

Aging Needs Evaluation Summary (AGNES) - One Form

This form may not be altered. Revised 1/16/2025

Nutrition Screening	YES (please circle)	NO (please circle)
I have an illness or condition that made me change the kind and/or amount of food I eat.	2	0
I eat fewer than 2 meals per day.	3	0
I eat few fruits or vegetables or milk products.	2	0
I have 3 or more drinks of beer, liquor or wine almost every day.	2	0
I have tooth or mouth problems that make it hard for me to eat.	2	0
I don't always have enough money to buy the food I need.	4	0
I eat alone most of the time.	1	0
I take 3 or more different prescribed or over-the-counter drugs a day.	1	0
Without wanting to, I have lost or gained 10 pounds in the last 6 months.	2	0
I am not always physically able to shop, cook, and/or feed myself.	2	0
What is the consumer's nutrition risk score?- TOTAL (0-2= No Risk) (3-5= Moderate Risk) (6 or more= High Risk)		
Staff Only: If High Risk: The Dietitian may contact the participant regarding their risk score to provide information that may be beneficial. Was the referral made to the RD?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<i>Nutrition Risk Action</i>	<i>Nutrition Risk Score</i>	
Good! Reassess in 6-12 months.	0-2: No Risk	
Offer nutrition education and counseling services. Reassess in 3-6 months.	3-5: Moderate Risk	
Recommend that the client discusses their score with a dietitian or health professional. Offer nutrition education and counseling services.	6 or more: High Risk	

<p>Staff Only: If Participant is Eligible for C2 Home Delivered Meals, Please Check a Reasoning:</p> <ul style="list-style-type: none"> <input type="checkbox"/> Unable to prepare their own meals due to ADL/IADL assessment <input type="checkbox"/> Lacking meal support service in home or community <input type="checkbox"/> Unable to consume meals at a congregate dining location due to physical or emotional difficulties <input type="checkbox"/> Spouse of eligible participant <input type="checkbox"/> Disabled person under 60 years who resides with eligible participant <input type="checkbox"/> Staff members of the nutrition program who are 60 years of age or older <input type="checkbox"/> Persons under 60 years of age who provide meal-related volunteer services
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*This page is for WDH, Aging Division Title III-C1, C2, E and WYHS eligible participants.

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Score	ADLs (Activities of Daily Living)	Score	IADLs (Instrumental Activities of Daily Living)
0 Independent 2 Intermittent supervision/ minimal assistance 4 Partial assistance 6 Total dependence	Rate client's ability to perform BATHING.	0 Independent/ prepares simple or partial meals 1 Prepares with verbal cueing or reminding 2 Prepares with minimal help 3 Does not prepare any meals	Rate client's ability to PREPARE MEALS.
0 Independent 2 Intermittent supervision/ minimal assistance 4 Extensive help 6 Total dependence	Rate client's ability to EAT.	0 Independent 2 Does with supervision/reminding 4 Shops with hands-on help/ assistive devices 6 Done by others or shops by phone	Rate client's ability to perform SHOPPING.
0 Independent 1 Requires assistance sometimes 2 Totally dependent	Rate client's Bowel/Bladder CONTINENCE.	0 Independent/ does not occur 2 Done with help some of the time 4 Done with help all of the time	Rate client's ability to MANAGE MEDICATIONS.
0 Independent 1 Limited physical assistance 2 Extensive assistance 3 Total dependence	Rate client's ability to perform TRANSFER.	0 Completely independent 2 Needs assistance sometimes 4 Needs assistance most of the time 6 Completely dependent	Rate client's ability to MANAGE MONEY.
0 Independent 2 Reminding, cueing or monitoring 4 Limited physical assistance 6 Extensive assistance 8 Total dependence	Rate client's ability to perform TOILETING.	0 Independent 1 Needs assistance sometimes 2 Needs assistance most of the time 3 Unable to perform tasks	Rate the client's ability to perform LIGHT HOUSEWORK.
0 Independent 1 Limited physical assistance 2 Reminding, cueing or monitoring 3 Extensive assistance 4 Total dependence	Rate client's ability to perform DRESSING.	0 No setup or physical help/ Independent 1 Supervision/cueing required 2 Totally dependent	Rate the client's ability to perform LAUNDRY.
Staff Signature: _____ Date: _____ Quarter Period: _____ ADL Total Number: _____ ADL Total Score: _____ IADL Total Number: _____ IADL Total Score: _____ Eligible Participant Initials: _____		0 Independent 1 Can perform with some help 2 Cannot perform function at all without help	Rate client's ability to USE THE TELEPHONE.
		0 Independent 1 Done with help some of the time 2 Done by others 3 Requires ambulance	Rate the client's ability to access TRANSPORTATION.

*This page is for WDH, Aging Division Title III-B (Chore Services Only), Title III-C2, Title III-E and WYHS eligible participants. Initial ADL/IADL for new assessment or renewal, to be completed by an ACC, or your organization's program support staff.

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Quarterly ADL/IADL, to be completed by an ACC.

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