



Nutrition Screening Tool

1. What is your current weight? _____ How tall are you? _____

2. Have you lost weight recently without trying?

No (0)

Unsure (2)

Yes

If **YES**, how much weight have you lost?

2-13 lbs (1)

14-23 lbs (2)

24-33 lbs (3)

More than 33 lbs (4)

Unsure (2)

Over what time period have you lost this weight?

Over the past two weeks

Over the past month

Over the past six months

3. Have you been eating poorly because of a decreased appetite? No (0) Yes (1)

4. How much are you eating and drinking?

More than 100% of my usual amounts

100% of my usual amount

75% of my usual amount

50% of my usual amount

25% of my usual amount

Less than 25% of my usual amount

5. Are you having problems chewing or swallowing food? No Yes

6. Are you vomiting 2 or more times per day? No Yes

7. Are you having 2 or more loose bowel movements per day? No Yes

8. Do you have problems doing your normal daily activities? No Yes

For Health Professional Use:

Total Score: