



Mini Nutritional Assessment MNA®

Last name: _____ First name: _____ Sex: _____ Date: _____

Age: _____ Weight, kg: _____ Height, cm: _____ I.D. Number: _____

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 loss of appetite 1 = moderate loss of appetite 2 = no loss of appetite
B	Weight loss during last months 0 = weight loss greater than 3 kg (6.6 lbs) 1 = does not know 2 = weight loss between 1 and 3 kg (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 m) ² 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) <input type="checkbox"/> <input type="checkbox"/>	
12 points or greater	Normal – not at risk – no need to complete assessment
11 points or below	Possible malnutrition – continue assessment

Assessment	
G	Lives independently (not in a nursing home or hospital) 0 = no 1 = yes
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 • At least one serving of dairy products (milk, cheese, yogurt) per day? yes <input type="checkbox"/> no <input type="checkbox"/> • Two or more serving 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 fruits 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 = view 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 do they consider their 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

17 to 23.5 points at risk of malnutrition

Less than 17 points malnourished

Ref.: Guigoz Y, Vellas B and Garry PJ. 1994. Mini Nutritional Assessment: A practical assessment tool for grading the nutritional state of elderly patients. *Facts and Research in Gerontology*. Supplement #2:15-59.
Rubenstein LZ, Harker J, Guigoz Y and Vellas B. Comprehensive Geriatric Assessment (CGA) and the MNA: An Overview of CGA, Nutritional Assessment, and Development of a Shortened Version of the MNA. In: "Mini Nutritional Assessment (MNA): Research and Practice in the Elderly". Vellas B, Garry PJ and Guigoz Y, editors. Nestlé Nutrition Workshop Series. Clinical & Performance Programme, vol. 1. Karger, Bâle, in press.