

Patient Name \_\_\_\_\_ Preferred Name \_\_\_\_\_ Due Date \_\_\_\_\_

Unit: \_\_\_\_\_

## Adult Nutritional Assessment

Date of Admission \_\_\_\_\_ Date of Birth \_\_\_\_\_

How many meals a day did you eat before you came here?		Are you able to eat most of your meals?	( ) Yes ( ) No
Usual Weight		<b>Malnutrition Screening Tool (MST)</b>	Score:
Preferred Weight		0-1 Not at risk; ≥ 2 At Risk	
After you eat, do you feel:	( ) Hungry ( ) Too full or ( ) Just right?	Have you recently lost weight without trying? No=0, Unsure=2	( ) Yes ( ) No ( ) Unsure
Food Allergies		If yes, how much? 2-13 lb=1; 14-23 lb=2; 24-33 lb=3, >34=4	
Any problems with:	( ) Chewing ( ) Swallowing ( ) Neither	Time frame?	
If yes, do you have:	( ) Missing teeth ( ) Dentures	Have you been eating poorly because of a decreased appetite? No=0; Yes=1	( ) Yes ( ) No
If yes, what is difficult for you?	( ) Apples/baby carrots ( ) Hard garlic bread ( ) Hard chewy pizza ( ) Chicken on the bone	<b>Muscle Wasting Observed</b> Temple ( ) None ( ) Mild/Mod ( ) Severe ( ) Not visible Clavicle ( ) None ( ) Mild/Mod ( ) Severe ( ) Not visible Hand ( ) None ( ) Mild/Mod ( ) Severe ( ) Not visible	
		<b>Fat Wasting Observed</b> Orbital ( ) None ( ) Mild/Mod ( ) Severe ( ) Not visible Cheeks ( ) None ( ) Mild/Mod ( ) Severe ( ) Not visible	

<b>SCOFF questionnaire</b>	Score: <span style="float: right;">Positive ≥ 2 Yes</span>
Do you make yourself sick because you feel uncomfortably full?	( ) Yes ( ) No
Do you worry you have lost control over how much you eat?	( ) Yes ( ) No
Have you recently lost more than 14 lbs in a three month period? (Don't reask)	( ) Yes ( ) No <span style="float: right;">Check off yes or no based on MST above</span>
Do you believe yourself to be fat when others say you are thin?	( ) Yes ( ) No
Would you say that food dominates your life?	( ) Yes ( ) No

Notes \_\_\_\_\_ Pt requests to speak with RD  Yes  No

\_\_\_\_\_

\_\_\_\_\_

Diet Tech \_\_\_\_\_ Date \_\_\_\_\_

Intern \_\_\_\_\_ Date \_\_\_\_\_

RD \_\_\_\_\_ Date \_\_\_\_\_