**Self MNA®**  
Mini Nutritional Assessment  
*For Adults 65 years of Age and Older*

<table>
<thead>
<tr>
<th>Screen Question</th>
<th>Number Options</th>
<th>Number Selected</th>
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| A  Has your food intake declined over the past 3 months? [ENTER ONE NUMBER]    | 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]     | 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]           | 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] | 0 = yes  
2 = no                                                      |                 |
| E  Are you currently experiencing dementia and/or prolonged severe sadness?   | 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**

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.