

Nutrition Check-up for Older Adults

Nutrition Screener Training

May 2026



Hello and welcome to the Nutrition Check-up for Older Adults, Nutrition Screener Training.

Nutrition plays an important part in keeping older adults healthy.

Older adults may be at risk of poor nutrition for a number of reasons.

Nutrition screening can help find these risks so older adults can be referred to the right supports and resources. Today, we will demonstrate how to do nutrition screening using a screening tool called the Nutrition Check-up for Older Adults.

Thank you for your willingness to learn about this important topic!

Overview

- Nutrition and Older Adults
- Nutrition Screening
- Nutrition Check-up Questions
- Nutrition Check-up: Formats
- Referrals and Resources
- Your Role as a Screener



Today you will learn about:

Why nutrition is important for older adults

What is Nutrition Screening?

We will also cover nutrition screening questions known as the Nutrition Check-up and the different formats that are available to take part in nutrition screening (or the Nutrition Check-up), as we call it in the community.

We will also cover your role as screener.

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Nutrition and Older Adults



Let's talk about nutrition and older adults.

Nutrition and Older Adults

Nutrition is important for:

- | | |
|---|--|
|  Stable energy and mood |  Maintaining weight |
|  Strong muscles |  Working immune system |
|  Healthy bones and teeth |  Management of chronic conditions |



Good nutrition plays a role in staying healthy and preventing disease or injury. Research continues to show that what we eat is closely linked to our overall health—this is true at any age, including older adulthood.

[Click]

What we eat affects many parts of our health, such as:

Energy levels and mood

Muscle strength and bone health

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Maintaining weight

Helping to support our immune system which helps the body fight infections and heal wounds, and

Managing chronic conditions like diabetes or heart disease.

In short, nutrition has a direct impact on how we feel each day and our overall quality of life.

Prado CM, Landi F, Chew ST, Atherton PJ, Molinger J, Ruck T, Gonzalez MC. Advances in muscle health and nutrition: a toolkit for healthcare professionals. *Clinical Nutrition*. 2022 Oct 1;41(10):2244-63.

Govindaraju T, Sahle BW, McCaffrey TA, McNeil JJ, Owen AJ. Dietary patterns and quality of life in older adults: a systematic review. *Nutrients*. 2018 Jul 26;10(8):971.

Nutrition and Older Adults

Life changes may include:

- Changes in appetite, muscle, and body fat
- Needing support for daily tasks
- Changes in social routines
- Fixed budgets



Changes can affect how you eat and the nutrition your body needs.

Aging brings opportunities to care for ourselves—and for others—in new and meaningful ways.

As we age, there are some common changes that can affect food and nutrition. These include changes in our bodies, our finances, and our social connections.

Because of this, older adults may notice a few things.

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- For example, there may be changes in appetite, muscle, and body fat.
- Some people may need support with daily tasks.
- Social routines can also change, and many people are living on a fixed budget.

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These changes—and others—can all affect how we eat and the nutrition our bodies need. By recognizing these changes, we can make food choices that may help maintain strength, energy, and quality of life.

Chen CC, Schilling LS, Lyder CH. A concept analysis of malnutrition in the elderly. *Journal of advanced nursing*. 2001 Oct;36(1):131-42.

Nutrition and Older Adults

Decreased appetite can lead to:

- Reduced strength
- Weaker muscles and bones
- Not enough vitamins and minerals
- Changes in thinking or memory



It's common for people to eat a bit more around the mid-50 age range. After about age 65, some, but not all older adults, have a drop in appetite that can result in less food and drink being consumed which can lead to losing body fat and weight. This is sometimes called “anorexia of aging”, as anorexia means lack or loss of appetite. Research indicates it impacts about 16% of older adults living in the community.

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When older adults eat less than their bodies need, it can lead to several health concerns, such as:

- Lower strength and reduced ability to stay independent
- Weaker muscles and loss of bone
- Not getting enough vitamins and minerals, and
- Changes in thinking or memory

There may also be:

- More hospital stays, and
- A higher risk of serious illness

It is important to address appetite changes and provide information and support to the person.

Antina de Boer, Gert J. Ter Horst, Monicque M. Lorist,

Physiological and psychosocial age-related changes associated with reduced food intake in older persons, *Ageing Research Reviews*, Volume 12, Issue 1, 2013, Pages 316-328,

Mills CM, Keller HH, DePaul VG, Donnelly C. Factors Associated with the Development of High Nutrition Risk:

Data from the Canadian Longitudinal Study on Aging. Canadian Journal on Aging / La Revue canadienne du vieillissement. 2024;43(1):153-166. doi:10.1017/S0714980823000545

Nutrition and Older Adults

Nutrition Risk:

- Food intake does not meet nutrient needs.
- Over half of older adults are at moderate to high nutrition risk.



A person may be at nutrition risk if they are not getting enough nutrients from the foods they eat. Changes such as weight loss can be a sign that nutrient needs are not being met.

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A 2023 study in Alberta found that half of adults aged 65 and older living in the community who were screened were at moderate nutrition risk, and about 8% were at high nutrition risk.

Consensus of the Nutrition Screening Initiative: risk factors and indicators of poor nutritional status in older Americans. *J Am Diet Assoc.* 1991 Jul;91(7):783-7. PMID: 2071793.

Fedoruk R, Olstad H, Watts L, Morrison M, Ward J, Popeski N, Atkins M, Chan CB. Community-Based Nutrition Risk Screening in Older Adults (COMRISK): An Exploration of the Experience of Being Screened and Prevalence of Nutrition Risk in Alberta, Canada. *Can J Aging.* 2023 Nov 17:1-11. doi: 10.1017/S07149808230007White JV, Ham RJ, Lipschitz DA, Dwyer JT, Wellman NS.

ChristineMarie MillsRD, MPH, PhD, HeatherKellerRD, PhD, FDC, FCAHS, Vincent O3. Epub ahead of print. PMID: 37974476.G.DePaulPT, PhD, and CatherineDonnellyOT, PhD. 2024. Social factors associated with changes in nutrition risk scores measured using SCREEN-8: data from the Canadian Longitudinal Study on Aging. *Canadian Journal of Dietetic Practice and Research.* 85(2): 83-90. <https://doi.org/10.3148/cjdp-2024-014>

Keller H, Laur C. Making the Case for Nutrition Screening in Older Adults in Primary Care. *Nutrition Today.* 2017;52(3):129-36.

Ramage-Morin PL, Garriguet D. Nutritional risk among older Canadians. *Health Rep.* 2013 Mar;24(3):3-13. PMID: 24257971

Older Adult Nutrition Screening. Training for Screening Nutrition Risk in Community-Living Seniors [Internet]: Older Adult Nutrition Screening; [Accessed May 26, 2025]. Available from: <https://olderadultnutritionscreening.com/training/>

Nutrition and Older Adults

Not addressing nutrition risk leads to:

- Ongoing poor nutrition → malnutrition
- Increased weakness and frailty
- Hospital care
- Lower quality of life
- A shorter lifespan



Not getting enough nutrition increases the chance that health is affected. Older adults living in the community who need help arrive daily at hospitals malnourished or in a dehydrated state. When detected early, the negative effects of nutrition risk can be avoided or improved through community-based services or individualized nutrition care.

Ongoing poor nutrition can lead to malnutrition.

What does malnutrition look like? You cannot always tell if someone is malnourished by looking at them, but you may see:

- A significant decrease in body fat stores and,
- Loss of muscle.

Unaddressed nutrition risk also leads to:

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- Increased weakness and frailty
- the likelihood of needing hospital care,
- a lower quality of life, and
- a shorter lifespan and possibly death.

ChristineMarie MillsRD, MPH, PhD, HeatherKellerRD, PhD, FDC, FCAHS, Vincent G.DePaulPT, PhD, and CatherineDonnellyOT, PhD. 2024. Social factors associated with changes in nutrition risk scores measured using SCREEN-8: data from the Canadian Longitudinal Study on Aging. Canadian Journal of Dietetic Practice and Research. 85(2): 83-90. <https://doi.org/10.3148/cjdpr-2024-014>

Ramage-Morin PL, Garriguet D. Nutritional risk among older Canadians. Health Rep. 2013 Mar;24(3):3-13. PMID: 24257971.

.Morrison JM, Laur CV, Keller HH. SCREEN III: working towards a condensed screening tool to detect nutrition risk in community-dwelling older adults using CLSA data. Eur J Clin Nutr. 2019 Sep;73(9):1260-1269. doi: 10.1038/s41430-019-0411-3.

Alberta.ca. Seniors resources [Internet]. Edmonton: Government of Alberta; [cited 2025 May 26]. Available from: <https://www.alberta.ca/seniors-resources>

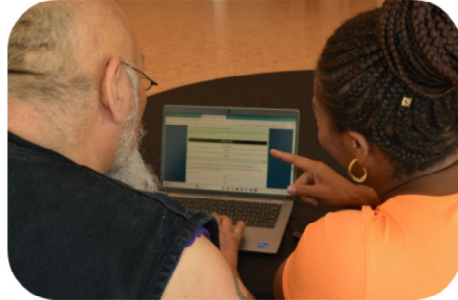
Nutrition Screening



Let's now talk about Nutrition Screening

Nutrition Check-up for Older Adults

- Identifies nutrition risk
- Backed by research
- 10 questions
- 55 years and older



The Nutrition Check Up for Older Adults is an example of a nutrition screening tool for older adults.
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- It identifies those who are at nutrition-risk.
- The nutrition screening process and the questions asked are backed by research.
- It is set of ten questions that helps find out if someone 55 years and older is getting the nutrition they need.

Older adults who may benefit are offered referrals, resources or other supports.

This tool can be used by a health professional, volunteer, community agency or a business supporting older adults, or by the older adult themselves.

It is quick and easy to use—it only takes about 5–10 minutes to complete.

