Mini Nutritional Assessment





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? 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 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				
	Has suffered psycholog 0 = yes 2 = no	gical stress or acute disease	in the past 3 months?	
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 m²) 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)				
8-1	14 points: 1 points: points:	Normal nutritional statu At risk of malnutrition Malnourished	S	

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