

# Self MNA<sup>®</sup>

## Mini Nutritional Assessment

For Adults 65 years of Age and Older

Last name:

First name:

Date:

Age:

Complete the screen by filling in the boxes with the appropriate numbers. Total the numbers for the final screening score.

### Screening

**A Has your food intake declined over the past 3 months? [ENTER ONE NUMBER]**

*Please enter the most appropriate number (0, 1, or 2) in the box to the right.*

0 = severe decrease in food intake  
1 = moderate decrease in food intake  
2 = no decrease in food intake

**B How much weight have you lost in the past 3 months? [ENTER ONE NUMBER]**

*Please enter the most appropriate number (0, 1, 2, or 3) in the box to the right.*

0 = weight loss greater than 7 pounds  
1 = do not know the amount of weight lost  
2 = weight loss between 2 and 7 pounds  
3 = no weight loss or weight loss less than 2 pounds

**C How would you describe your current mobility? [ENTER ONE NUMBER]**

*Please enter the most appropriate number (0, 1, or 2) in the box to the right.*

0 = unable to get out of a bed, a chair, or a wheelchair without the assistance of another person  
1 = able to get out of a bed or a chair, but unable to go out of my home  
2 = able to leave my home

**D Have you been stressed or severely ill in the past 3 months? [ENTER ONE NUMBER]**

*Please enter the most appropriate number (0 or 2) in the box to the right.*

0 = yes  
2 = no

**E Are you currently experiencing dementia and/or prolonged severe sadness? [ENTER ONE NUMBER]**

*Please enter the most appropriate number (0, 1, or 2) in the box to the right.*

0 = yes, severe dementia and/or prolonged severe sadness  
1 = yes, mild dementia, but no prolonged severe sadness  
2 = neither dementia nor prolonged severe sadness

Please total all of the numbers you entered in the boxes for questions A-E and write that number here:

Now, please CHOOSE ONE of the following two questions – F1 or F2 – to answer.

### Question F1

Height (feet & inches)		Body Weight (pounds)		
4'10"	Less than 91	91-99	100-109	110 or more
4'11"	Less than 94	94-103	104-113	114 or more
5'0"	Less than 97	97-106	107-117	118 or more
5'1"	Less than 100	100-110	111-121	122 or more
5'2"	Less than 104	104-114	115-125	126 or more
5'3"	Less than 107	107-117	118-129	130 or more
5'4"	Less than 110	110-121	122-133	134 or more
5'5"	Less than 114	114-125	126-137	138 or more
5'6"	Less than 118	118-129	130-141	142 or more
5'7"	Less than 121	121-133	134-145	146 or more
5'8"	Less than 125	125-137	138-150	151 or more
5'9"	Less than 128	128-141	142-154	155 or more
5'10"	Less than 132	132-145	146-159	160 or more
5'11"	Less than 136	136-149	150-164	165 or more
6'0"	Less than 140	140-153	154-168	169 or more
6'1"	Less than 144	144-158	159-173	174 or more
6'2"	Less than 148	148-162	163-178	179 or more
6'3"	Less than 152	152-167	168-183	184 or more
6'4"	Less than 156	156-171	172-188	189 or more
<b>Group</b>	<b>0</b>	<b>1</b>	<b>2</b>	<b>3</b>

Please refer to the chart on the left and follow these instructions:

1. Find your height on the left-hand column of the chart.
2. Go across that row and circle the range that your weight falls into.
3. Look to the bottom of the chart to find what group number (0, 1, 2, or 3) your circled weight range falls into.

Write the Group Number (0, 1, 2, or 3) here:

Write sum of questions A-E (from page 1) here:

Lastly, calculate the sum of these 2 numbers:

### Question F2

DO NOT ANSWER QUESTION F2 IF QUESTION F1 IS ALREADY COMPLETED.

Measure the circumference of your LEFT calf by following the instructions below:

Loop a tape measure all the way around your calf to measure its size.

Record the measurement in inches: \_\_\_\_\_

If Less than 12 inches, enter "0" in box to the right.

If 12 inches or Greater, enter "3" in box to the right.



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Write the sum of questions A-E (from page 1) here:

Lastly, calculate the sum of these 2 numbers:

### Screening Score 14 points maximum

12 – 14 points: Normal nutritional status

8 – 11 points: At risk of malnutrition

0 – 7 points: Malnourished

If you score between 0 - 11, please take this form to a healthcare professional for consultation.