SECTION K. ORAL/NUTRITIONAL STATUS

1.	**ORAL PROBLEMS**	Chewing problem	a.
		Swallowing problem	b.
		Mouth pain	c.
		NONE OF ABOVE	d.
2.	**HEIGHT AND WEIGHT**	*Record (**a.**) **height in inches** and (**b.**) **weight in pounds**. Base weight on most recent measure in **last 30 days**; measure weight consistently in accord with standard facility practice—e.g., in a.m. after voiding, before meal, with shoes off, and in nightclothes* **a.** HT (in.) ☐☐ **b.** WT (lb.) ☐☐☐	
3.	**WEIGHT CHANGE**	**a. Weight loss**—5 % or more in **last 30 days**; or 10 % or more in **last 180 days** 0. No 1. Yes	
		b. Weight gain—5 % or more in **last 30 days**; or 10 % or more in **last 180 days** 0. No 1. Yes	
4.	**NUTRI-TIONAL PROBLEMS**	Complains about the taste of many foods a. Regular or repetitive complaints of hunger b. Leaves 25% or more of food uneaten at most meals c. *NONE OF ABOVE* d.	
5.	**NUTRI-TIONAL APPROACH-ES**	(***Check all that apply in last 7 days***) Parenteral/IV a. Feeding tube b. Mechanically altered diet c. Syringe (oral feeding) d. Therapeutic diet e. Dietary supplement between meals f. Plate guard, stabilized built-up utensil, etc. g. On a planned weight change program h. *NONE OF ABOVE* i.	
6.	**PARENTERAL OR ENTERAL INTAKE**	(***Skip to Section L if neither 5a nor 5b is checked***) **a.** Code the proportion of **total calories** the resident received through parenteral or tube feedings in the **last 7 days** 0. None 3. 51% to 75% 1. 1% to 25% 4. 76% to 100% 2. 26% to 50% **b.** Code the average **fluid intake** per day by IV or tube in **last 7 days** 0. None 3. 1001 to 1500 cc/day 1. 1 to 500 cc/day 4. 1501 to 2000 cc/day 2. 501 to 1000 cc/day 5. 2001 or more cc/day	