White JV, Ham RJ, Lipschitz DA, Dwyer JT, Wellman NS. Consensus of the Nutrition Screening Initiative: risk factors and indicators of poor nutritional status in older Americans. *J Am Diet Assoc.* 1991 Jul;91(7):783-7. PMID: 2071793

Reimer H, Keller H, Tindale J. Learning you are "at risk": seniors' experiences of nutrition risk screening. *Eur J Ageing.* 2011 Dec 8;9(1):81-89. doi: 10.1007/s10433-011-0208-2. PMID: 28804409; PMCID: PMC5547317

Nutrition Check-up Questions



Let's now talk about the nutrition screening questions in the Nutrition Check-up.

Nutrition Check-up Questions

1. Weight change
2. Skipping meals
3. Appetite
4. Coughing/choking with food/fluids
5. Vegetable & fruit intake
6. Fluid intake
7. Eating with others
8. Meal preparation

Nutrition risk
score



The Nutrition Check-up for Older Adults includes ten nutrition questions.

The first eight questions come from the original, research-based tool.

Each question has several response answers, and each answer is given a specific number of points.

Once all questions are answered, the points are added together to calculate the total nutrition risk score.

Based on this score, older adults will either be low, moderate, or high nutrition-risk.

Nutrition Check-up Questions

9. Access to groceries
10. Financial strain

} Not part of
nutrition risk
score



The Nutrition Check-up also includes questions nine & ten. They are about access to groceries and financial strain. Adding these two questions helps give a better picture of what may affect an older adult's eating patterns.

In the Nutrition Check-up online format (which we will talk about shortly), some demographic questions appear first. This information is collected to support program evaluation. Answering these questions is voluntary and anonymous. In Alberta, postal codes are collected for the same purpose.

Now let's look a little closer at each question.

Question 1

1. Has your weight changed in the past 6 months? (1 pound = 0.5 kilograms)
- | | |
|---|----------|
| <input type="checkbox"/> Yes, I gained more than 10 pounds | 0 points |
| <input type="checkbox"/> Yes, I gained 6–10 pounds | 2 points |
| <input type="checkbox"/> Yes, I gained about 5 pounds | 4 points |
| <input type="checkbox"/> No, my weight stayed within a few pounds (within 3 pounds) | 8 points |
| <input type="checkbox"/> Yes, I lost about 5 pounds | 4 points |
| <input type="checkbox"/> Yes, I lost 6–10 pounds | 2 points |
| <input type="checkbox"/> Yes, I lost more than 10 pounds | 0 points |
| <input type="checkbox"/> I don't know how much I weigh or if my weight has changed | 0 points |

Points = _____



As you move through each question, choose one response that fits best.

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Each response has a point value, shown on the right-hand side of the screen. Once the screen is completed, the points are added together.

Question one asks: Has your weight changed in the past 6 months?

This question helps identify any weight changes that may increase the older adult's nutrition and health risk.

When asking this question, record the **most recent** weight change.

If the older adult's weight fluctuated by about 3 pounds or less, select **"no"**.

It can also help to give a reference point. For example, you might ask "Has your weight changed since October?"

Keep in mind that **unintentional weight loss**—losing weight without trying—is a higher concern than planned weight loss that is supported by a health-care provider. However, on the Nutrition Check-Up, weight change is scored the **same**, regardless of the reason.

If weight loss is present, make note of whether it is intentional or unintentional, and whether the weight is continuing to decrease. This information will help guide decisions about referrals and appropriate resources.

Question 2

2. Do you skip meals?

- | | |
|--|----------|
| <input type="checkbox"/> Never or rarely (once a week or less; grazing meal pattern) | 8 points |
| <input type="checkbox"/> Sometimes (2–4 times each week) | 6 points |
| <input type="checkbox"/> Often (5–6 times each week) | 4 points |
| <input type="checkbox"/> Almost every day (includes having 1 to 2 meals each day) | 0 points |

Points = _____



Question 2 asks: Do you skip meals?

This question assesses how often the older adult eats and drinks throughout the day. For the Nutrition Check-up, eating three meals a day is considered usual. If the older adult typically eats only two meals a day, this would be recorded as skipping meals “almost every day”.

Some older adults may eat small amounts throughout the day instead of regular meals. In this case, you would record that they rarely skip meals.

When selecting a response for this question, use these definitions:

- “Rarely” means once a week or less;
- “Sometimes” means 2-4 times a week;
- “Often” means 5-6 times a week; and
- “Almost every day” means at least daily.

Question 3

3. How would you describe your appetite?

- | | |
|---|----------|
| <input type="checkbox"/> Very good | 8 points |
| <input type="checkbox"/> Good | 6 points |
| <input type="checkbox"/> Fair (sometimes do not feel like eating at mealtime) | 4 points |
| <input type="checkbox"/> Poor (often do not feel like eating at mealtime) | 0 points |

Points = _____



Question 3 asks “How would you describe your appetite?”

For this question, here are a few tips to help with scoring.

Some older adults may say their appetite is “not as good as it used to be”. If that happens, encourage them to choose the option that best fits: “**good**”, “**fair**”, or “**poor**”.

If the older adult’s appetite changes from day to day, select a lower score, especially if they share that their desire to eat is affected.

If you need more detail, you can ask questions such as:

“Do you ever feel like not eating when it is mealtime?”

If this happens **sometimes**, their appetite may be classified as **Fair**

If this happens **often**, their appetite may be **Poor**.

