



This screening sheet should be used to assess adult patients need for nutritional therapy. Answer the following questions and assess scores accordingly. If the sum of a patient's scores is 5 or more, a referral should be sent to the Department of Clinical Nutrition.

Question	Answer	Assessment	Scores	
1. Height: _____m Weight: _____kg	BMI: Kg/m ²	> 20 kg/m ² 18-20 kg/m ² < 18 kg/m ²	0 points 2 points 4 points	<input type="checkbox"/>
2. Recent unintentional weight loss? If Yes, how much _____kg, Over what period? _____months => weight loss is _____ %	Yes <input type="checkbox"/> Don't know <input type="checkbox"/> No <input type="checkbox"/>	> 5 % past month or > 10 % previous 6 mo. 5-10 % previous 1-6 mo. Don't know No	4 points 2 points 2 points 0 points	<input type="checkbox"/>
3. Is the patient over age 65?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Question 3 to 6: Yes: 1 points No: 0 points		<input type="checkbox"/>
4. Problems last weeks or months?				
A. Vomiting lasting more than 3 days?	<input type="checkbox"/> Yes <input type="checkbox"/> No			<input type="checkbox"/>
B. Daily diarrhoea? (more than 3 liquid stools per day)	<input type="checkbox"/> Yes <input type="checkbox"/> No			<input type="checkbox"/>
C. Continuous loss of appetite or nausea?	<input type="checkbox"/> Yes <input type="checkbox"/> No			<input type="checkbox"/>
D. Difficulty in chewing or swallowing?	<input type="checkbox"/> Yes <input type="checkbox"/> No			<input type="checkbox"/>
5. Hospitalised for 5 days or more during last 2 months?	<input type="checkbox"/> Yes <input type="checkbox"/> No			<input type="checkbox"/>
6. Major surgery in the past month? If yes, list type? _____	<input type="checkbox"/> Yes <input type="checkbox"/> No			<input type="checkbox"/>
7. Diseases - 5 points				
<input type="checkbox"/> Burn > 15%			5 points	<input type="checkbox"/>
<input type="checkbox"/> Malnutrition			5 points	<input type="checkbox"/>
<input type="checkbox"/> Multiple trauma			5 points	<input type="checkbox"/>
Total points:				<input type="checkbox"/>

Completed _____ Date _____
signature