

Mini Nutritional Assessment
MNA®

Last name:		First name:		
Sex:	Age:	Weight, kg:	Height, cm:	Date:

Complete the screen by filling in the boxes with the appropriate numbers. Add the numbers for the screen. If score is 11 or less, continue with the assessment to gain a Malnutrition Indicator Score.

Screening	
A	Has food intake declined over the past 3 months due to loss of appetite, digestive problems, chewing or swallowing difficulties? 0 = severe decrease in food intake 1 = moderate decrease in food intake 2 = no decrease in food intake
B	Weight loss during the last 3 months 0 = weight loss greater than 3kg (6.6lbs) 1 = does not know 2 = weight loss between 1 and 3kg (2.2 and 6.6 lbs) 3 = no weight loss
C	Mobility 0 = bed or chair bound 1 = able to get out of bed / chair but does not go out 2 = goes out
D	Has suffered psychological stress or acute disease in the past 3 months? 0 = yes 2 = no
E	Neuropsychological problems 0 = severe dementia or depression 1 = mild dementia 2 = no psychological problems
F	Body Mass Index (BMI) (weight in kg) / (height in m²) 0 = BMI less than 19 1 = BMI 19 to less than 21 2 = BMI 21 to less than 23 3 = BMI 23 or greater
Screening score □ □ (subtotal max. 14 points)	
12-14 points: Normal nutritional status 8-11 points: At risk of malnutrition 0-7 points: Malnourished	
For a more in-depth assessment, continue with questions G-R	
Assessment	
G	Lives independently (not in nursing home or hospital) 1 = yes 0 = no
H	Takes more than 3 prescription drugs per day 0 = yes 1 = no
I	Pressure sores or skin ulcers 0 = yes 1 = no

J	How many full meals does the patient eat daily? 0 = 1 meal 1 = 2 meals 2 = 3 meals
K	Selected consumption markers for protein intake <ul style="list-style-type: none"> • At least one serving of dairy products (milk, cheese, yoghurt) per day yes <input type="checkbox"/> no <input type="checkbox"/> • Two or more servings of legumes or eggs per week yes <input type="checkbox"/> no <input type="checkbox"/> • Meat, fish or poultry every day yes <input type="checkbox"/> no <input type="checkbox"/> 0.0 = if 0 or 1 yes 0.5 = if 2 yes 1.0 = if 3 yes
L	Consumes two or more servings of fruit or vegetables per day? 0 = no 1 = yes
M	How much fluid (water, juice, coffee, tea, milk...) is consumed per day? 0.0 = less than 3 cups 0.5 = 3 to 5 cups 1.0 = more than 5 cups
N	Mode of feeding 0 = unable to eat without assistance 1 = self-fed with some difficulty 2 = self-fed without any problem
O	Self view of nutritional status 0 = views self as being malnourished 1 = is uncertain of nutritional state 2 = views self as having no nutritional problem
P	In comparison with other people of the same age, how does the patient consider his / her health status? 0.0 = not as good 0.5 = does not know 1.0 = as good 2.0 = better
Q	Mid-arm circumference (MAC) in cm 0.0 = MAC less than 21 0.5 = MAC 21 to 22 1.0 = MAC 22 or greater
R	Calf circumference (CC) in cm 0 = CC less than 31 1 = CC 31 or greater
Assessment (max. 16 points) □ □ . □	
Screening score □ □ . □	
Total Assessment (max. 30 points) □ □ . □	

Malnutrition Indicator Score		
24 to 30 points	□	normal nutritional status
17 to 23.5 points	□	at risk of malnutrition
Less than 17 points	□	malnourished

Ref. Vellas B, Villars H, Abellan G, et al. *Overview of MNA® - Its History and Challenges*. J Nut Health Aging 2006; 10: 456-465.
 Rubenstein LZ, Harker JO, Salva A, Guigoz Y, Vellas B. Screening for Undernutrition in Geriatric Practice: *Developing the Short-Form Mini Nutritional Assessment (MNA-SF)*. J. Gerontol 2001; 56A: M366-377.
 Guigoz Y. The Mini-Nutritional Assessment (MNA®) *Review of the Literature – What does it tell us?* J Nutr Health Aging 2006; 10: 466-487.
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