You can also ask, “Does your desire to eat go up and down?” Let them know that if this **sometimes** happens to them, their appetite may be **Fair**

If this **often** happens, their appetite may be **Poor**.

Question 4

4. Do you cough, choke, or have pain when swallowing food or fluids?

- | | |
|---|----------|
| <input type="checkbox"/> Never | 8 points |
| <input type="checkbox"/> Rarely (once a week or less) | 6 points |
| <input type="checkbox"/> Sometimes (2–4 times a week) | 4 points |
| <input type="checkbox"/> Often or always (5–6 times a week or at least daily) | 0 points |

Points = _____



Question 4 asks: Do you cough, choke, or have pain when swallowing food or fluids?

This question helps determine if the older adult requires a swallowing assessment.

Swallowing difficulties can be assessed and managed by a healthcare professional.

You may find it helpful to ask each part of this question separately. For example:

- “Do you cough when swallowing food or fluids?”
- “Do you choke when swallowing food or fluids?”
- “Do you have pain when swallowing food or fluids?”

When asking this question, note that it **does not** include difficulty swallowing pills or coughing that is related to a cold or temporary illness.

If the older adult answers often or always, this is a strong signal that a referral to a health care provider is needed.

Question 5

5. How many pieces or servings of vegetables and fruit do you eat in a day?

They can be canned, fresh, or frozen.

(1 serving = ½ cup of vegetables or fruit, 1 medium fruit, or 1 cup salad)

- | | |
|--------------------------------------|----------|
| <input type="checkbox"/> 5 or more | 4 points |
| <input type="checkbox"/> 4 | 3 points |
| <input type="checkbox"/> 3 | 2 points |
| <input type="checkbox"/> 2 | 1 point |
| <input type="checkbox"/> Less than 2 | 0 points |

Points = _____



Question 5 asks :How many pieces or servings of vegetables and fruit do you eat in a day?:

For this question, Fruit and vegetables can be fresh, frozen, or canned, and this also includes potatoes.

1 serving can be:

- a medium-sized whole fruit
- a ½ cup of cut up vegetables or fruit (fresh or cooked), or
- 1 cup of salad

When estimating servings, use your judgment to decide whether foods like vegetable soup, tomato-based sauces, casseroles, or curries contain a **substantial amount** of vegetables.

It can be helpful to ask what the older adult typically eats during meals and snacks throughout the day to get a clearer picture of their usual intake.

Question 6

6. How much fluid do you drink in a day? (1 cup = 250 mL)

Examples are water, tea, coffee, herbal drinks, juice, and soft drinks, but **not** alcohol.

- | | |
|---|----------|
| <input type="checkbox"/> 8 or more cups | 4 points |
| <input type="checkbox"/> 5-7 cups | 3 points |
| <input type="checkbox"/> 3-4 cups | 2 points |
| <input type="checkbox"/> About 2 cups | 1 point |
| <input type="checkbox"/> Less than 2 cups | 0 points |

Points = _____



Question 6 asks “How much fluid do you drink in a day?”

Before asking this questions, check whether the older adult has been given a recommendation to limit or restrict fluid for a health condition. If they have, do not provide additional education, recommendations, or handouts related to fluid intake.

When asking this question, remember that

- one serving of fluid is equal to one cup or 250 mL. This includes water, coffee, tea, herbal tea, juice, and soft drinks, but NOT alcohol.

Let the older adult know that you’re asking about their **usual** fluid intake.

If they sip fluids throughout the day, ask them to estimate the number of cups, millilitres, or litres they drink. Then add those amounts together.

To gather more detail, you can ask to think about what they typically drink with **breakfast, lunch, dinner, and snacks**, as well as anything they drink in the evening or at night.

It’s also helpful to prompt them to think about the **size of their glass or mug**, since many glasses and mugs hold more than one cup.

You may find it useful to break the question into parts, such as asking:

- “How much fluid do you drink with breakfast, lunch, and dinner?”
- “How much fluid do you drink between meals?”

Question 7

7. Do you eat one or more meals a day with someone?

- | | |
|---|----------|
| <input type="checkbox"/> Never or rarely (once a week) | 0 points |
| <input type="checkbox"/> Sometimes (2–4 times a week) | 2 points |
| <input type="checkbox"/> Often (5–6 times a week) | 3 points |
| <input type="checkbox"/> Almost always (at least daily) | 4 points |

Points = _____



Question 7 asks “Do you eat one or more meals a day with someone?”

Eating with others can affect how much and how well a person eats.

As you explore this question, it may be helpful to ask whether the number of meals eaten with others has changed over the past year.

You can also ask whether that change has affected **how often** or **how much** the older adult is eating.

When choosing a response, consider the older adult’s usual routines and current circumstances, including who they live with and their typical meal patterns.

