

# 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)<sup>2</sup>

- 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 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       no
  - Two or more servings of legumes or eggs per week?      yes       no
  - Meat, fish or poultry every day      yes       no
- 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 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

- 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.