

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 ⁽¹⁾ ☐ Not Changed ⁽⁰⁾ ☐ Increased ⁽⁰⁾

Box 1

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

☐ Unchanged ⁽⁰⁾

☐ More than usual ⁽⁰⁾

☐ Less than usual ⁽¹⁾

I am now taking:

☐ Normal food but less than normal amount ⁽¹⁾

☐ Little solid food ⁽²⁾

☐ Only liquids ⁽³⁾

☐ Only nutritional supplements ⁽³⁾

☐ Very little of anything ⁽⁴⁾

☐ Only tube feedings or only nutrition by
Vein ⁽⁰⁾

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):

- | | |
|--|---|
| <input type="checkbox"/> No problems eating ⁽⁰⁾ | <input type="checkbox"/> Vomiting ⁽³⁾ |
| <input type="checkbox"/> No appetite, just did not feel like eating ⁽³⁾ | <input type="checkbox"/> Diarrhea ⁽³⁾ |
| <input type="checkbox"/> Nausea ⁽¹⁾ | <input type="checkbox"/> Dry mouth ⁽¹⁾ |
| <input type="checkbox"/> Constipation ⁽¹⁾ | <input type="checkbox"/> Smells bother me ⁽¹⁾ |
| <input type="checkbox"/> Mouth Sores ⁽²⁾ | <input type="checkbox"/> Feel full quickly ⁽¹⁾ |
| <input type="checkbox"/> Things taste funny or have no taste ⁽¹⁾ | <input type="checkbox"/> Fatigue ⁽¹⁾ |
| <input type="checkbox"/> Problems swallowing ⁽²⁾ | |
| <input type="checkbox"/> Pain; where? ⁽³⁾ _____ | |
| <input type="checkbox"/> Other* ⁽¹⁾ _____ | |

***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 ⁽⁰⁾
- ☐ Not my normal self, but able to be up and about with fairly normal activities ⁽¹⁾
- ☐ Not feeling up to most things, but in bed or chair less than half the day ⁽²⁾
- ☐ Able to do little activity and spend most of the day in bed or chair ⁽³⁾
- ☐ Pretty much bedridden, rarely out of bed ⁽³⁾

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.