Question 8

8. Which statement best describes meal preparation for you? (select one only)

- | | |
|--|----------|
| <input type="checkbox"/> I enjoy cooking most of my meals (most days) | 4 points |
| <input type="checkbox"/> I sometimes find cooking a chore (some days of the week) | 2 points |
| <input type="checkbox"/> I usually find cooking a chore (most days of the week) | 0 points |
| <input type="checkbox"/> I'm satisfied with the quality of food prepared by others | 4 points |
| <input type="checkbox"/> I'm not satisfied with the quality of food prepared by others | 0 points |

Points = _____



Question 8 asks “Which statement best describes meal preparation for you?”

This question helps identify whether challenges with cooking, meal preparation, or food quality may be affecting eating habits.

Start by asking who usually prepares the meals:

- Do they make most (or all) of their own meals?

or

- Does somebody else make most (or all) of their meals (including meal delivery services)?

If the older adult prepares their own meals, or shares cooking and meal preparation with someone else, ask which of the **first three responses** best applies to them.

(Click now to show the circling of the first three responses):

- I enjoy cooking most of my meals.
- I sometimes find cooking a chore.
- I usually find cooking a chore.

If the older adult indicates somebody else prepares most of their meals, then **ask which of the last two responses applies:**

- I'm satisfied with the quality of food prepared by others.
- I'm not satisfied with the quality of food prepared by others.

Questions 9 and 10

9. Do you have difficulty getting your groceries?

Difficulties could include health issues, not having enough money, no way to get to the store, bad weather, or needing help from someone else to shop.

- Yes
- No

10. Eating well can be difficult when you don't have enough money. Is it ok if I ask you about your financial situation? If no, end here.

Do you ever have difficulty making ends meet at the end of the month?
(or do you ever have difficulty paying for bills and basic needs like food?)

- Yes
 - No
- 
-

Questions nine and ten are unscored questions that ask about **food access** and **financial situation**.

While these questions don't affect the nutrition risk score, they can be very helpful in identifying opportunities to connect older adults with community supports or benefit programs, if needed.

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Question nine, which focuses on food access, is open to individual interpretation.

For some older adults, this may mean being able to get to the grocery store.

For others, it may relate to carrying groceries into their home, or being able to afford groceries on a regular basis.

Question ten is intentionally broad, allowing the older adult to answer in a way that feels meaningful to them.

You might ask whether they're able to pay their bills routinely, or whether they need to carefully budget for food between pay cheques.

The more screens you complete, the more comfortable you'll get exploring the older adults' social situations, in ways that feel right for each interaction.

Questions 9 and 10

Household Food Insecurity



For more information about **household food insecurity**, you can scan the QR code on the screen or visit **ahs.ca slash Food Insecurity**.

On this webpage, you'll find an Alberta Health Services **Nutrition Guideline on Household Food Insecurity**.

This resource provides more detail about what household food insecurity is, as well information on resources available to help people.

Reference

<https://www.albertahealthservices.ca/assets/info/nutrition/if-nfs-household-food-insecurity-in-alberta-infographic.pdf>

Nutrition Risk Score

Low Risk: 38 +
Moderate Risk: 22–37
High Risk: 0–21



Now it is time to score the Nutrition Check-up.

The point values for one to eight are added up to determine the nutrition risk score.

The range is from 0–48.

Low Nutrition Risk is 38 points or more.

Moderate Nutrition Risk is between 22 and 37 points, and

High Nutrition Risk is between 0 and 21 points.

Please note, if using the printable (paper) format of the Nutrition Check-up you will calculate the nutrition risk score.

If using the online format, the **Nutrition Risk Score** is calculated for you. We will discuss these two formats now.

Nutrition Check-up for Older Adults: Formats



Now let's talk about the two formats that are available to use.

Online and Printable Formats

A screenshot of a printable form titled "Nutrition Check-up for Older Adults". The form includes an introductory paragraph, a section for personal information (Name and Date), and two main sections of questions. Section 1 asks about weight changes in the past 6 months, with options ranging from "I gained more than 10 pounds" to "I don't know how much I weigh or if my weight has changed". Section 2 asks about meal frequency, with options ranging from "Never or rarely (once a week or less, grazing meal pattern)" to "Almost every day (5-6 times having 1 to 2 meals each day)". Each question has a corresponding point value and a "Points" input field. The form also includes a footer with the date "December 2020" and the "Nutrition Services" logo.

ahs.ca/NutritionScreening

There are **two ways** to complete the Nutrition Check-Up for Older Adults: an **online format** and a **printable paper format**.

First, the **online tool**.

When someone completes the Nutrition Check-Up online—using a smartphone, tablet, or computer—they receive their **Nutrition Risk Score** right away, along with **personalized tips** based on their responses.

If the online tool recommends a dietitian referral, the individual will be directed to connect with a dietitian through **Health Link 811**.

As a screener, you may also refer the individual to a **local outpatient or community dietitian**.

If you'd like support with this, please connect with your public health dietitian @ publichealth.nutrition@ahs.ca.

(Click to show the rest of the slide)

There is also a **printable paper version**, shown on the right, which is available to download from our website.

If an individual or agency chooses the printable format, it's important to also have the **supporting resources** available. These resources help guide key messages, provide recommended supports, and outline referral options.

Anyone who is screened should have access to appropriate follow-up and support.

If you live in Alberta, we can help ensure you have what you need to complete the Nutrition Check-Up using the paper format, including supporting resources and access to dietitian support.

