Use the word **DETERMINE** to remind you of the warning signs.

**Disease**
**Eating Poorly**
**Tooth Loss/Mouth Pain**
**Economic Hardship**
**Reduced Social Contact**
**Multiple Medicines**
**Involuntary Weight Loss/Gain**
**Needs Assistance in Self Care**
**Elder Years Above Age 80**

**TALK TO YOUR HEALTHCARE PROVIDER ABOUT YOUR NUTRITIONAL STATUS**

Share this brochure and review the DETERMINE questions. Ask about your specific health conditions and nutrition. Discuss other services that you might be eligible for.

One Natural Resources Way, Suite 100
Springfield, IL 62702-1271
www.illinois.gov/aging

Contact your local Area Agency on Aging or the Senior HelpLine at 1-800-252-8966 (1-888-206-1327 TTY) for more information about available services and programs in your community.

The Illinois Department on Aging does not discriminate in admission to programs or treatment of employment in programs or activities in compliance with appropriate State and federal statutes. If you feel you have been discriminated against, call the Senior HelpLine at 1-800-252-8966, 1-888-206-1327 (TTY).

Printed by Authority of the State of Illinois.
Recheck your nutritional score in 6 months or annually. Lifestyle changes may be necessary. Recheck your score in 3 to 6 months.

Bring this questionnaire to your healthcare provider, registered dietitian, or social service professional to help improve your nutritional health.

Remember that warning signs suggest risk, but do not represent a diagnosis of any condition.

<table>
<thead>
<tr>
<th>DETERMINE Your Nutritional Health Questionnaire</th>
<th>YES</th>
<th>NO</th>
</tr>
</thead>
<tbody>
<tr>
<td>I have an illness or condition that made me change the kind and/or amount of food I eat.</td>
<td>2</td>
<td>0</td>
</tr>
<tr>
<td>I eat fewer than 2 meals per day.</td>
<td>3</td>
<td>0</td>
</tr>
<tr>
<td>I eat few fruits or vegetables or milk products.</td>
<td>2</td>
<td>0</td>
</tr>
<tr>
<td>I have 3 or more drinks of beer, liquor, or wine almost every day.</td>
<td>2</td>
<td>0</td>
</tr>
<tr>
<td>I have tooth or mouth problems that make it hard for me to eat.</td>
<td>2</td>
<td>0</td>
</tr>
<tr>
<td>I don’t always have enough money to buy the food I need.</td>
<td>4</td>
<td>0</td>
</tr>
<tr>
<td>I eat alone most of the time.</td>
<td>1</td>
<td>0</td>
</tr>
<tr>
<td>I take 3 or more different prescribed or over-the-counter drugs a day.</td>
<td>1</td>
<td>0</td>
</tr>
<tr>
<td>Without wanting to, I have lost or gained 10 pounds in the last 6 months.</td>
<td>2</td>
<td>0</td>
</tr>
<tr>
<td>I am not always physically able to shop, cook, and/or feed myself.</td>
<td>2</td>
<td>0</td>
</tr>
<tr>
<td><strong>TOTAL</strong></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

*The DETERMINE checklist was developed and distributed by the Nutrition Screening Initiative, a project of the American Academy of Family Physicians, The American Dietetic Association and The National Council on the Aging, Inc.*

**SCORE**

**0-2: GOOD**
Recheck your nutritional score in 6 months or annually.

**3-5: MODERATE NUTRITIONAL RISK**
Lifestyle changes may be necessary. Recheck your score in 3 to 6 months.

**6-21: HIGH NUTRITIONAL RISK**
Bring this questionnaire to your healthcare provider, registered dietitian, or social service professional to help improve your nutritional health.

Your nutritional status can impact your overall health. If your score is a 6 or more on the Questionnaire (High Nutritional Risk), you should talk with your healthcare provider and other professionals to further understand your nutritional status.

Signs of poor nutritional health are often overlooked. It is estimated that up to half of older adults are at risk of malnutrition. Being malnourished can lengthen hospital stays by 4 to 6 days and poor nutritional status can increase healthcare costs by 300%. Chronic health conditions can increase the risk for malnutrition and being malnourished leads to further complications, falls, and readmissions to the hospital.