**Enhanced DETERMINE Questions Pathways for HDM Assessor**

**Page 1 DETERMINE Total**:Click or tap here to enter text.

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| **DETERMINE Question (Screen)** | **If yes, ask open-ended questions in a conversational manner and observe for the following: (Assess)** | **Referral/Intervention Options**  **(Person-Centered Plan)** |
| ***I have an illness or condition that made me change the kind and/or amount of food I eat.***  Yes (2)  No (0) | ***Can you tell me more about why you answered yes to this question?***  **If they say they follow a special diet?**  Include more details (type of diet and/or why they avoid various foods**).** Click or tap here to enter text.  Do they struggle with knowing what to cook, planning meals, and menus, and understanding their diet?  Recent fall(s)  Recent Surgery OR Planned Surgery Upcoming  Incontinence? Ask: “Have you experienced any urinary incontinence/leakage, even a small amount, in the past 30 days?  Yes  No  Don’t Remember  On Oxygen  On Dialysis  Feeling excessively tired and fatigued  **Physical Impairment?**  Hearing  Vision  Severe arthritis or other physical limitation  Other | Refer to Case Manager  Refer to Independent Living Center/Adaptive Equipment  Follow up with Hearing and/or vision resources.  Refer to Registered Dietitian  Refer to Options Counselor  Refer to ***Stepping Up Your Nutrition*** Class  Refer to Health Promotion class(es)  ***Eat Smart, Move More, Weigh Less***  Other EB Class(es)  Click or tap here to enter text.  Refer to a Healthcare Provider  Provide Therapeutic or Medically Tailored meals.  Click or tap here to enter text. |
| ***I eat fewer than 2 meals a day.***  Yes (3)  No (0)  Click or tap here to enter text. | ***Can you tell me what your typical meals or snacks look like or consist of? Observe for:***  No appetite  Unable to prepare food.  Unable to shop for food.  Cannot afford food.  They sometimes forget to eat.  Dementia/Cognitive Concerns Click or tap here to enter text.  Can they open the food packaging?  Do they need adaptive equipment to open, prepare, cook, or eat food? Click or tap here to enter text.  Do they have working equipment to cook or reheat food or to store it properly, i.e., working fridge/microwave/stove/freezer? Click or tap here to enter text.  If they have a pet, do they have enough food for their pet?  Are they raising grandchildren? Do they share food/their meal with their grandchildren? Click or tap here to enter text.  Culture and religious beliefs. Click or tap here to enter text.  Caregiver, Family, or Neighbors preparing meals? Click or tap here to enter text. | Refer to Dietitian.  Eating Disorder Screen  Refer to EBS to complete Food Share Application  Provide a list of Food and Meal Options/ Senior Dining Sites.  Pet Food Assistance  Appliance Concerns  Activities for socialization  Arrange for transportation to the grocery store/food pantry.  Arrange for a proxy food pantry shopper.  Grocery delivery options  Explore adaptive equipment.  Refer to a support group.  Refer to Dementia Care Specialist  Weekend/Additional Meals  Work with Caregiver Specialist to provide Grandchild meals under Caregiver funding |
| ***I eat few fruits, vegetables, or milk products.***  Yes (2)  No (0)  Page 1 Total: | ***Can you share why this is the case? Observe for:***  Cannot chew fresh F/V.  No access to fresh fruits and veggies.  Cannot peel or cut fresh produce.  Do not know how to prepare F/V.  Lactose Intolerant  Any specific foods they avoid and why? i.e., upsets tummy.  Click or tap here to enter text.  Medications limit what they can eat.  Cannot have leafy green veggies | Refer to Dietitian.  Swallow Screen (EAT-10)  Adaptive Equipment Referral  EBS Foodshare Application.  Offer transportation.  Lactose-Free Dairy Option  Offer Senior Farmers Market Vouchers |
| ***I have 3 or more drinks of beer, liquor, or wine almost every day.***  Yes (2)  No (0) | ***What kind of drinks do you typically have and why?***  They a widow/widower or live alone? Click or tap here to enter text.  Stress and anxiety  Ask about their appetite. (Poor/Fair/Good)  Other Details: Click or tap here to enter text. | Encourage them to discuss with their healthcare provider.  Offer Support Group  Provide Alcohol Abuse and Addiction Resources |
| ***I have tooth or mouth problems that makes it hard for me to eat.***  Yes (2)  No (0) | ***Can you help me better understand why you answered yes? Observe for:***  Dentures? Full or partial. Do they fit?  Have their own teeth.  Edentulous (No teeth)  Broken or Missing Teeth  Dry mouth?  Swallowing problems?  No dental insurance/fear of the dentist  Poor brushing/flossing habits.  If they have a caregiver, ask if any challenges with feeding and oral health care.  Smoke or chew tobacco | Complete Swallow Screen [(EAT-10)](https://www.nestlemedicalhub.com/sites/site.prod.nestlemedicalhub.com/files/2019-11/EAT-10%20Interactive%20PDF.pdf) and make a referral.  Rec. healthcare provider review meds to see if they are causing dry mouth.  Refer to Dentist.  Ask if a Veteran? If yes, refer to VA Officer  Provide a list of free or no-cost dentists.  Refer to ADRC for adaptive equipment/ easy-grip toothbrush.  Provide information about good oral hygiene for older adults.  Ask if interested in quitting tobacco use and make an appropriate referral.  EBS to review insurance plans that include dental care during open enrollment.  Caregiver Support |
