

Last name:		First name:		
Sex:	Age:	Weight, kg:	Height, cm:	Date:

Complete the screen by filling in the boxes with the appropriate numbers.
Add the numbers for the screen. If score is 11 or less, continue with the assessment to gain a Malnutrition Indicator Score.

Screening

A Has food intake declined over the past 3 months due to loss of appetite, digestive problems, chewing or swallowing difficulties?

- 0 = severe decrease in food intake
1 = moderate decrease in food intake
2 = no decrease in food intake

B Weight loss during the last 3 months

- 0 = weight loss greater than 3kg (6.6lbs)
1 = does not know
2 = weight loss between 1 and 3kg (2.2 and 6.6 lbs)
3 = no weight loss

C Mobility

- 0 = bed or chair bound
1 = able to get out of bed / chair but does not go out
2 = goes out

D Has suffered psychological stress or acute disease in the past 3 months?

- 0 = yes 2 = no

E Neuropsychological problems

- 0 = severe dementia or depression
1 = mild dementia
2 = no psychological problems

F Body Mass Index (BMI) = weight in kg / (height in m)²

- 0 = BMI less than 19
1 = BMI 19 to less than 21
2 = BMI 21 to less than 23
3 = BMI 23 or greater

Screening score (subtotal max. 14 points)

12-14 points: Normal nutritional status

8-11 points: At risk of malnutrition

0-7 points: Malnourished

For a more in-depth assessment, continue with questions G-R

Assessment

G Lives independently (not in nursing home or hospital)

- 1 = yes 0 = no

H Takes more than 3 prescription drugs per day

- 0 = yes 1 = no

I Pressure sores or skin ulcers

- 0 = yes 1 = no

References

- Vellas B, Villars H, Abellan G, *et al.* Overview of the MNA[®] - Its History and Challenges. *J Nutr Health Aging.* 2006; **10**:456-465.
- Rubenstein LZ, Harker JO, Salva A, Guigoz Y, Vellas B. Screening for Undernutrition in Geriatric Practice: Developing the Short-Form Mini Nutritional Assessment (MNA-SF). *J. Geront.* 2001; **56A**: M366-377
- Guigoz Y. The Mini-Nutritional Assessment (MNA[®]) Review of the Literature - What does it tell us? *J Nutr Health Aging.* 2006; **10**:466-487.

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For more information: www.mna-elderly.com

J How many full meals does the patient eat daily?

- 0 = 1 meal
1 = 2 meals
2 = 3 meals

K Selected consumption markers for protein intake

- At least one serving of dairy products (milk, cheese, yoghurt) per day yes no
 - Two or more servings of legumes or eggs per week yes no
 - Meat, fish or poultry every day yes no
- 0.0 = if 0 or 1 yes
0.5 = if 2 yes
1.0 = if 3 yes

L Consumes two or more servings of fruit or vegetables per day?

- 0 = no 1 = yes

M How much fluid (water, juice, coffee, tea, milk...) is consumed per day?

- 0.0 = less than 3 cups
0.5 = 3 to 5 cups
1.0 = more than 5 cups

N Mode of feeding

- 0 = unable to eat without assistance
1 = self-fed with some difficulty
2 = self-fed without any problem

O Self view of nutritional status

- 0 = views self as being malnourished
1 = is uncertain of nutritional state
2 = views self as having no nutritional problem

P In comparison with other people of the same age, how does the patient consider his / her health status?

- 0.0 = not as good
0.5 = does not know
1.0 = as good
2.0 = better

Q Mid-arm circumference (MAC) in cm

- 0.0 = MAC less than 21
0.5 = MAC 21 to 22
1.0 = MAC greater than 22

R Calf circumference (CC) in cm

- 0 = CC less than 31
1 = CC 31 or greater

Assessment (max. 16 points)

Screening score

Total Assessment (max. 30 points)

Malnutrition Indicator Score

- 24 to 30 points Normal nutritional status
17 to 23.5 points At risk of malnutrition
Less than 17 points Malnourished