

Mini Nutritional Assessment MNA®

Nestlé
NutritionInstitute

Last name:	First name:			
Sex:	Age:	Weight, kg:	Height, cm:	Date:

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 decrease in food intake
1 = moderate decrease in food intake
2 = no decrease in food intake

B. Weight loss during the last 3 months:

0 = weight loss greater than 3kg (6.6 lbs)
1 = does not know
2 = weight loss between 1 and 3kg (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):

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, yoghurt) per day: yes no
- Two or more servings of legumes per week: yes no
- Meat, fish or poultry every day: 0.0 = if 0 or 1 yes
0.5 = if 2 yes
1.0 = if 3 yes

L. Consumes two or more servings of fruit 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 = views 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 greater than 22

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

24 to 30 points	<input type="checkbox"/>	Normal nutritional status
17 to 23.5 points	<input type="checkbox"/>	At risk of malnutrition
Less than 17 points	<input type="checkbox"/>	Malnourished

Assessment

G. Lives independently (not in nursing home or hospital)

1 = yes 0 = no

H. Takes more than 3 prescription drugs per day

0 = yes 1 = no

I. Pressure sores or skin ulcers

0 = yes 1 = no

References

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Mini Nutritional Assessment

Melissa Bernstein, Nancy Munoz

Mini Nutritional Assessment:

The Mini Nutritional Assessment: MNA ,1994 [Mini Nutritional Assessment \(MNA\) ,1998](#) **Mini Nutritional Assessment (MNA): Research and Practice in the Elderly** B. Vellas,P. J. Garry,Philip J. Garry,Y. Guigoz,1999-07 This book is the first of a new series which will present the proceedings of the newly established Nestl Nutrition Workshop Series Clinical Performance Programme aimed at adult nutrition Undernutrition is a common phenomenon in elderly people and malnutrition reaches significant levels in those being in hospital nursing homes or home care programs Consequences of malnutrition often go unrecognised owing to the lack of specific validated instruments to assess nutritional status in frail elderly persons The Mini Nutritional Assessment MNA provides a single rapid assessment of nutritional status in the elderly of different degrees of independence allowing the prevalence of protein energy malnutrition to be determined and to evaluate the efficacy of nutritional intervention and strategies Easy quick and economical to perform it enables staff to check the nutritional status of elderly people when they enter hospitals or institutions and to monitor changes occurring during their stay Moreover the MNA is predictive of the cost of care and length of stay in hospital This publication will be of immense assistance to heads of geriatric teaching units teachers in nutrition clinicians general practitioners and dieticians enabling them to better detect recognise and start treatment of malnutrition in the elderly *The Mini Nutritional Assessment, MNA ,1997* [Mini Nutritional Assessment](#) Vellas,1996-01-01 [Mini Nutritional Assessment \(MNA\)](#) Nestlé Nutrition Services,1998 *The Mini Nutritional Assessment (MNA)* Bruno J. Vellas,1994 **Principles of Nutritional Assessment** Rosalind S. Gibson,2005 With over 200 newly drafted figures many new tables drawn from the wealth of data published over the last 15 years this new edition has been thoroughly revised [Nutritional Assessment Tools for Identification and Monitoring of Malnutrition in Patients with Chronic Disease, Volume II](#) Lilia Castillo-Martinez,Eloisa Colin-Ramirez,2023-08-03 [Use of the Mini Nutritional Assessment \(MNA\) in Elderly Residents of Assisted Living Centers in Suburban Atlanta](#) Raven Renee Lopez,2001 **Geriatric Nutrition** John E. Morley,David R. Thomas,2007-05-30 In a vicious cycle poor nutritional health leads to acute and chronic disease and disease states are catastrophic to nutritional health The magnitude of nutritional depletion from any cause depends to a large extent on the nutritional reserves an individual has accumulated over time In our increasingly older population nutritional reserves are **Nutrition Assessment** Nancy Munoz,Melissa Bernstein,2018-03-14 Written for the graduate level nutrition course Nutrition Assessment Clinical and Research Applications explores the purpose methods and scientific basis for nutritional assessment in community clinical and individual nutrition settings It provides students with the basic knowledge and skills to identify nutrition problems develop research questions and study hypotheses and plan nutrition interventions and treatments **Malnutrition in the Elderly** W.O. Seiler,H.B. Stähelin,2012-12-06 H B Stahelin Under or malnutrition is a frequent and serious problem in geriatric patients 8 Today there is no doubt that malnutrition contributes significantly to morbidity and

