

Geriatric Malnutrition Risk Assessment Screening Tool[©]

Last	<input style="width: 95%;" type="text"/>	First	<input style="width: 95%;" type="text"/>	Date	<input style="width: 95%;" type="text"/>
Age	<input style="width: 80%;" type="text"/>	Weight	<input style="width: 80%;" type="text"/>	Height	<input style="width: 80%;" type="text"/>
		BMI	<input style="width: 80%;" type="text"/>	Modified Weight	<input style="width: 80%;" type="text"/>

Complete the screening by answering the questions and filling in the boxes with the corresponding numbers. Total answers for the final score. For questions 10. and 11., complete intake assessment form **24 – Hour Diet Recall and Roberts' Method of Modified BMI Weight for Protein Intake for Wound Healing[©]**

1. How old are you?	
1. 50 – 59 2. 60 – 69 3. 70 – 79 4. 80 – Up	1. <input style="width: 40px; height: 30px;" type="text"/>
2. What is your living situation?	
1. Visiting with Family 2. Facility 3. Family 4. Alone	2. <input style="width: 40px; height: 30px;" type="text"/>
3. Who prepares your food and meals for you every day?	
1. Cafeteria 2. Delivery 3. Caregiver 4. Self	3. <input style="width: 40px; height: 30px;" type="text"/>
4. Do you feel like you have a good diet?	
1. Great 2. Good 3. Adequate 4. Poor	4. <input style="width: 40px; height: 30px;" type="text"/>
5. How would you rate your desire to eat?	
1. Strong 2. Good 3. Adequate 4. Poor	5. <input style="width: 40px; height: 30px;" type="text"/>
6. How would you rate your feelings of fullness (satiety) throughout each day?	
1. Never 2. Occasionally 3. Most of the time 4. Always	6. <input style="width: 40px; height: 30px;" type="text"/>
7. How often do you find yourself hungry?	
1. Always 2. Often 3. Occasionally 4. Never	7. <input style="width: 40px; height: 30px;" type="text"/>
8. How would you rate your fluid intake every day?	
1. Great 2. Good 3. Adequate 4. Poor	8. <input style="width: 40px; height: 30px;" type="text"/>
9. How many servings of Fruits and Vegetables to you eat every day?	
1. 6 – 8 2. 4 – 5 3. 2 – 3 4. 0 – 1	9. <input style="width: 40px; height: 30px;" type="text"/>
10. Compare daily fluid intake to recommended, 1 oz / Kg of body weight / Day	
1. 80% – Up 2. 70% – 80% 3. 60% – 70% 4. 60% – Below	10. <input style="width: 40px; height: 30px;" type="text"/>
11. Compare daily protein intake to what is recommended by the Roberts' Method	
1. 70% – Up 2. 55% – 69% 3. 40% – 54% 4. 39% – Below	11. <input style="width: 40px; height: 30px;" type="text"/>

11 – 23	No Risk for Malnutrition	<div style="border: 1px solid black; width: 100px; height: 100px; margin: 0 auto; display: flex; align-items: center; justify-content: center;"> <div style="border-bottom: 1px solid black; width: 80%;"></div> </div> <p>Total Score</p>
24 – 30	Moderate Risk for Malnutrition	
31 – 44	High Risk for Malnutrition	

Go to healthtoheal.org to find the free PDF of the 24 – Hour Diet Recall, The Roberts' Method of Modified BMI Weight for Wound Healing[©], and other free assistance.