**Subjective Global Assessment Form**

**MEDICAL HISTORY**

Patient name: __________________________ Date: _____ / _____ / ____________

**NUTRIENT INTAKE**

1. □ No change; adequate
2. □ Inadequate; duration of inadequate intake ________
   - Suboptimal solid diet
   - Full fluids or only oral nutrition supplements
   - Minimal intake, clear fluids or starvation
3. Nutrient Intake in past 2 weeks*
   - Adequate ________
   - Improved but not adequate ________
   - No improvement or inadequate ________

**WEIGHT**

1. Non fluid weight change past 6 months
   - <5% loss or weight stability
   - 6-10% loss without stabilization or increase
   - >10% loss and ongoing
   - Weight loss (kg) ________
   If above not known, has there been a subjective loss of weight during the past six months?
   - None or mild
   - Moderate
   - Severe
2. Weight change past 2 weeks*  Amount (if known) ________
   - Increased
   - No change
   - Decreased

**SYMPTOMS** (Experiencing symptoms affecting oral intake)

1. □ Pain on eating
   - Dental problems Feels full quickly
   - Vomiting
   - Nausea
   - Dysphagia
   - Diarrhea
2. □ None
   - Intermittent/mild/few
   - Constant/severe/multiple
3. Symptoms in the past 2 weeks*
   - Resolution of symptoms
   - Improving
   - No change or worsened

**FUNCTIONAL CAPACITY** (Fatigue and progressive loss of function)

1. No dysfunction
2. Reduced capacity; duration of change ________
   - Difficulty with ambulation/normal activities
   - Bed/chair-ridden
3. Functional Capacity in the past 2 weeks*
   - Improved
   - No change
   - Decrease

**METABOLIC REQUIREMENT**

High metabolic requirement □ No □ Yes

**PHYSICAL EXAMINATION**

- Loss of body fat
  - No
  - Mild/Moderate
  - Severe
- Loss of muscle mass
  - No
  - Mild/Moderate
  - Severe
- Presence of edema/ascites
  - No
  - Mild/Moderate
  - Severe

**SGA RATING**

- □ A Well-nourished
  - Normal
- □ B Mildly/moderately malnourished
  - Some progressive nutritional loss
- □ C Severely malnourished
  - Evidence of wasting and progressive symptoms

**CONTRIBUTING FACTOR**

- □ CACHEXIA - (fat and muscle wasting due to disease and inflammation)
- □ SARCOPENIA - (reduced muscle mass and strength)

*See page 2 SGA Rating for more description.

April 2017
### Subjective Global Assessment Guidance For Body Composition

**SUBCUTANEOUS FAT**

<table>
<thead>
<tr>
<th>Physical examination</th>
<th>Normal</th>
<th>Mild/Moderate</th>
<th>Severe</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Under the eyes</strong></td>
<td>Slightly bulging area</td>
<td>Somewhat hollow look, Slightly dark circles</td>
<td>Hollowed look, depression, dark circles</td>
</tr>
<tr>
<td><strong>Triceps</strong></td>
<td>Large space between fingers</td>
<td>Some depth to fat tissue, but not ample. Loose fitting skin.</td>
<td>Very little space between fingers, or fingers touch</td>
</tr>
<tr>
<td><strong>Ribs, lower back, sides of trunk</strong></td>
<td>Chest is full; ribs do not show. Slight to no protrusion of the iliac crest</td>
<td>Ribs obvious, but indentations are not marked. Iliac Crest somewhat prominent</td>
<td>Indentation between ribs very obvious. Iliac crest very prominent</td>
</tr>
</tbody>
</table>

**MUSCLE WASTING**

<table>
<thead>
<tr>
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<th>Severe</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Temple</strong></td>
<td>Well-defined muscle</td>
<td>Slight depression</td>
<td>Hollowing, depression</td>
</tr>
<tr>
<td><strong>Clavicle</strong></td>
<td>Not visible in males; may be visible but not prominent in females</td>
<td>Some protrusion; may not be all the way along</td>
<td>Protruding/prominent bone</td>
</tr>
<tr>
<td><strong>Shoulder</strong></td>
<td>Rounded</td>
<td>No square look; acromion process may protrude slightly</td>
<td>Square look; bones prominent</td>
</tr>
<tr>
<td><strong>Scapula/ribs</strong></td>
<td>Bones not prominent; no significant depressions</td>
<td>Mild depressions or bone may show slightly; not all areas</td>
<td>Bones prominent; significant depressions</td>
</tr>
<tr>
<td><strong>Quadriceps</strong></td>
<td>Well defined</td>
<td>Depression/atrophy medially</td>
<td>Prominent knee, Severe depression medially</td>
</tr>
<tr>
<td><strong>Interoosseous muscle between thumb and forefinger (back of hand)</strong></td>
<td>Muscle protrudes; could be flat in females</td>
<td>Slightly depressed</td>
<td>Flat or depressed area</td>
</tr>
</tbody>
</table>

**FLUID RETENTION**

<table>
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<th>Mild/Moderate</th>
<th>Severe</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Edema</strong></td>
<td>None</td>
<td>Pitting edema of extremities / pitting to knees, possible sacral edema if bedridden</td>
<td>Pitting beyond knees, sacral edema if bedridden, may also have generalized edema</td>
</tr>
<tr>
<td><strong>Ascites</strong></td>
<td>Absent</td>
<td>Present (may only be present on imaging)</td>
<td>Present (may only be present on imaging)</td>
</tr>
</tbody>
</table>

A - **Well-nourished** no decrease in food/nutrient intake; < 5% weight loss; no/minimal symptoms affecting food intake; no deficit in function; no deficit in fat or muscle mass **OR** an individual with criteria for SGA B or C but with recent adequate food intake; non-fluid weight gain; significant recent improvement in symptoms allowing adequate oral intake; significant recent improvement in function; and chronic deficit in fat and muscle mass but with recent clinical improvement in function.

B - **Mildly/moderately malnourished** definite decrease in food/nutrient intake; 5% - 10% weight loss without stabilization or gain; mild/some symptoms affecting food intake; moderate functional deficit or recent deterioration; mild/moderate loss of fat and/or muscle mass **OR** an individual meeting criteria for SGA C but with improvement (but not adequate) of oral intake, recent stabilization of weight, decrease in symptoms affecting oral intake, and stabilization of functional status.

C - **Severely malnourished** severe deficit in food/nutrient intake; > 10% weight loss which is ongoing; significant symptoms affecting food/nutrient intake; severe functional deficit **OR** significant recent deterioration obvious signs of fat and/or muscle loss.

**Cachexia** – If there is an underlying predisposing disorder (e.g. malignancy) and there is evidence of reduced muscle and fat and no or limited improvement with optimal nutrient intake, this is consistent with cachexia.

**Sarcopenia** – If there is an underlying disorder (e.g. aging) and there is evidence of reduced muscle and strength and no or limited improvement with optimal nutrient intake.

**In the elderly prominent tendons and hollowing is the result of aging and may not reflect malnutrition.**

April 2017