MEDICAL HISTORY

Patient name: Date:

NUTRIENT INTAKE

1. No change; adequate
2. Inadequate; duration of inadequate intake
   - Suboptimal solid diet
   - Full fluids or only oral nutrition supplements
   - Minimal intake, clear fluids or starvation
3. Nutrient Intake in past 2 weeks*
   - Adequate
   - Improved but not adequate
   - No improvement or inadequate

WEIGHT

Usual weight

1. Non-fluid weight change during the past 6 months
   - Weight loss (kg)
     - <5% loss or weight stability
     - 5–10% loss without stabilization or increase
     - >10% loss and ongoing
   - None or mild
   - Moderate
   - Severe
2. Weight change in the past 2 weeks*
   - Amount (if known)
     - Increased
     - No change
     - Decreased

SYMPTOMS (Experiencing symptoms affecting oral intake)

1. Pain on eating
2. Diarrhea
3. Anorexia
4. Vomiting
5. Nausea
6. Constipation
7. Dysphagia

FUNCTIONAL CAPACITY (Fatigue and progressive loss of function)

1. No dysfunction
2. Reduced capacity; duration of change
   - Difficulty with ambulation/normal activities
   - Bed/chair-ridden
3. Functional Capacity in the past 2 weeks*
   - Improved
   - No change
   - Decrease

METABOLIC REQUIREMENT

High metabolic requirement

1. Non
2. Intermittent/mild/few
3. Constant/severe/multiple
3. Symptoms in the past 2 weeks*
4. Resolution of symptoms
5. Improving
6. No change or worsened

SUBJECTIVE GLOBAL ASSESSMENT SCORING FORM

This SGA Form has been revised by taking into consideration elements from the following references:


References: