

NAPIS* Client Registration Form

Date: _____

Bremen Township Senior Lunch Program, Oak Forest, IL

Client Demographics

Last Name: _____ First Name: _____ MI: _____

Address: _____ City: _____ zip: _____

County: _____ Twp: _____ Birth Date: _____

Your Phone: _____ Emergency contact name: _____

Male/Female: M F Emergency contact phone: _____

Race: (as many as apply)

African-American [] White [] Asian []

Indian/Alaskan [] Hawaiian/Pacif.Islander [] Other Race []

Ethnicity: Hispanic? Yes / No English Speaking? Yes / No

Number in Household: _____ Low Income? _____ (< \$14,595/yr.-single)

Do you live alone? _____ (<\$19,753./yr.-married)

Nutrition Risk Assessment

(self- declared statements)

NO | YES

1. Have you made any changes in lifelong eating habits because of health problems?
2. Do you eat fewer than 2 meals per day?
3. Do you eat fewer than 5 servings (1/2 cup ea.) of fruits or vegetables every day?
4. Do you eat fewer than 2 servings of dairy products every day?

NO | YES

5. Do you sometimes not have enough money to buy food?

6. Do you have trouble eating well due to problems chewing/swallowing?

7. Do you eat alone most of the time?

8. Without wanting to, have you lost or gained 10 lbs in the last 6 months?

9. Are you NOT always able to shop, cook and/or feed yourself (or get someone to do it for you)?

10. Do you have 3 or more drinks of beer, liquor or wine almost every day?

11. Do you take 3 or more different prescribed or over-the-counter drugs per day?

* National Aging Program Information Systems

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