MINI NUTRITION ASSESSMENT (MNA)
PAPER FORM and QxQ FOR DATA COLLECTION

ID NUMBER: ☐☐☐☐☐☐☐☐

ADMINISTRATIVE INFORMATION

0a. Completion Date: ☐☐/☐☐/☐☐☐☐ (Month / Day / Year)

0b. Staff ID: ☐☐☐

Instructions: Complete this form on paper and enter the scores into CDART. The sentences in "quotes" are to be read to the participant.

"The purpose of this interview is to obtain information on your nutrition and eating habits."

A. Food Intake Decreased (Has food intake declined over the past three months due to loss of appetite, digestive problems, chewing or swallowing difficulties?)

Score
0 = Severe decrease in food intake
1 = Moderate decrease in food intake
2 = No decrease in food intake

"Have you eaten less than normal over the past three months? "

Yes ..... ☐ → **If yes, ask the question below**
No ..... ☐ → **Score as 2 and go to section B**

"Is this because of lack of appetite, chewing, or swallowing difficulties?

Yes ..... ☐ → **If yes, ask the question below**
No ..... ☐ → **If no, score as 2 and go to Section B**

"Have you eaten much less than before or only a little less? "

Much less ☐ → **Score as 0 and go to section B**
Little less ☐ → **Score as 1 and go to section B**

B. Involuntary weight loss during the last 3 months

Score
0=Weight loss greater than 3 kg (6.6 lb)
1=Does not know
2=Weight loss between 1 and 3 kg (2.2 and 6.6 lb)
3=No weight loss

"Have you lost any weight without trying over the last 3 months?'

Yes……..☐ → **Go to question 'How much weight do you think you have lost?'**
No……..☐ → **Score as No weight loss and go to Section C**
Does not know…..☐ → **Go to question 'Has your waistband gotten looser?'**

"Has your waistband gotten looser?"

Yes ..... ☐ **Go to question 'How much weight do you think you have lost?'**
No..... ☐ → **Go to section C**

"How much weight do you think you have lost?"

More than 6 pounds…….....☐
Between 2 and 6 pounds...☐
Does not know……☐

C. Mobility

Score
0 = Bed or chair bound
1 = Able to get out of bed/chair, but does not go out
2 = Goes out

Instructions: if participant is in clinic, do not ask these questions and score=2

"Are you able to get out of a bed, a chair, or a wheelchair without the assistance of another person?"

Yes ..... ☐
No..... ☐

"Are you able to leave your home?"

Yes ..... ☐ → **Score 2**
No..... ☐ → **If Yes to above question score= 1, if No to above question score=0**

D. Psychological stress or acute disease in the past 3 months

Score
0 = Yes
2 = No

"Have you been stressed in the past 3 months? "

Yes ..... ☐ → **Score = 0 and go to section E**
No ..... ☐

"Have you been severely ill in the past 3 months?"

Yes ..... ☐ → **Score =0 and go to section E**
No ..... ☐

E. Neuropsychological problems

Score
0 = Severe dementia or depression
1 = Mild dementia
2 = No psychological problems

Instructions: Do not ask the participant. This will be calculated by the coordinating center.

F. Body Mass Index

Score
0 = BMI less than 19
1 = BMI 19 to less than 21
2 = BMI 21 to less than 23
3 = BMI 23 or greater

Instructions: Do not ask the participant. This will be calculated by the coordinating center.

G. Lives independently

Score
1 = Yes
0 = No

"Do you normally live in your own home?"

Yes ..... ☐ → **Score=1 and go to section H**
No ..... ☐

This question refers to the normal living conditions of the individual. Its purpose is to determine if the person is usually dependent on others for care. For example, if the patient is in the hospital because of an accident or acute illness, where does the participant normally live?

"Do you live independently?'

If probe is required, you can say "Living independently means that you do not need others to assist with routine needs, such as everyday household chores, doing necessary business, shopping, or getting around for other purposes?"

Yes ..... ☐
No ..... ☐

H. Takes more than 3 prescription drugs per day?

Score
0 = Yes
1 = No

Instructions: Do not ask the participant. This will be calculated by the coordinating center.

I. Pressure sores or skin ulcers?

Score
0 = Yes
1 = No

"Do you have bed sores, pressure sores, or skin ulcers from laying in bed or sitting?"

Yes ..... ☐
No ..... ☐

J. How many full meals does the participant eat daily?

Score
0 = One meal
1 = Two meals
2 = Three meals

"Do you normally eat breakfast, lunch and dinner?"

"How many meals a day do you eat?"

A full meal is defined *as eating more than 2 items or dishes when the patient sits down to eat. Only 1 item is not a meal."*
For example, eating potatoes, vegetable, and meat is considered a full meal; or eating an egg, bread, and fruit is considered a full meal.

