Subjective Global Assessment Form

MEDICAL HISTORY

UTRIENT INTAK . □ No change; adequate	Œ				
. ☐ No change; adequate					
 No change; adequate Inadequate; duration of inadequate intake Suboptimal solid diet		rition supplements	s ☐ Minimal intake, clear fluids or starvation ☐ No improvement or inadequate		
EIGHT	Usual weight	·	·		
☐ None or mild 2. Weight change past 2		Weight loss (kg)	out stabilization or i	increase	□ >10% loss and ongoing
MPTOMS (Experier	ncing symptoms affecting or	al intake)			
☐ Dental problems	☐ Anorexia ☐ Feels full quickly ☐ Intermittent/mild/few 2 weeks*	☐ Vomiting ☐ Constipation ☐ Constant/severe	□ Nausea e/multiple	□ Dysphagia	□ Diarrhea
Resolution of sympton		□ No change or w			
. No dysfunction 2. Reduced capacity; durat Difficulty with ambulati 3. Functional Capacity in Improved	ion/normal activities	Bed/chair-ridder			
ETABOLIC REQ	UIREMENT				
ligh metabolic requirement	□No	□Yes			
	F	PHYSICAL EXA	MINATION	J	
oss of body fat oss of muscle mass Presence of edema/ascites	□ No □ No □ No	☐ Mild/Moderate ☐ Mild/Moderate ☐ Mild/Moderate		☐ Severe ☐ Severe ☐ Severe	
		SGA RA	TING		
□ A Well-nourished Normal	☐ B Mildly/moderatel Some progressiv	ly malnourished ve nutritional loss		rely malnourished ence of wasting and pro	ogressive symptoms
	(CONTRIBUTION	IG FACTOF	3	
☐ CACHEXIA - (fat and	muscle wasting due to disea	ase and inflammation)	□ SARCOPEN	NIA - (reduced muscle	mass and strength)



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 SGAB 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.

