

3-Minute Nutrition Screening (3-MinNS)

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	Nutrition Indicators			
	Unintentional Weight Loss (Past 6 Mths)	Oral Intake (Past 1 Week)	Muscle Wastage	
			Muscle From Temple	Clavicle Bone
3	<input type="checkbox"/> > 7kg	<input type="checkbox"/> Starvation or < ¼ share of usual portion per meal <input type="checkbox"/> Tube Feeding < 1 L/day (1kcal/ml feed) <1000kcal/day	<input type="checkbox"/> Hollowing, Depression of Temple Muscle	<input type="checkbox"/> Protruding & Prominent Clavicle Bone
2	<input type="checkbox"/> >3 to 7 kg <input type="checkbox"/> Yes, unsure	<input type="checkbox"/> ¼ - <½ share of usual portion per meal <input type="checkbox"/> Tube Feeding 1 – 1.25 L/day (1 kcal/ml feed) 1000 – 1250 kcal/day	<input type="checkbox"/> Slight Depression of Temple Muscle	<input type="checkbox"/> Slight Protrusion of Clavicle Bone
1	<input type="checkbox"/> 1 to 3 kg <input type="checkbox"/> Don't know	<input type="checkbox"/> ½ - <¾ share of usual portion per meal <input type="checkbox"/> ¼ - <½ share of usual portion per meal <u>with</u> oral supplement <input type="checkbox"/> Tube Feeding >1.25 – 1.5 L/day (1 kcal/ml feed) >1250 – 1500 kcal/day		
0	<input type="checkbox"/> No change/ Weight gain/ Intentional weight loss <input type="checkbox"/> < 1kg	<input type="checkbox"/> Normal intake with ¾ - 1 share of usual portion per meal <input type="checkbox"/> Tube Feeding > 1.5 L/day (1 kcal/ml feed) >1500 kcal/day	<input type="checkbox"/> Well Defined Muscle	<input type="checkbox"/> No Protruding Clavicle Bone
Scoring (Circle one per column)	3 2 1 0	3 2 1 0	3 2 1 0	3 2 1 0
Total Score	<input type="checkbox"/> Referral to Dietitian if Total Score is <u>3 or more</u>			