**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. |
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| **TOTAL DETERMINE SCORE: \_\_\_\_\_** **Risk Level: \_\_\_ 0-2 Low \_\_\_3-5 Moderate 6 + High**  |

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| **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