

## **Nutrition Checklist**

A guide for signs that someone you are supporting may need nutritional help or extra nourishment (based on the Patient Association Nutrition Checklist)

Name of individual:		
Name of person completing this checklist:		
Role:	Organisation:	
Date:		
	Initial Assessmer	nt
Tick the relevant box to indicate the person's answers, then refer to the actions below.		
1. Are you or your family concerned	d that you may be	underweight or need nutritional advice?
□ Yes	□ No	🗆 Don't know
2. Have you lost a lot of weight unintentionally in the past three-six months?		
□ Yes – do you know why?		
□ No	🗆 Don't Knov	
3. Have you noticed that your cloth	ies or rings have b	ecome loose recently?
□ Yes	□ No	🗆 Don't know
4. Have you recently found that you	u have lost your a	ppetite and/or interest in eating?
□ Yes	□ No	🗆 Don't know
	t <b>increased risk of</b> 'yes' or 'don't kno	Fundernutrition? w' to one or more questions above) □ NO NO further action needed
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