

NUTRITION ASSESSMENT FORM (Modified SGA)

LAST NAME
 FIRST NAME
 MIDDLE NAME
 ATTENDING MD

ROOM
 DATE ADMITTED
 AGE
 SEX

HEIGHT_MTR WEIGHT_KG

BMI OB
 LW IBW

DIAGNOSIS

CRITERIA	NORMAL / MILD	MODERATE	SEVERE
Weight Loss	none <input type="radio"/>	< 10% of usual wt. <input type="radio"/>	>10% of usual weight <input type="radio"/>
Food Intake : (last 1-2 months)	no change <input type="radio"/>	suboptimal <input type="radio"/>	starvation <input type="radio"/>
Gastro symptoms > 2 weeks	none <input type="radio"/>	nausea, vomiting <input type="radio"/>	anorexia diarrhea, severe <input type="radio"/>
Functional capacity	no change <input type="radio"/>	• dysfunction < 3 wks • suboptimal work <input type="radio"/> • bedridden < 2 wks	bedridden > 2 wks <input type="radio"/>
Disease and relation to nutritional requirements	no or low stress <input type="radio"/>	moderate stress <input type="radio"/>	severe stress <input type="radio"/>
Physical examination	0 <input type="radio"/> subcutaneous fat and/or muscle loss	+1 to +2 <input type="radio"/> subcutaneous fat and/or muscle loss	+3 <input type="radio"/> subcutaneous fat and/or muscle loss
Edema / ascites	none <input type="radio"/>	none <input type="radio"/>	+1 or +2 <input type="radio"/>

SGA Grade <input type="radio"/>	A 0 <input type="checkbox"/>	B 1 <input type="checkbox"/>	C 3 <input type="checkbox"/>
BMI	18.5 - 25 0 <input type="checkbox"/>	25.1 - 30 1 <input type="checkbox"/>	<18.5 or >30 2 <input type="checkbox"/>
Albumin g/dL	>3.4 0 <input type="checkbox"/>	2.5 - 3.4 1 <input type="checkbox"/>	<2.5 2 <input type="checkbox"/>
TLC	≥ 1500 0 <input type="checkbox"/>	900 <1500 1 <input type="checkbox"/>	<900 2 <input type="checkbox"/>

TOTAL SCORE NUTRITION RISK LEVEL 0 LOW RISK (Level 1) ≥3 HIGH RISK (Level 3)
 1-2 MODERATE RISK (Level 2)

NUTRITIONAL STATUS: NORMAL MODERATE MALNUTRITION SEVERE MALNUTRITION

PERFORMED BY: _____ SIGNATURE _____
 DATE PERFORMED _____