

**Subjective Global Assessment Form**

Patient's sticker

**Part 1: History**

	<b>A</b>	<b>B</b>	<b>C</b>
<b>Weight Change</b> Weight change in past 6 months: _____ kg	<input type="checkbox"/> <5% loss	<input type="checkbox"/> 5 – 10% loss	<input type="checkbox"/> > 10% loss
Change in past 2 weeks	<input type="checkbox"/> increase	<input type="checkbox"/> no change	<input type="checkbox"/> decrease
<b>Dietary Intake Change</b> Overall change: ___ no change ___ change Duration: ___ weeks	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Type of change: ___ suboptimal solid diet ___ full liquid diet ___ hypocaloric liquid ___ starvation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>GI symptoms change</b> (persisted >2 weeks) ___ none ___ nausea ___ vomiting ___ diarrhoea ___ anorexia	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Functional capacity</b> Overall improvement:	<input type="checkbox"/> none	<input type="checkbox"/> moderate	<input type="checkbox"/> severe
Change in past 2 weeks:	<input type="checkbox"/> improved	<input type="checkbox"/> no change	<input type="checkbox"/> regressed
<b>Disease and its relation to nutritional requirements</b> Metabolic demands, stress level: ___ no ___ low ___ moderate ___ high	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**Part 2: Physical Examination**

	<b>A</b>	<b>B</b>	<b>C</b>
Loss of subcutaneous fat (triceps, chest)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Muscle wasting (quadriceps, deltoids)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Edema (ankle, sacral)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ascites	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**Part 3: Overall SGA rating (select one)**

<input type="checkbox"/> <b>A</b>	Well nourished
<input type="checkbox"/> <b>B</b>	Moderately (or suspected of being) malnourished
<input type="checkbox"/> <b>C</b>	Severely malnourished