Assessment of nutritional level: part 1 (Patient fills the form)

Name: _____ Date: _____

SSN: _____ Height: _____ Weight: _____

	A	B	C
1. Age A. under 18 years B. 18 to 65 years C. over 65 years	☐	☐	☐
2. Change in weight during the last 6 months +/- _____ kg A. No change B. Weight gain C. Weight loss	☐	☐	☐
3. Changes in diet in the past 6 months (quality of food, amount eaten, appetite) A. No change B. Change for the better C. Change for the worse _____ _____	☐	☐	☐
4. Gastrointestinal symptoms in the last month (difficulty to swallow, heart burn, burping, vomiting, nausea, stomach ache, bloating, gas, constipation, diarrhoea, starvation) → MSQ symptom questionnaire: _____ (points based on digestive tract) A. no symptoms < 4 points B. some / mild symptoms 4 to 6 points C. several / difficult symptoms > 6 points	☐	☐	☐
5. Diseases and the stress they cause the system: A. no stress B. moderate amount of stress C. considerable stress	☐	☐	☐

This form is based on the validated assessment methods of nutritional level.
SGA, NRS 2002, MUST, MNA

Kruunuhaan Lääkärikeskus Oy
Antioksidanttiklinikat

Name: _____

	A	B	C
6. Sleep	☐	☐	☐
A. enough B. not enough C. sleep disorders / not refreshed after sleeping			
7. Capability	☐	☐	☐
A. stayed the same B. somewhat weaker C. considerably weaker			
8. Incidental exercise (for example, walking, stairs)	☐	☐	☐
A. daily B. occasionally C. not a lot			
9. Heart rate raising exercise	☐	☐	☐
A. ≥ 2 times a week B. once a week C. less often			
10. Exercise for muscle fitness / improving motion control	☐	☐	☐
A. ≥ 2 times a week B. once a week C. less often			

Assessment of nutritional level: part 2 (Doctor fills the form)

Height: _____ (measured/reported) BMI weight/(height x height): _____ Inbody: _____

Weight: _____ (measured/reported) Waist: _____ A B C

1. Swelling ☐ ☐ ☐

A. no B. occasionally C. often

Where: _____

2. Ascites / bowel noises

_____

3. Blood pressure and resting pulse ☐ ☐ ☐

RR _____ /_____ P_____ RR_____ /_____ P_____

Self-monitoring of blood pressure RR_____ /_____ P_____

A. normal B. low C. elevated

4. Grip strength ☐ ☐

A. normal grip B. weaker than normal

Sachen: right _____ kg left _____ kg

Further examination of the limbs, if necessary

5. Dental Health:

Last visit to the dentist: _____

Tongue: _____ Teeth: _____

Membranes: _____ Palatine tonsils: _____

DG: _____

_____

Assessment of nutritional situation:

☐ Well nourished ☐ At risk regarding nutrition ☐ A clear risk of malnutrition

Assessment of oxidative stress:

☐ No oxidative stress ☐ At risk of oxidative stress ☐ Oxidative stress

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