



Sheet 1(b) for Care Homes

Information about your Care Home

Care Home Name

Code Number.....

Please complete by putting an **X** in the appropriate boxes. Please use **black** ink.

1. What type of Care Home? (please tick all that apply)

Nursing Elderly Mentally Ill Disabled Residential

2. How many beds? Please state number

3. Do you have access to a Nutrition and Dietetic service? Yes No ?

4. Is it your policy to weigh residents on admission? Yes No ?

5a. Are residents weighed regularly during their stay? Yes No ?

5b. If you have answered 'Yes' to 5a, please indicate how often:

Monthly As required Other, please state

6. Have the scales in your home been calibrated in the last 12 months? Yes No ?

7. Is the height of residents recorded on admission? Yes No ?

8. Do you have a Nutrition Screening Policy? Yes No ?

9a. Do you know what % of residents are screened on admission? Yes No ?

9b. If you have answered 'Yes' to 9a, please indicate that %:

Up to 25% 26-50% 51-75% 76-100%

10. Do you have a care plan for the management of residents identified as at risk of malnutrition / underweight? Yes No ?

11a. Is the practice of nutrition screening audited? Yes No ?

11b. If yes, how often?

Every year Every 2 years Every 3 or more years ?

Thank you