Both the online and printable tools are available at [ahs.ca slash Nutrition Screening](https://www.ahs.ca/Nutrition-Screening).
Next, we'll take a closer look at each format, starting with the online tool.

Online Format

Your Nutrition Check-Up Results

Your Result:

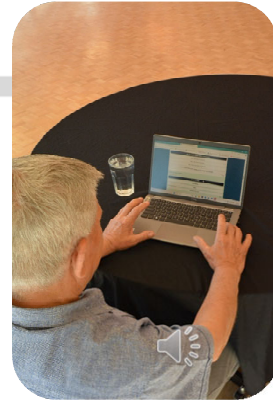
30

Your nutrition risk score places you at:

0
Most
Risk

22 Moderate Nutrition Risk 37

You might be at greater risk of developing health problems related to your nutrition.



For the online version, after all the questions are answered, the participant automatically receives their nutrition risk score (see the number in red). As previously mentioned, Scores of 0-21 means there is **high** nutrition-risk. Scores of 22-37 mean there is **moderate** nutrition-risk, Scores of 38-48 means there is **low** nutrition-risk.

What does each level of nutrition-risk mean?

1. Low nutrition risk means there is a low risk of developing health problems related to nutrition
2. Moderate nutrition risk means there might be greater risk of developing health problems related to nutrition
3. High nutrition risk means there is a high risk of developing health problems related to nutrition

High nutrition risk doesn't necessarily mean an older adult is malnourished, but the longer the risk persists, the greater the likelihood of developing malnutrition.

Online Format

Here's what's going well and helps you to stay strong and healthy:

- Your weight is stable - that's great! Having a stable weight is important as you age.
- Having a good appetite means you are probably getting the food your body needs.
- You don't seem to have any swallowing difficulties.

Here are some tips and handouts for the areas where you may want to focus a bit more attention:

Tip: You might not be eating enough vegetables and fruits. Canada's Food Guide recommends filling half your plate or bowl with vegetables and fruits at every meal.

Handout: [Canada's Food Guide](#)

Handout: [Eating More Vegetables and Fruit](#)

Here is an example of **feedback, tips and resources** from a completed nutrition screen done with the Online Nutrition Check-up.

Under the green heading, it shows areas that are going well.

Under the orange heading, it shows areas where the older adult may want to focus a bit more attention.

At the bottom are handouts to view.

A copy of the older adult's completed Nutrition Check-up can also be printed to refer to.

Printable Format

Nutrition Check-up for Older Adults

Eating well can help you stay healthy, live longer, and have a better quality of life. The Nutrition Check-up for Older Adults (for people 55 and older) helps to understand how your eating habits might affect your health.

Do I have your permission to ask you some questions about your eating habits?

Answer each question about your usual eating habits. The first 8 questions have a point value. When you are done, we will add up your points to get your nutrition risk score.

Name: _____ Date: _____

1. Has your weight changed in the past 6 months? (1 pound = 0.5 kilograms)


<input type="checkbox"/> Yes, I gained more than 10 pounds	0 points
<input type="checkbox"/> Yes, I gained 6-10 pounds	2 points
<input type="checkbox"/> Yes, I gained about 5 pounds	4 points
<input type="checkbox"/> No, my weight stayed within a few pounds (within 3 pounds)	8 points
<input type="checkbox"/> Yes, I lost about 5 pounds	4 points
<input type="checkbox"/> Yes, I lost 6-10 pounds	2 points
<input type="checkbox"/> Yes, I lost more than 10 pounds	0 points
<input type="checkbox"/> I don't know how much I weigh or if my weight has changed	0 points

Points = _____

2. Do you skip meals?

<input type="checkbox"/> Never or rarely (once a week or less; grazing meal pattern)	8 points
<input type="checkbox"/> Sometimes (2-4 times each week)	6 points
<input type="checkbox"/> Often (5-6 times each week)	4 points
<input type="checkbox"/> Almost every day (includes having 1 to 2 meals each day)	0 points

Points = _____

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Here is a sample view of the printable Nutrition Check-up. The questions are the same as on the online tool. As previously mentioned, you will need to calculate the Nutrition Risk Score on your own.

Printable Tips and Resources

2. Do you skip meals?

3. How would you describe your appetite?

Tips	Suggested Client Resources (handouts, webpages, etc.) and Services
<p>Skipping Meals:</p> <ul style="list-style-type: none"> • Having 3 meals every day can help you get all the nutrition your body needs. • Refer to Q9 and Q10, if skipping meals is related to low income. 	<p>Resources:</p> <p>Visit ahs.ca/NutritionHandouts and search:</p> <ul style="list-style-type: none"> • High Protein, High Calorie Meal and Snack Ideas <p>Services / Referrals:</p> <ul style="list-style-type: none"> • Considering referring to: <ul style="list-style-type: none"> • meal delivery services and/or meal programs (e.g. Meals on Wheels, meal kit delivery service, etc.). • grocery delivery program. • an in-home meal preparation service. You can also contact 211 or your local public health dietitian for community specific services.
<p>Appetite:</p> <ul style="list-style-type: none"> • A poor appetite may mean you're not eating enough. Eat when your appetite is best. When your appetite is poor, try to eat smaller meals or snacks, more often. 	<p>Resources:</p> <p>Visit ahs.ca/NutritionHandouts and search:</p> <ul style="list-style-type: none"> • High Protein, High Calorie Meal and Snack Ideas <p>Services / Referrals:</p> <ul style="list-style-type: none"> • With consent, refer to dietitian and family physician if unintentional weight loss is ≥ 10 lbs. (4.5 kg).

This slide shows an example of a **supporting resource** that accompanies the **printable Nutrition Check-Up for Older Adults**.

This resource, along with others like it, is provided to agencies that choose to complete the Nutrition Check-Up using the paper format.

On the **left-hand side** of the resource, you'll find **key messages**. These are designed to support your conversation and provide additional information that can be shared with the older adult.

On the **right-hand side**, you'll see **suggested client resources and services** that may be helpful, depending on the responses to each question.

You can also customize these resources by adding **local community supports**. If you'd like more information or a template to support this, please connect with your **public health dietitian**. The email address is publichealth.nutrition@ahs.ca

There are **key messages and suggested resources for each question** in the Nutrition Check-Up.

Referrals and Resources



Now, let's talk more about referrals and resources.

Referrals, Resources, and Support

For high nutrition risk the following is recommended, if older adult agrees:

- dietitian referral
- older adult to share results with their physician

Regardless of total score:

- Offer related resources
- 211 Alberta can also support older adults looking for more community programs and supports.



If the older adult is considered high nutrition risk or they have nutrition questions that cannot be answered, they should be referred to a dietitian. This can be an outpatient dietitian or a Health Link dietitian. Please ask the older adult's permission before providing a referral. Consult with your public health dietitian to determine which referral method would be best for your agency.

An older adult may also need to visit other health care providers, such as a physician, dentist, denturist, or speech language pathologist, to name a few. Please encourage them to self-refer, or have somebody assist them. A visit to a speech language pathologist will require a physician referral.

Under **Resources and Supports**, the **Alberta Health Services Older Adult Nutrition** webpage is recommended as a starting point.

It may also be helpful to encourage the older adult to connect with a member of their **health-care team**.

The **Health Link 811 Dietitian**, which we mentioned earlier, is an easy and accessible way to connect with a registered dietitian.

211 Alberta is another helpful option and can support older adults who are looking for community programs and services.

As a screener, your role is to **offer** additional help and support. It's important to remember that older adults have the right to **accept or decline** referrals, resources, or other supports.

Health Link Dietitian



- Call 811



- Use QR code:



- Visit ahs.ca/811 and fill out the online referral form



If your program does not have access to individualized nutrition care provided by a dietitian, you can connect with a **Health Link Dietitian** in several ways.

You or the older adult can **call 811**, scan the **QR code** shown on the slide, or visit **ahs.ca slash 811** to complete the online self-referral form.

It's helpful to have the **Nutrition Check-Up results** available before contacting Health Link, as this information can support the conversation.

Please note that after a request is made, the **older adult will receive a call back from a dietitian.**

Your Role as a Screener



Now let's talk about your role as a screener.

Your Role as a Screener

1. Explain and offer the Nutrition Check-up
2. Assure confidentiality
3. Obtain consent
4. Complete the Nutrition Check-up
5. Determine the nutrition risk score & explain results
6. Offer and discuss resources and referrals



Step one is to explain and offer the Nutrition Check-Up.

Let the individual know that the Check-Up helps them learn more about their eating habits and what can influence them.

Also explain that the results are used to see whether they might benefit from nutrition education, community services, or referrals to other health-care professionals.

Then, offer to complete the Nutrition Check-Up with them.

Step two is to assure confidentiality.

Let the older adult know that their responses and results will be kept private.

Step three is to obtain consent.

Ask for their permission before starting the Nutrition Check-Up, and check whether they have any questions or concerns.

Step four is to complete the Nutrition Check-Up.

Choose one response for each question. If you're helping the older adult complete it, read each question and the response options clearly.

Try to complete all questions before discussing resources or strategies.

(Click to show the rest of the slide)

Step five is to determine the nutrition risk score.

Identify whether the score falls into the low-, moderate-, or high-risk category.

Explain the results and make sure the individual understands what they mean. A brief script is included in both the online and printable versions to help guide this conversation.


We'll share more information about communicating results in the next few slides.

Step six is to offer and discuss resources and referrals, as needed.

.....

<p>Nutrition Risk Score: 0–21 High Nutrition Risk Based on your answers today, the score shows high nutrition risk. This means that you are at a greater risk of developing health problems related to your nutrition. I would like to offer you a referral to a dietitian (and/or another appropriate referral).</p>
<p>Nutrition Risk Score: 22–37 Moderate Nutrition Risk Based on your answers today, you may be at nutrition risk. This means that you might be at greater risk of developing health problems related to your nutrition. I would like to offer you some resources and supports.</p>
<p>Nutrition Risk Score: 38+ Low Nutrition Risk Based on your answers today, you are at low nutrition risk. This means that you are at a low risk of developing health problems related to your nutrition. If you are interested, I can offer you some resources and supports to help you stay healthy.</p>

.....