| ***I don’t always have enough money to buy the food I need***.  Yes (4)  No (0) | ***Do you get food or meals in other ways? Observe for:***  If they get food from the food pantry, family, neighbors, etc. to make ends meet. Click or tap here to enter text.  Awareness that our meals are offered on a contribution basis.  Attitude toward FoodShare (Food Stamps). I.e. hesitant because don’t know how to use “The Card” or embarrassed to use it.  Need transportation  Need shopping assistance  Other: Click or tap here to enter text. | Provide Resources and Tips on how to make meals on a budget.  Food Wise UW Extension  EBS Foodshare Application.  Provide a list of food pantries and community meals.  Arrange transport and/or shopping assistant.  Train on how to use the “Quest Card”  Commodity or other Food Boxes  Senior Farmers Market Vouchers |
| ***I eat alone most of the time***.  Yes (1)  No (0)  Page 2 Total: | ***How do you feel about this? Observe for:***  Social isolation or loneliness.  Seems depressed. Why? Click or tap here to enter text.  Pet(s)? Click or tap here to enter text.  What do they feed the pet? Click or tap here to enter text.  Smartphone, tablet, or computer?  Interested in learning how to Skype, Zoom, Facetime, etc.? If yes, specify. Click or tap here to enter text.  Do they have internet access? If no, why not? Click or tap here to enter text.  Are they a Veteran? If yes, are they interested in the Honor Flight or other programs and services from the VA? | Arrange transport to Senior Dining Site on \_\_\_\_\_\_\_\_\_ days of the week.  Offer Friendly Visitor/ phone calls.  Provide a list of community meals and senior dining locations.  Provide Technology Training and Connectivity Resources  Library Book Delivery  Provide information about the local Senior Centers  Provide Craft/Coloring Kits/pages.  Interested in Volunteering  Refer to Veterans Office for Honor Flight |
| ***I take 3 or more different prescribed or over-the-counter drugs a day.***  Yes (1)  No (0) | ***Can you provide some more details on what you are taking and why? Observe for:***  Herbs, supplements, vitamins, and other OTC medicines they take. (List below) Click or tap here to enter text.  Confusion or questions related to the meds? Click or tap here to enter text.  Lack of understanding of how and when to take meds? Click or tap here to enter text.  Unsure how to use their pill box or don’t feel confident to fill it correctly.  Unable to afford their meds so don’t take or split pills or skip days. | Refer to Dietitian.  Recommend a. medication review.  Suggest or provide a pillbox to help them manage their meds.  Encourage them to tell their MD all the over-the-counter supplements/vitamins they take.  EBS to review insurance options for prescription drug coverage or other affordable pharmacy options |
| ***Without wanting to, I have lost or gained 10 pounds in the last 6 months.***  Yes (2)  No (0) | ***Can you tell me more about this and why you think this is happening? Observe for:***  Any change in health/dental condition or life event change to help determine the root cause.  How do their clothes fit, do they seem loose or tight? (10 lbs. is about a clothing size). Click or tap here to enter text.  Altered sleep habits.  Energy level and strength concerns.  Ability to shop, carry groceries, and open food packaging.  Need for transportation. | Refer to dietitian.  Weekend or Additional Meals  Liquid Supplement  Transportation  Other:  Click or tap here to enter text. |
| ***I am not always physically able to shop, cook, and/or feed myself.***  Yes (2)  No (0)  Page 3 Total: | ***Preparing and eating meals can be very draining, can you help me understand more about why you answered this as yes? Observe for:***  Does someone else prepare meals for them? Who? Click or tap here to enter text.  Do they use a lot of convenience foods? What types? Click or tap here to enter text.  Do they have any adaptive equipment? Know how to use it? Or are interested in learning about it? Click or tap here to enter text.  Ability to open boxes, packages, and cans?  Ability to prepare food?  Physical activity? If yes, what type and how often, and for what duration? Click or tap here to enter text. | Refer to dietitian.  Refer to health promotion classes as appropriate. Click or tap here to enter text.  Refer to ADRC or Independent Living Center for adaptive equipment.  Provide Resource list of physical activity or movement classes/programs. |
| |  | | --- | | **TOTAL DETERMINE SCORE: \_\_\_\_\_**  **Risk Level: \_\_\_ 0-2 Low \_\_\_3-5 Moderate 6 + High** | | | |
| **Notes:** | | |
| Click or tap here to enter text. | | |

**Additional Services/Resources/Referrals for all Tiers as appropriate:**

Frozen/Weekend Meals

Senior Dining Meals

Carry Out Meals

Liquid Nutrition Supplements

Nutrition Counseling/Dietitian Follow-Up

Malnutrition Resource List

Complete Enhanced DETERMINE Questions

Transportation to  Grocery  Food Pantry

Senior Dining Site  Other

Food Share Application Assistance

Adaptive Equipment/Independent Living Center Referral

Nutrition Education  NOURISH Steps Website

Nutrition/Socialization/Health & Wellness Resource List

Commodity Food Box  Other Food Box Click or tap here to enter text.

Nutrition Class ( Stepping Up Your Nutrition,  Eat Better, Move More, Weigh Less)

Caregiver Support  Senior Farmers Market Vouchers

Other type here