

## Scored Patient-Generated Subjective Global Assessment (PG-SGA)

History (Boxes 1-4 are designed to be completed by the patient.)

### 1. Weight (see Worksheet 1)

In Summary of my current and recent weight:

I currently weigh about \_\_\_\_\_ pounds

I am about \_\_\_\_\_ feet \_\_\_\_\_ tall.

One month ago I weighed about \_\_\_\_\_ pounds

Six month ago I weighed about \_\_\_\_\_ pounds

During the past two weeks my weight has:

☐ Decreased <sup>(1)</sup>    ☐ Not Changed <sup>(0)</sup>    ☐ Increased <sup>(0)</sup>

Box 1

### 2. Food Intake: As compared to my normal intake, I would rate my food intake during the past month as:

☐ Unchanged <sup>(0)</sup>

☐ More than usual <sup>(0)</sup>

☐ Less than usual <sup>(1)</sup>

I am now taking:

☐ Normal food but less than normal amount <sup>(1)</sup>

☐ Little solid food <sup>(2)</sup>

☐ Only liquids <sup>(3)</sup>

☐ Only nutritional supplements <sup>(3)</sup>

☐ Very little of anything <sup>(4)</sup>

☐ Only tube feedings or only nutrition by  
Vein <sup>(0)</sup>

Box 2

### 3. Symptoms: I have had the following problems that have kept me from eating enough during the past two weeks (check all that apply):

☐ No problems eating <sup>(0)</sup>

☐ No appetite, just did not feel  
like eating <sup>(3)</sup>

☐ Nausea <sup>(1)</sup>

☐ Constipation <sup>(1)</sup>

☐ Mouth Sores <sup>(2)</sup>

☐ Things taste funny or have no taste <sup>(1)</sup>

☐ Problems swallowing <sup>(2)</sup>

☐ Pain; where? <sup>(3)</sup> \_\_\_\_\_

☐ Other\* <sup>(1)</sup> \_\_\_\_\_

*\*\*Examples: depression, money or dental problems*

Box 3

### 4. Activities and Function: Over the past month, I would generally rate my activity as:

☐ Normal with no limitations <sup>(0)</sup>

☐ Not my normal self, but able to be up and about  
with fairly normal activities <sup>(1)</sup>

☐ Not feeling up to most things, but in bed or chair  
less than half the day <sup>(2)</sup>

☐ Able to do little activity and spend most of the  
day in bed or chair <sup>(3)</sup>

☐ Pretty much bedridden, rarely out of bed <sup>(3)</sup>

Box 4

Additive Score of the Boxes 1-4

A

### 5. Disease and its Relation to Nutritional Requirements (See Worksheet 2)

All relevant Diagnoses (specify) \_\_\_\_\_

Primary disease stage (circle if know or appropriate) I II III IV Other \_\_\_\_\_

Age \_\_\_\_\_

### 6. Metabolic Demand (See Worksheet 3)

### 7. Physical (See Worksheet 4)

Numerical Score from Worksheet 2  B

Numerical Score from Worksheet 3  C

Numerical Score from Worksheet 4  D

### Global Assessment (See Worksheet 5)

Well-nourished or anabolic (SGA-A)

Moderate or suspected malnutrition (SGA-B)

Severely Malnourished (SGA-C)

Nutritional Triage Recommendations: Additive score is used to define specific nutritional interventions including patient and family education, symptom management including pharmacologic intervention, and appropriate nutrient intervention: (food, nutritional supplements, enteral, or parenteral triage). First line nutrition intervention includes optimal symptom management.

0 – 1 No intervention required at this time. Reassessment on routine and regular basis during treatment.

2 – 3 Patient and family education by dietician, nurse, or other clinician with pharmacologic intervention as indicated by symptom Survey (Box 3) and laboratory values as appropriate

4 – 8 Requires intervention by dietician, in conjunction with nurse or physician as indicated by symptoms survey (Box 3)

≥9 Indicates a critical need for improved symptom management and/or nutrient intervention options.