

# Subjective Global Assessment Form

## MEDICAL HISTORY

Patient name: \_\_\_\_\_

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

## NUTRIENT INTAKE

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

## WEIGHT

Usual weight \_\_\_\_\_   Current weight \_\_\_\_\_

- Non fluid weight change past 6 months**   Weight loss (kg) \_\_\_\_\_  
 <5% loss or weight stability    5-10% loss without stabilization or increase    >10% loss and ongoing  
If above not known, has there been a subjective loss of weight during the past six months?  
 None or mild    Moderate    Severe
- Weight change past 2 weeks\***   Amount (if known) \_\_\_\_\_  
 Increased    No change    Decreased

## SYMPTOMS (Experiencing symptoms affecting oral intake)

- Pain on eating    Anorexia    Vomiting    Nausea    Dysphagia    Diarrhea  
 Dental problems    Feels full quickly    Constipation
- None    Intermittent/mild/few    Constant/severe/multiple
- Symptoms in the past 2 weeks\***  
 Resolution of symptoms    Improving    No change or worsened

## FUNCTIONAL CAPACITY (Fatigue and progressive loss of function)

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

## METABOLIC REQUIREMENT

High metabolic requirement    No    Yes

## PHYSICAL EXAMINATION

Loss of body fat    No    Mild/Moderate    Severe  
Loss of muscle mass    No    Mild/Moderate    Severe  
Presence of edema/ascites    No    Mild/Moderate    Severe

## SGA RATING

- A** Well-nourished Normal    **B** Mildly/moderately malnourished Some progressive nutritional loss    **C** Severely malnourished Evidence of wasting and progressive symptoms

## CONTRIBUTING FACTOR

- CACHEXIA** - (fat and muscle wasting due to disease and inflammation)    **SARCOPENIA** - (reduced muscle mass and strength)

\*See page 2 SGA Rating for more description.

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Advancing Nutrition Care in Canada / Améliorer les soins nutritionnels au Canada

# Subjective Global Assessment Guidance For Body Composition

## SUBCUTANEOUS FAT

Physical examination	Normal	Mild/Moderate	Severe
Under the eyes	Slightly bulging area	Somewhat hollow look, Slightly dark circles,	Hollowed look, depression, dark circles
Triceps	Large space between fingers	Some depth to fat tissue, but not ample. Loose fitting skin.	Very little space between fingers, or fingers touch
Ribs, lower back, sides of trunk	Chest is full; ribs do not show. Slight to no protrusion of the iliac crest	Ribs obvious, but indentations are not marked. Iliac Crest somewhat prominent	Indentation between ribs very obvious. Iliac crest very prominent

## MUSCLE WASTING

Physical examination	Normal	Mild/Moderate	Severe
Temple	Well-defined muscle	Slight depression	Hollowing, depression
Clavicle	Not visible in males; may be visible but not prominent in females	Some protrusion; may not be all the way along	Protruding/prominent bone
Shoulder	Rounded	No square look; acromion process may protrude slightly	Square look; bones prominent
Scapula/ribs	Bones not prominent; no significant depressions	Mild depressions or bone may show slightly; not all areas	Bones prominent; significant depressions
Quadriceps	Well defined	Depression/atrophy medially	Prominent knee, Severe depression medially
Interosseous muscle between thumb and forefinger (back of hand)**	Muscle protrudes; could be flat in females	Slightly depressed	Flat or depressed area

## FLUID RETENTION

Physical examination	Normal	Mild/Moderate	Severe
Edema	None	Pitting edema of extremities / pitting to knees, possible sacral edema if bedridden	Pitting beyond knees, sacral edema if bedridden, may also have generalized edema
Ascites	Absent	Present (may only be present on imaging)	

**A - Well-nourished** no decrease in food/nutrient intake; < 5% weight loss; no/minimal symptoms affecting food intake; no deficit in function; no deficit in fat or muscle mass **OR** \*an individual with criteria for SGA B or C but with recent adequate food intake; non-fluid weight gain; significant recent improvement in symptoms allowing adequate oral intake; significant recent improvement in function; and chronic deficit in fat and muscle mass but with recent clinical improvement in function.

**B - Mildly/moderately malnourished** definite decrease in food/nutrient intake; 5% - 10% weight loss without stabilization or gain; mild/some symptoms affecting food intake; moderate functional deficit or recent deterioration; mild/moderate loss of fat and/or muscle mass **OR** \*an individual meeting criteria for SGA C but with improvement (but not adequate) of oral intake, recent stabilization of weight, decrease in symptoms affecting oral intake, and stabilization of functional status.

**C - Severely malnourished** severe deficit in food/nutrient intake; > 10% weight loss which is ongoing; significant symptoms affecting food/nutrient intake; severe functional deficit **OR** \*recent significant deterioration obvious signs of fat and/or muscle loss.

**Cachexia** – If there is an underlying predisposing disorder (e.g. malignancy) and there is evidence of reduced muscle and fat and no or limited improvement with optimal nutrient intake, this is consistent with cachexia.

**Sarcopenia** – If there is an underlying disorder (e.g. aging) and there is evidence of reduced muscle and strength and no or limited improvement with optimal nutrient intake.

\*\*In the elderly prominent tendons and hollowing is the result of aging and may not reflect malnutrition.