For participants who consume many snacks during the day*, we will also define meals as 'foods consumed over several hours':*
Morning: wake-up time – 11:30am
Mid-day meal: 11:30-4:00pm
Evening meal: 4:00-bedtime

One meal ……..☐
Two meals ……☐
Three or more meals ……..☐

K. Selected consumption markers for protein intake

Score
0.0 = if 0 or 1 Yes answers
0.5=if 2 Yes answers
1.0=if 3 Yes answers

"Do you consume any dairy products (a glass of milk / cheese in a sandwich / cup of yogurt / can of high protein supplement or meal replacement) every day?"
At least 1 serving of dairy products (milk, cheese, yogurt) per day

Yes ..... ☐
No..... ☐

"Do you eat beans or eggs? How often do you eat them each week?"
Two or more servings of legumes or eggs per week
Yes ..... ☐
No..... ☐

Do you eat meat, fish, chicken or tofu every day?"
Meat, fish, poultry, or tofu every day

Yes ..... ☐
No..... ☐

L. Consumes two or more servings of fruits or vegetables per day?

Score
0 = No
1=Yes

“Do you eat fruits, vegetables, or fruit and vegetable juice every day?”

“How many portions or servings of fruit, vegetables, or fruit and vegetable juice do you have each day?”

A portion can be classified as:
•One piece of fruit (apple, banana, orange, etc.)
•One medium cup of fruit or vegetable juice
•One cup of raw or cooked vegetables

Yes ..... ☐
No ..... ☐

M. Usual daily fluid intake

“How much fluid do you normally drink every day, including water, juice, coffee, tea, milk, soda pop, fruit drinks, etc.?”

Score
0.0 = Less than 3 cups
0.5 = 3 to 5 cups
1.0 = More than 5 cups

“How many cups of these beverages do you normally drink during the day?”

“What size cup do you usually use?”

A cup is considered 200 – 240ml or 7-8oz. Show the participant a ‘CUP’ to help them with amount of fluid consumed. Use the list below if it helps you to count the number of cups of fluid drank each day.

☐☐ Cups of water
☐☐ Cups of juice
☐☐ Cups of coffee
☐☐ Cups of tea
☐☐ Cups of milk
☐☐ Cups of other beverage (such as fruit drinks, but do not include alcohol)

N. Mode of Feeding:

Score
0 = Unable to eat without assistance *
1 = Feeds self with some difficulty **
2 = Feeds self without any problems

"Do you need help setting up your meals (such as opening containers, buttering bread, or cutting meats)?"

Yes ..... ☐
No ..... ☐

"Do you need help to eat?

Yes ..... ☐
No ..... ☐

** Participants who must be fed or need help holding the fork would score= 0.*
*** Participants who need help setting up meals (opening containers, buttering bread, or cutting meats), but are able to feed themselves would score =1.*

O. Self-view of nutritional status

Score
0 = Views self as being malnourished/poorly nourished
1 = Is uncertain of nutritional state
2 = Views self as having no nutritional problems

"How would you describe your nutritional status?"

"Poorly nourished?"
"Uncertain?"
"No problems?"

If 'nutritional status' is confusing, ask the following questions one at a time.

Do you have a good appetite?

Yes ..... ☐ → **If Yes to any of the questions on 'good appetite' or 'eat when hungry, score=2**
No ..... ☐

Do you eat when hungry?

Yes ..... ☐
No ☐

Unsure or not certain? → **Score 1**

Poorly malnourished ..... ☐
Uncertain of nutritional state ..... ☐
No nutritional problems ..... ☐

P. In comparison with other people of the same age, how does the participant consider his/her health status?

Score
0.0 = Not as good
0.5 = Does not know
1.0 = As good
2.0 = Better

"How would you describe your state of health compared to others your age?"

Instructions: Show participant cue card on last page if it would be helpful.

Not as good as others of your age…….☐
As good as others of your age……..☐
Better……..☐
Not sure……..☐

Q. Mid-arm circumference (MAC) in cm

Score
0.0 = MAC less than 21
0.5 = MAC 21 to 22
1.0 = MAC 22 or greater

Instructions: Do not ask the participant. This will be calculated by the coordinating center.

"Next, I'd like to take a measurement of your lower leg."

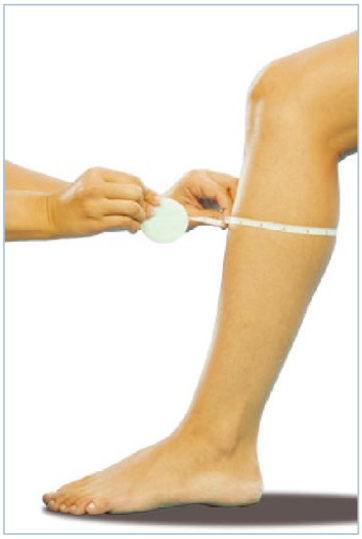
R. Calf circumference

Score
0 = CC less than 31
1 = CC 31 or greater

☐☐ cm

Measuring Calf Circumference

- The participant should be sitting with the left leg hanging loosely and feet flat on the floor or standing with their weight evenly distributed on both feet.
- Ask the participant to roll up the trouser leg to uncover to calf. No need to remove suppression (support) stockings or tight fitting leggings; pull up loose fitting leggings.
- Wrap the tape around the calf at the widest part and note the measurement.
- Take additional measurements above and below the point to ensure that the first measurement was the largest.
- An accurate measurement can only be obtained if the tape is at a right angle to the length of the calf, and should be recorded to the nearest 1.0 cm.



Not as good as others of your age?

Not sure?

As good as others of your age?

Better?