

Are your family members and friends ages 65 years or better getting the nutrition they need? Find out with the easy to use Self Mini Nutritional Assessment, which asks six questions on the next two pages (and is available at < [www.mna-elderly.com/forms/Self\\_MNA.pdf](http://www.mna-elderly.com/forms/Self_MNA.pdf) >). This new tool from the Nestle company has been scientifically validated in identifying older adults who are malnourished or at risk of malnutrition. Share the results with health care providers to help guide discussions about nutrition and health.

# Self MNA<sup>®</sup>

## Mini Nutritional Assessment

For Adults 65 years of Age and Older

Last name:

First name:

Date:

Age:

Complete the screen by filling in the boxes with the appropriate numbers. Total the numbers for the final screening score.

### Screening

**A Has your food intake declined over the past 3 months? [ENTER ONE NUMBER]**

*Please enter the most appropriate number (0, 1, or 2) in the box to the right.*

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

**B How much weight have you lost in the past 3 months? [ENTER ONE NUMBER]**

*Please enter the most appropriate number (0, 1, 2, or 3) in the box to the right.*

0 = weight loss greater than 7 pounds  
1 = do not know the amount of weight lost  
2 = weight loss between 2 and 7 pounds  
3 = no weight loss or weight loss less than 2 pounds

**C How would you describe your current mobility? [ENTER ONE NUMBER]**

*Please enter the most appropriate number (0, 1, or 2) in the box to the right.*

0 = unable to get out of a bed, a chair, or a wheelchair without the assistance of another person  
1 = able to get out of a bed or a chair, but unable to go out of my home  
2 = able to leave my home

**D Have you been stressed or severely ill in the past 3 months? [ENTER ONE NUMBER]**

*Please enter the most appropriate number (0 or 2) in the box to the right.*

0 = yes  
2 = no

**E Are you currently experiencing dementia and/or prolonged severe sadness? [ENTER ONE NUMBER]**

*Please enter the most appropriate number (0, 1, or 2) in the box to the right.*

0 = yes, severe dementia and/or prolonged severe sadness  
1 = yes, mild dementia, but no prolonged severe sadness  
2 = neither dementia nor prolonged severe sadness

Please total all of the numbers you entered in the boxes for questions A-E and write that number here:

Now, please CHOOSE ONE of the following two questions – F1 or F2 – to answer.

### Question F1

| Height<br>(feet & inches) |               | Body Weight<br>(pounds) |          |             |
|---------------------------|---------------|-------------------------|----------|-------------|
| 4'10"                     | Less than 91  | 91-99                   | 100-109  | 110 or more |
| 4'11"                     | Less than 94  | 94-103                  | 104-113  | 114 or more |
| 5'0"                      | Less than 97  | 97-106                  | 107-117  | 118 or more |
| 5'1"                      | Less than 100 | 100-110                 | 111-121  | 122 or more |
| 5'2"                      | Less than 104 | 104-114                 | 115-125  | 126 or more |
| 5'3"                      | Less than 107 | 107-117                 | 118-129  | 130 or more |
| 5'4"                      | Less than 110 | 110-121                 | 122-133  | 134 or more |
| 5'5"                      | Less than 114 | 114-125                 | 126-137  | 138 or more |
| 5'6"                      | Less than 118 | 118-129                 | 130-141  | 142 or more |
| 5'7"                      | Less than 121 | 121-133                 | 134-145  | 146 or more |
| 5'8"                      | Less than 125 | 125-137                 | 138-150  | 151 or more |
| 5'9"                      | Less than 128 | 128-141                 | 142-154  | 155 or more |
| 5'10"                     | Less than 132 | 132-145                 | 146-159  | 160 or more |
| 5'11"                     | Less than 136 | 136-149                 | 150-164  | 165 or more |
| 6'0"                      | Less than 140 | 140-153                 | 154-168  | 169 or more |
| 6'1"                      | Less than 144 | 144-158                 | 159-173  | 174 or more |
| 6'2"                      | Less than 148 | 148-162                 | 163-178  | 179 or more |
| 6'3"                      | Less than 152 | 152-167                 | 168-183  | 184 or more |
| 6'4"                      | Less than 156 | 156-171                 | 172-188  | 189 or more |
| <b>Group</b>              | <b>0</b>      | <b>1</b>                | <b>2</b> | <b>3</b>    |

Please refer to the chart on the left and follow these instructions:

1. Find your height on the left-hand column of the chart.
2. Go across that row and circle the range that your weight falls into.
3. Look to the bottom of the chart to find what group number (0, 1, 2, or 3) your circled weight range falls into.

Write the Group Number (0, 1, 2, or 3) here:

Write sum of questions A-E (from page 1) here:

Lastly, calculate the sum of these 2 numbers:

### Question F2

DO NOT ANSWER QUESTION F2 IF QUESTION F1 IS ALREADY COMPLETED.

Measure the circumference of your LEFT calf by following the instructions below:

Loop a tape measure all the way around your calf to measure its size.

Record the measurement in inches: \_\_\_\_\_

If Less than 12 inches, enter "0" in box to the right.

If 12 inches or Greater, enter "3" in box to the right.




Write the sum of questions A-E (from page 1) here:

Lastly, calculate the sum of these 2 numbers:

### Screening Score 14 points maximum

12 – 14 points: Normal nutritional status

8 – 11 points: At risk of malnutrition

0 – 7 points: Malnourished

If you score between 0 - 11, please take this form to a healthcare professional for consultation.