

Nutrition Screening Initiative (NSI)

Client ID: _____

Client Name: _____

NSI Date: _____

Author: _____

Instructions: For each question a "No" answer is 0 points. Total the points for "Yes" responses to get the Total Score. See the chart at the bottom of the page for the nutritional risk.

NSI Scale	No	Yes
I have an illness or condition that made me change the kind/amount of food I eat.	Point = 0	Point = 2
I eat fewer than 2 meals per day.	Point = 0	Point = 3
I eat few fruits or vegetables, or milk products.	Point = 0	Point = 2
I have 3 or more drinks of beer, liquor or wine almost every day.	Point = 0	Point = 2
I have tooth or mouth problems that make it hard for me to eat.	Point = 0	Point = 2
I don't always have enough money to buy the food I need.	Point = 0	Point = 4
I eat alone most of the time.	Point = 0	Point = 1
I take 3 or more different prescribed or over-the-counter drugs a day.	Point = 0	Point = 1
Without wanting to, I have lost or gained 10 pounds in the last 6 months.	Point = 0	Point = 2
I am not always physically able to shop, cook and/or feed myself.	Point = 0	Point = 2

Total Score: _____

NOTE: If the Nutritional Risk is Moderate or High, make a case note and an appropriate referral.

Total Score	Nutritional Risk
0-2	[] Low
3-5	[] Moderate
6 or more	[] High