

# Self MNA<sup>®</sup>

## Mini Nutritional Assessment



For Adults 65 years of Age and Older

Last name: \_\_\_\_\_

First name: \_\_\_\_\_

Date: \_\_\_\_\_

Age: \_\_\_\_\_

Complete the screen by filling in the boxes with the appropriate numbers.  
Total the numbers for the final screening score.

### Screening

**A Has your food intake declined over the past 3 months?**  
**[ENTER ONE NUMBER]**

*Please enter the most appropriate number (0, 1, or 2) in the box to the right.*

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

**B How much weight have you lost in the past 3 months?**  
**[ENTER ONE NUMBER]**

*Please enter the most appropriate number (0, 1, 2 or 3) in the box to the right.*

0 = weight loss greater than 3 kg  
1 = do not know the amount of weight lost  
2 = weight loss between 1 and 3 kg  
3 = no weight loss or weight loss less than 1 kg

**C How would you describe your current mobility?**  
**[ENTER ONE NUMBER]**

*Please enter the most appropriate number (0, 1, or 2) in the box to the right.*

0 = unable to get out of a bed, a chair, or a wheelchair without the assistance of another person  
1 = able to get out of bed or a chair, but unable to go out of my home  
2 = able to leave my home

**D Have you been stressed or severely ill in the past 3 months?**  
**[ENTER ONE NUMBER]**

*Please enter the most appropriate number (0 or 2) in the box to the right.*

0 = yes  
2 = no

**E Are you currently experiencing dementia and/or prolonged severe sadness?**  
**[ENTER ONE NUMBER]**

*Please enter the most appropriate number (0, 1, or 2) in the box to the right.*

0 = yes, severe dementia and/or prolonged severe sadness  
1 = yes, mild dementia, but no prolonged severe sadness  
2 = neither dementia nor prolonged severe sadness

**Please total all of the numbers you entered in the boxes for questions A-E and write the numbers here:**

Now, please CHOOSE ONE of the following two questions – F1 or F2 – to answer.

## Question F1

Height (cm)		Body Weight (kg)		
147.5	Less than 41.1	41.1 – 45.3	45.4 – 49.6	49.7 or more
150	Less than 42.8	42.8 – 47.2	47.3 – 51.7	51.8 or more
152.5	Less than 44.2	44.2 – 48.7	48.8 – 53.4	53.5 or more
155	Less than 45.6	45.6 – 50.4	50.5 – 55.2	55.3 or more
157.5	Less than 47.1	47.1 – 52.0	52.1 – 57.0	57.1 or more
160	Less than 48.6	48.6 – 53.7	53.8 – 58.8	58.9 or more
162.5	Less than 50.2	50.2 – 55.4	55.5 – 60.6	60.7 or more
165	Less than 51.7	51.7 – 57.1	57.2 – 62.5	62.6 or more
167.5	Less than 53.3	53.3 – 58.8	58.9 – 64.4	64.5 or more
170	Less than 54.9	54.9 – 60.6	60.7 – 66.4	66.5 or more
172.5	Less than 56.5	56.5 – 62.4	62.5 – 68.3	68.4 or more
175	Less than 58.2	58.2 – 64.2	64.3 – 70.3	70.4 or more
177.5	Less than 59.9	59.9 – 66.1	66.2 – 72.4	72.5 or more
180	Less than 61.6	61.6 – 67.9	68.0 – 74.4	74.5 or more
182.5	Less than 63.3	63.3 – 69.8	69.9 – 76.5	76.6 or more
185	Less than 65.0	65.0 – 71.8	71.9 – 78.6	78.7 or more
187.5	Less than 66.8	66.8 – 73.7	73.8 – 80.8	80.9 or more
190	Less than 68.6	68.6 – 75.7	75.8 – 82.9	83.0 or more
192.5	Less than 70.4	70.4 – 77.7	77.8 – 85.1	85.2 or more
<b>Group</b>	<b>0</b>	<b>1</b>	<b>2</b>	<b>3</b>

Please refer to the chart on the left and follow these instructions:

1. Find your height on the left-hand column of the chart.
2. Go across that row and circle the range that your weight falls into.
3. Look to the bottom of the chart to find out what group number (0, 1, 2, or 3) your circled weight range falls into.

Write the Group Number (0, 1, 2, or 3) here:

Write sum of questions A-E (from page 1)

Lastly, calculate the sum of these 2 numbers. This is your SCREENING SCORE:

## Question F2

DO NOT ANSWER QUESTION F2 IF QUESTION F1 IS ALREADY COMPLETED.

Measure the circumference of your LEFT calf by following the instructions below:

Loop a tape measure all the way around your calf to measure its size.

Record the measurement in cm: \_\_\_\_\_

If less than 31cm, enter "0" in the box to the right.

If 31cm or greater, enter "3" in the box to the right.



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Write the sum of questions A-E (from page 1) here:

Lastly, calculate the sum of these 2 numbers. This is your SCREENING SCORE:

## Screening Score (14 points maximum)

12–14 points: Normal nutritional status

8–11 points: At risk of malnutrition

0–7 points: Malnourished

Copy your SCREENING SCORE:

If you score between 0-11, please take this form to a healthcare professional for consultation.