**Appendix A.** **Malnutrition Screening Tool**

1. Have you/the patient lost weight recently without trying?

(Applies to the last 6 months)

No 0

Unsure 2

(Unsure, ask if they suspect they have lost weight, e.g., clothes are looser)

Yes, how much (kg)?

1-5 (2–11 lb) 1

6-10 (13-22 lb) 2

11-15 (24-33 lb) 3

> 15 (> 33 lb) 4

Unsure 2

1. Have you/the patient been eating poorly because of decreased appetite?

No 0

Yes 1

TOTAL SCORE (of weight and appetite score) \_\_\_\_\_

Source: Ferguson ML, Capra S, Bauer J, Banks M. Development of a valid and reliable malnutrition screening tool for adult acute hospitalized patients. Nutrition 1999;15:458-464.