

Please mark the correct boxes that apply to the resident



NURSING HOME SHEET 2

Date

Center-Code

Unit-Code

Consent Written / oral Rejected Date at admission

Resident participated in the last year Yes No Gender Male Female

Resident number Body height ft. in.

First name (2 Initials) Actual body weight lb.

Last name (2 Initials) Weight 3 months ago lb.

Year of birth Weight 1 year ago lb.

Time needed for basic care

No need of care 120 - 239 min / day

< 45 min / day > 240 min / day

46 - 119 min / day

Mobility

Bed or chair bound

Able to get out of bed / chair, but does not go out of unit

Goes out of unit

Resident is able to express himself verbally and/or non-verbally

Yes No

Cognitive status

Severe dementia

Mild dementia No dementia

Depression

Severe depression

Mild depression No depression

Care causing diagnosis (multiple selection possible)

Cancer

Brain, Nerves: e.g. dementia, stroke, MS, M. Parkinson

Skeleton / Bone / Muscle

Heart, Circulation, Lung: e.g. MI, cardiac insuff., COPD

Others

Acute disease or psychological stress in the past 3 months?

Yes No

Would you be surprised if this resident died in the next ...

...6 months? Yes No I don't know

No answer

...4 weeks? Yes No I don't know

No answer

Number of current drugs / day

Antidepressants Yes No

Antibiotics Yes No

Opiates Yes No

Sedatives Yes No

Antipsychotics / Neuroleptics Yes No

Malnutrition Yes At risk No

Dehydration Yes No

Dysphagia Yes No

Chewing problems Yes No

Oral nutrition Yes No

If yes: Blenderized / pureed diet Yes No

Fortified diet Yes No

Oral nutritional supplements (e.g. sip feeds) Yes No

Tube feeding Yes No

Parenteral nutrition Yes No

Fluid infusion Yes No

Has food intake declined over the past 3 months due to loss of appetite, digestive problems, chewing or swallowing difficulties?

Severe decrease

Moderate decrease No decrease

How well has the resident eaten in the last week?

More than usual

As usual

A bit less than usual

A lot less than usual

Nothing

Nothing because of tube feeding / parenteral nutrition

Please tick how much the resident ate for lunch today

3/4 or all

1/2

1/4

Nothing

Nothing because of tube feeding / parenteral nutrition

I don't know

Did the resident require assistance eating their meal?

Yes No

Thank you!