

# Patients Association Nutrition Checklist – Tally Sheet



Please keep a tally of all the people that you use the 'Patients Association Checklist' with, and tick in the appropriate column to indicate if they are at risk, i.e. have answered either 'yes' or 'don't know' to any of the questions in part A of the checklist, or 'not at risk' if they have answered 'no' to all of the questions. When you have finished using the checklist, please send this sheet to Nigel Lack, Impact and Policy Officer, Eat Well Age Well, 111 Oxfords Road North, Edinburgh, EH14 1ED, or e-mail it to [nigel@eatwellagewell.org.uk](mailto:nigel@eatwellagewell.org.uk), Please call 0131 447 8151 if you have any questions. Thank you.

	Age	Sex M/F	At risk (please tick)	Not at risk (please tick)	Lives alone (please tick)	Mobility issues? (please tick)	No. of falls in last 6 months	Long-term health condition (NB please see coding list overleaf – if 'other' please state main condition below)	Multiple conditions (please tick)	Referred for support/services (please state main service or support)
1										
2										
3										
4										
5										
6										
7										
8										
9										
10										
11										
12										
13										
<b>TOTALS:</b>										

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Name of staff member/volunteer: \_\_\_\_\_

**Please turn over**

<b>Long-term health condition coding list:</b>
1. Chronic obstructive pulmonary disease (COPD).
2. Parkinson's disease.
3. Dementia.
4. Type 2 diabetes.
5. Other – please state condition in table overleaf.

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