

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

Patient ID Information

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 months 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"/> no appetite, just did not feel like eating ⁽³⁾ | |
| <input type="checkbox"/> nausea ⁽¹⁾ | <input type="checkbox"/> vomiting ⁽³⁾ |
| <input type="checkbox"/> constipation ⁽¹⁾ | <input type="checkbox"/> diarrhea ⁽³⁾ |
| <input type="checkbox"/> mouth sores ⁽²⁾ | <input type="checkbox"/> dry mouth ⁽¹⁾ |
| <input type="checkbox"/> things taste funny or have no taste ⁽¹⁾ | <input type="checkbox"/> smells bother me ⁽¹⁾ |
| <input type="checkbox"/> problems swallowing ⁽²⁾ | <input type="checkbox"/> feel full quickly ⁽¹⁾ |
| <input type="checkbox"/> pain; where? ⁽³⁾ _____ | <input type="checkbox"/> fatigue ⁽¹⁾ |
| <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