Here is the script that can be used after calculating the Nutrition Risk score. This script is on the printable form to help explain the results.

In the online Nutrition Check-up, the risk score and an explanation are part of the written results.

Communicating Results

- Explore **1 or 2 topics**
- Offer resources, referrals, and community services
- Consider financial strain and food access



When communicating the results of the Nutrition Check-up to the older adult, ask the older adult about one or two topics they would be interested to explore where they scored as a higher risk. (Remember, a low score on a question indicates high risk). Focusing on just one or two topics helps to ensure the older adult understands their risk without causing worry.

(Click now to show more of the slide)


Offer resources, healthcare referrals, and community services that align with the one or two priority topics and the older adult's identified area of interest.

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Consider whether there are concerns about financial strain and food access when determining appropriate referrals or resources.

Communicating Results

1. Has your weight changed in the past 6 months? (1 pound = 0.5 kilograms)	
<input type="checkbox"/> Yes, I gained more than 10 pounds	0 points
<input type="checkbox"/> Yes, I gained 6–10 pounds	2 points
<input type="checkbox"/> Yes, I gained about 5 pounds	4 points
<input type="checkbox"/> No, my weight stayed within a few pounds (within 3 pounds)	8 points
<input type="checkbox"/> Yes, I lost about 5 pounds	4 points
<input type="checkbox"/> Yes, I lost 6–10 pounds	2 points
<input checked="" type="checkbox"/> Yes, I lost more than 10 pounds	0 points

- “Weight loss can mean we are not meeting our nutrition needs and this can lead to a loss in our strength”
- “Would you be interested in making small changes to your meals and snacks to help?”
- “Can I offer you a handout called High Protein, High Calorie Meal and Snack Ideas?” 

Let’s use **question one** as an example of how you can communicate the results of the Nutrition Check-Up to an older adult.

If the older adult lost **more than ten pounds of weight without trying**, this could be one of their **top one or two priority areas** to focus on.

(Click to show more of the slide)

When discussing the results, you might use phrasing such as:

“Weight loss can sometimes mean that a person is not meeting their nutrition needs, and this can lead to a loss of strength.”

(Click to show more of the slide)

You can then ask an open and supportive question, like:

“Would you be interested in making some small changes to your meals or snacks to help?”

(Click to show more of the slide)

And you might follow up by offering a resource, for example:

“Can I offer you a handout with high-protein, high-calorie meal and snack ideas?”

When communicating results, aim to use language that feels **genuine and supportive**.

Using **plain language**, and avoiding jargon, acronyms, or abbreviations, can help support understanding and encourage meaningful conversation.

How to Start a Nutrition Check-up Program for Older Adults



ahs.ca/NutritionScreening



How to Start a Nutrition Check-up Program for Older Adults is a new tool that is freely available to you. It is quick and easy to read, and lists steps to set up nutrition screening in your clinic or facility. It also outlines the different formats of the Nutrition Check-up so you and your team can select the best fit for your community.

This tool can also be used to access the tools referenced in this video and other nutrition screening resources.

(Click now to show the rest of the slide)

If you would like a copy of this tool or want to learn more about nutrition screening, please go to ahs.ca/NutritionScreening.



The image shows a green background with a white QR code on the left. To the right is a screenshot of a webpage titled "Nutrition for Older Adults" with the subtitle "Healthy Eating Starts Here". The webpage content includes:

- Good nutrition is an important part of maintaining health and independence. It helps to:**
 - Give you energy
 - Keep your muscles and bones strong
 - Prevents or lowers your risk of disease like type 2 diabetes and heart disease
- Providers can visit [Nutrition Screenings Information for Health Professionals](#)
- ON THIS PAGE:** [Nutrition Check-up](#) | [Recipes & Cooking](#) | [Learn More](#) | [Related Resources](#)
- Nutrition Check-up**
Want to check on your nutrition?
Answer questions about your eating habits and get about what is going well and what you might want to change.
Take the [Nutrition Check-up for Older Adults](#)
- Quick Reference**
 - [Healthy Eating Starts Here](#)
 - [Have a Nutrition Question?](#) - speak to a dietitian
 - [Free Food in Alberta](#)
 - [Learn More About Food Insecurity, Not Having Enough Money for Food](#)

A large green arrow points from the "Nutrition Check-up" section of the webpage to the URL "ahs.ca/OlderAdultNutrition" at the bottom of the green background.

You can also find the online Nutrition Check-up tool on ahs.ca/OlderAdultNutrition.

The QR code will take you to ahs.ca/OlderAdultNutrition.

This web page also has other resources related to Older Adult nutrition.

Thank you!



Visit: ahs.ca/NutritionScreening
Contact: PublicHealth.Nutrition@ahs.ca

To learn more about nutrition screening or how you can start nutrition screening in your clinic or facility: visit ahs.ca/NutritionScreening. You can also contact a public health dietitian in your area by emailing publichealth.nutrition@ahs.ca

Email address is publichealth.nutrition@ahs.ca

Thank you for helping to keep older adults well in your community!