Mini Nutritional Assessment

MNA[®]

Nestlé NutritionInstitute

Last name:			First name:			
Sex:	Age:	Weight, kg:	Height, cm:	Date:		
Complete the screen by filling in the boxes with the appropriate numbers. Total the numbers for the final screening score.						
Screening						
A Has food intake declined over the past 3 months due to loss of appetite, digestive problems, chewing or swallowing difficulties?						
1 = mode	re decrease in food inta erate decrease in food i ecrease in food intake					
0 = weigl	B Weight loss during the last 3 months 0 = weight loss greater than 3 kg (6.6 lbs) 1 = does not know					
2 = weight loss between 1 and 3 kg (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						
F1 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						
IF BMI IS NOT AVAILABLE, REPLACE QUESTION F1 WITH QUESTION F2. DO NOT ANSWER QUESTION F2 IF QUESTION F1 IS ALREADY COMPLETED.						
F2 Calf circumference (CC) in cm 0 = CC less than 31 3 = CC 31 or greater						
Screening score (max. 14 points)						
12-14 poi 8-11 poin 0-7 points	ts: At r	mal nutritional statu isk of malnutrition nourished	S			
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For more information: www.mna-elderly.com