

NATIONAL AGING PROGRAM INFORMATION SYSTEM (NAPIS)
CITY AND COUNTY OF HONOLULU-ELDERLY AFFAIRS DIVISION

Date Registered: _____
 Date Updated: _____
 Reassessment Date: _____

Provider/Program: _____

Worker: _____

NAME:

Last _____ First _____ M.I. _____

DATE OF BIRTH: _____ **SSN 4-Digit:** _____ **SEX:** F or M **PHONE:** _____
 Mo. Day Yr.

HOME ADDRESS: _____ **City:** _____ **HI ZIP** _____

MAIL ADDRESS: _____ **City:** _____ **HI ZIP** _____
 (If different from HOME ADDRESS)

UNDERSTANDS ENGLISH? Yes No
If "No", Primary Language: Cantonese Mandarin Tagalog Ilocano
 Japanese Korean Visayan Other

ETHNICITY: Hispanic or Latino Not Hispanic or Latino
RACE (check all that apply below): then select ... NATIONALITY (check all that apply below for each selected RACE):
 American Indian or Alaskan native Am. Indian or Alaskan Native
 Asian Cambodian Chinese Filipino Japanese Indian (Asian)
 Korean Laotian Vietnamese Other Asian
 Black or African American Black or African American
 Native Hawaiian or Other Pacific Islander Native Hawaiian Samoan Tongan
 Other Pacific Islander
 White White
 Other Other

INCOME BELOW POVERTY: Yes No **DOES CLIENT LIVE ALONE:** Yes No

ADL's – Can the Client Do the Following Without Help: Eating <input type="checkbox"/> Yes <input type="checkbox"/> No Dressing <input type="checkbox"/> Yes <input type="checkbox"/> No Bathing <input type="checkbox"/> Yes <input type="checkbox"/> No Using Toilet <input type="checkbox"/> Yes <input type="checkbox"/> No Transferring <input type="checkbox"/> Yes <input type="checkbox"/> No Walking (Getting around the house) .. <input type="checkbox"/> Yes <input type="checkbox"/> No Total "No": _____ Cognitive or Mental Impairment <input type="checkbox"/> Yes <input type="checkbox"/> No		IADL's – Can the Client Do the Following Without Help: Prepare Meals <input type="checkbox"/> Yes <input type="checkbox"/> No Shopping <input type="checkbox"/> Yes <input type="checkbox"/> No Take Medications <input type="checkbox"/> Yes <input type="checkbox"/> No Manage Money <input type="checkbox"/> Yes <input type="checkbox"/> No Use Telephone <input type="checkbox"/> Yes <input type="checkbox"/> No Heavy Housework <input type="checkbox"/> Yes <input type="checkbox"/> No Light Housework <input type="checkbox"/> Yes <input type="checkbox"/> No Use Public Transportation <input type="checkbox"/> Yes <input type="checkbox"/> No Total "No": _____	
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Nutritional Risk (for III-C or Case Management)			Yes	No	
1.	Has the client made any changes in lifelong eating habits because of health problems?	<input type="checkbox"/>	<input type="checkbox"/>	2	
2.	Does the client eat fewer than 2 meals per day?	<input type="checkbox"/>	<input type="checkbox"/>	3	
3.	Does the client eat fewer than 5 servings (1/2 cup each) of fruits or vegetables every day?	<input type="checkbox"/>	<input type="checkbox"/>	1	
4.	Does the client eat fewer than 2 servings of dairy products (such as milk, yogurt, or cheese) every day?	<input type="checkbox"/>	<input type="checkbox"/>	1	
5.	Does the client have trouble eating well due to problems with biting or chewing or swallowing?	<input type="checkbox"/>	<input type="checkbox"/>	2	
6.	Does the client sometimes not have enough money to buy food?	<input type="checkbox"/>	<input type="checkbox"/>	4	
7.	Does the client eat alone most of the time?	<input type="checkbox"/>	<input type="checkbox"/>	1	
8.	Does the client take 3 or more different prescribed or over-the-counter drugs per day? (Including aspirin, laxatives, antacids, inhalers, herbs, etc.)	<input type="checkbox"/>	<input type="checkbox"/>	1	
9.	Without wanting to, has the client lost or gained 10 pounds in the past 6 months?	<input type="checkbox"/>	<input type="checkbox"/>	2	
10.	Is the client not always physically able to shop or cook or feed themselves (or to get someone to do it for them)?	<input type="checkbox"/>	<input type="checkbox"/>	2	
11.	Does the client have 3 or more drinks of beer, liquor or wine almost every day?	<input type="checkbox"/>	<input type="checkbox"/>	2	
				Total:	

(III-C Programs Only)

What is the client's nutritional risk score rating? No risk (0-2) Moderate Risk (3-5) High Risk (6-21)

What is the client's body mass index (*BMI) **Number:**

What is the client's body mass index (BMI) rating? Less than 22 Between 22 and 27 More than 27

Describe the client's diet type: Regular Modified

NSIP Meals Eligible Yes No

Eligibility Type Age (60 or Over) Disabled in Elderly Housing Helper/Spouse
 Other Tribal Age Specification Volunteer