
3.Does the client eat fewer than 5 servings (1/2 cup each) of fruits or vegetables every day?
4.Does the client eat fewer than 2 servings of dairy products (such as milk, yogurt, or cheese) daily?
5.Does the client sometimes not have enough money to buy food?
6.Does the client have trouble eating well due to problems with chewing/swallowing?
7.Does the client eat alone most of the time?
8.Without wanting to, has the client lost or gained 10 pounds in the past 6 months?
9.Is the client not always physically able to shop, cook, or feed themselves (or get someone to do it)
10.Does the client have 3 or more drinks of beer, liquor or wine almost every day?
11.Does the client take 3 or more different prescribed or over-the-counter drugs per day?

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DURING THE PAST 7 DAYS, HOW WOULD YOU RATE THE CLIENT'S ABILITY TO PERFORM THE FOLLOWING FUNCTIONS?

ACTIVITIES OF DAILY LIVING (ADL)	INSTRUMENTAL ACTIVITIES OF DAILY LIVING (IADL)	
Including shower, full tub or sponge bath, but excluding washing back or hair - 1.		
BATHING	1. MEAL PREPARATION	7. TRANSPORTATION
0 - Independent 1 - Supervision 2 - Requires assistance sometimes 3 - Mostly dependent 4 - Totally dependent 5 - Activity does not occur	0 - Independent 1 - Sometimes dependent 2 - Mostly dependent 3 - Totally dependent 4 - Activity does not occur	0 - Independent 1 - Somewhat dependent 2 - Mostly dependent 3 - Totally dependent 4 - Unknown
2. DRESSING	2. MANAGING MEDICATIONS	8. TELEPHONE
0 - Independent 1 - Supervision 2 - Limited Assistance 3 - Extensive Assistance 4 - Total Dependence 5 - Activity did not occur	0 - Independent 1 - Needs reminders 2 - Somewhat dependent 3 - Totally dependent 4 - Activity does not occur	0 - Independent 1 - Able to perform but needs verbal assistance 2 - Can perform with some human help 3 - Can perform with a lot of human help 4 - Cannot perform at all without human help 5 - Paramedical services needed
3. TOILET USE	3. MANAGING MONEY/FINANCES	
0 - Independent 1 - Supervision 2 - Sometimes dependent 3 - Mostly dependent 4 - Totally dependent 5 - Activity does not occur	0 - Completely independent 1 - Needs assistance sometimes 2 - Needs assistance most of the time 3 - Completely dependent 4 - Activity does not occur	
4. TRANSFER	4. HEAVY HOUSEWORK	
0 - Independent 1 - Supervision 2 - Minimal assistance required 3 - Mostly dependent 4 - Totally dependent 5 - Activity does not occur	0 - Independent 1 - Needs assistance sometimes 2 - Needs assistance most of the time 3 - Unable to perform tasks 4 - Activity does not occur	
5. EATING	5. LIGHT HOUSEKEEPING	
0 - Independent 1 - Supervision 2 - Sometimes dependent 3 - Mostly dependent 4 - Totally dependent 5 - Unknown	0 - Independent 1 - Needs assistance sometimes 2 - Needs assistance most of the time 3 - Unable to perform tasks 4 - Activity does not occur	
6. WALKING IN HOME	6. SHOPPING	
0 - Independent 1 - Supervision 2 - Limited Assistance 3 - Extensive Assistance 4 - Total Dependence 5 - Activity did not occur	0 - Independent 1 - Somewhat dependent 2 - Mostly dependent 3 - Totally dependent 4 - Activity does not occur	

