

Seniors in the Community: Risk Evaluation for Eating and Nutrition© (SCREEN) is an upstream nutrition screening tool for community-dwelling older adults (aged ≥65 years).

SCREEN IS VALID AND RELIABLE:

Version	Comparator	Sensitivity	Specificity	Test-retest Reliability	Inter-rater Reliability
SCREEN-3 (<22 cut-point)	SCREEN-8	83% ^a	73% ^a	-	-
SCREEN-8 (<38 cut-point)	Dietitian Nutrition Risk Rating	84% ^b	58% ^b	ICC = 0.84 ^b	ICC = 0.79 ^b
SCREEN-14 (<50 cut-point)	Dietitian Nutrition Risk Rating	84% ^b	62% ^b	ICC = 0.83 ^b	ICC = 0.83 ^b

ICC = Intraclass Correlation Coefficient

Scoring “**high risk**” using SCREEN is associated with poor health outcomes such as **reduced health-related quality of life, and increased hospitalization and mortality.**^c

ADMINISTERING SCREEN:



Obtain informed consent by approaching the older adult and explaining screening prior to administering SCREEN.



SCREEN can be **self-administered or administered by a trained interviewer** at routine health checks (e.g., doctors visit).



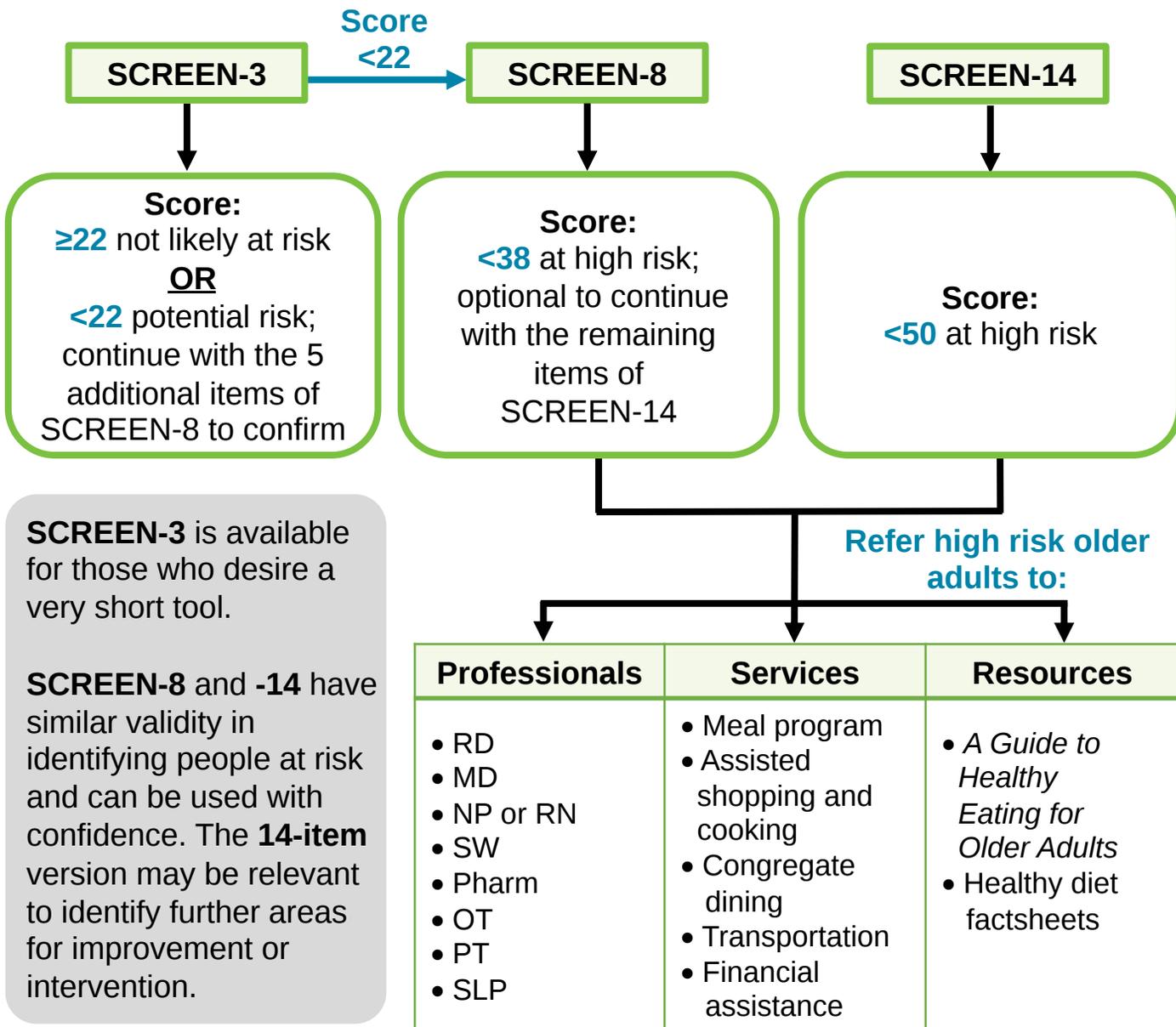
SCREEN should be **re-administered annually or after a healthcare transition**, such as post-hospital discharge to home.

^a Morrison, J. M., Laur, C. V., & Keller, H. H. (2019). *European journal of clinical nutrition*, 1.

^b Keller, H. H., Goy, R., & Kane, S. L. (2005). *European journal of clinical nutrition*, 59(10), 1149.

^c Ramage-Morin, P. L., Gilmour, H., & Rotermann, M. (2017) Statistics Canada.

INTERPRETING SCREEN SCORES:



ACTING ON SCREEN RESULTS:

- 1. Make a referral to a registered dietitian and/or a physician** for older adults who are at high nutrition risk.
- 2. Discuss community and/or educational resources** with older adults who are at nutrition risk (see referral options above).
- 3. Contact high risk older adults two to four weeks after a referral** to determine if services were accessed, and to monitor for any changes.