

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.



Canadian
Malnutrition
Task Force™

le Groupe de
travail canadien
sur la malnutrition™

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 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.



Canadian
Malnutrition
Task Force* | le Groupe de
travail canadien
sur la malnutrition™

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