mortality in the aged The immune function is impaired the risk for falls and fractures increases in acute illness recovery is delayed and complications are frequent Acute and chronic illnesses lead to a catabolic metabolism and hence increase the signs and symptoms of malnutrition Cytokines related to inflammation block the synthesis of albumin and shift protein synthesis to acute phase proteins The activation of the ubiquitin proteasome pathway leads to a degradation of muscle protein which leads to an additional loss of muscle mass which occurs as age dependent sarcopenia and adds to the already existing frailty 2 4 It is often difficult to decide to what extent the metabolic alterations result from malnutrition or concomitant illness Psychological factors contribute as a circulus vitiosus significantly to anorexia and thus aggravate the condition They are the most important causes of failure to thrive in old age 7 It is evident that next to the therapy of the underlying illness an adequate support with calorie and nutrient intake over weeks becomes essential under these conditions Clear cut improvements are often only seen after 6 or more weeks Besides a clinical clearly visible malnutrition selective nutrient deficits are much more frequent Numerous and highly different mechanisms may lead to a marginal or insufficient supply with micronutrients

[Nutrition for the Older Adult](#) Melissa Bernstein,Nancy Munoz,2014-10-13 Reorganized and updated with the latest data in the field the Second Edition of Nutrition for the Older Adult introduces students to the unique nutritional needs of this special population Designed for the undergraduate the text covers such important topics as the physiological changes of aging weight and nutrition problems in older adults diet and cultural diversity in older adults macronutrient mineral and vitamin requirements for older adults and much more With an added emphasis on health promotion Nutrition for the Older Adult is an essential resource for students in the fields of nutrition nursing public health and gerontology

Nutritional Assessment Robert D. Lee,David C. Nieman,2003 This text describes the four major methods of nutritional assessment dietary anthropometric biometric and clinical in an understandable and contemporary way It thoroughly covers assessment of the hospitalized individual but also serves as an invaluable resource to the nutrition professional working in such areas as public health and community nutrition corporate health and sports medicine

ADA

Pocket Guide to Nutrition Assessment Pamela Charney,Ainsley Malone,2004 [Index Medicus](#) ,2001 Vols for 1963 include as pt 2 of the Jan issue Medical subject headings [Clinical Nutrition](#) Marinos Elia,Olle Ljungqvist,Rebecca J. Stratton,Susan A. Lanham-New,2013-01-09 This second edition of Clinical Nutrition in the acclaimed textbook series by the Nutrition Society has been revised and updated in order to Provide students with the required scientific basis in nutrition in the context of a systems and health approach Enable teachers and students to explore the core principles of nutrition and to apply these throughout their training to foster critical thinking at all times Each chapter identifies the key areas of knowledge that must be understood and also the key points of critical thought that must accompany the acquisition of this knowledge Are fully peer reviewed to ensure completeness and clarity of content as well as to ensure that each book takes a global perspective and is applicable for use by nutritionists and on nutrition courses throughout the world Ground breaking

in scope and approach with an additional chapter on nutritional screening and a student companion website this second edition is designed for use on nutrition courses throughout the world and is intended for those with an interest in nutrition in a clinical setting Covering the scientific basis underlying nutritional support medical ethics and nutritional counselling it focuses solely on the sick and metabolically compromised patient dealing with clinical nutrition on a system by system basis making the information more accessible to the students This is an essential purchase for students of nutrition and dietetics and also for those students who major in other subjects that have a nutrition component such as food science medicine pharmacy and nursing Professionals in nutrition dietetics food sciences medicine health sciences and many related areas will also find this an important resource Libraries in universities medical schools and establishments teaching and researching in the area of nutrition will find Clinical Nutrition a valuable addition to their shelves *Identifying the Risk of Malnutrition Using Mini Nutritional Assessment-short Form (MNA-SF) and Malnutrition Universal Screening Tool (MUST) Among the Elderly in Rumah Seri Kenangan* Muhammad Faizal Murat,2012 **Journal of the American Dietetic Association** ,2003

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