



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

**History: Boxes 1 - 4 are designed to be completed by the patient.**  
[Boxes 1-4 are referred to as the PG-SGA Short Form (SF)]

### 1. Weight (See Worksheet 1)

In summary of my current and recent weight:

I currently weigh about \_\_\_\_\_ kg

I am about \_\_\_\_\_ cm tall

One month ago I weighed about \_\_\_\_\_ kg

Six months ago I weighed about \_\_\_\_\_ kg

During the past two weeks my weight has:

☐ decreased <sup>(1)</sup> ☐ not changed <sup>(0)</sup> ☐ increased <sup>(0)</sup>

Box 1 ☐

### 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 <sup>(0)</sup>                         |                                                           |
| <input type="checkbox"/> no appetite, just did not feel like eating <sup>(3)</sup> | <input type="checkbox"/> vomiting <sup>(3)</sup>          |
| <input type="checkbox"/> nausea <sup>(1)</sup>                                     | <input type="checkbox"/> diarrhea <sup>(3)</sup>          |
| <input type="checkbox"/> constipation <sup>(1)</sup>                               | <input type="checkbox"/> dry mouth <sup>(1)</sup>         |
| <input type="checkbox"/> mouth sores <sup>(2)</sup>                                | <input type="checkbox"/> smells bother me <sup>(1)</sup>  |
| <input type="checkbox"/> things taste funny or have no taste <sup>(1)</sup>        | <input type="checkbox"/> feel full quickly <sup>(1)</sup> |
| <input type="checkbox"/> problems swallowing <sup>(2)</sup>                        | <input type="checkbox"/> fatigue <sup>(1)</sup>           |
| <input type="checkbox"/> pain; where? <sup>(3)</sup> _____                         |                                                           |
| <input type="checkbox"/> other <sup>(1)**</sup> _____                              |                                                           |
- \*\*Examples: depression, money, or dental problems

Box 3 ☐

### Patient Identification Information

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

- ☐ unchanged <sup>(0)</sup>  
☐ more than usual <sup>(0)</sup>  
☐ less than usual <sup>(1)</sup>

I am now taking

- ☐ normal food but less than normal amount <sup>(1)</sup>  
☐ little solid food <sup>(2)</sup>  
☐ only liquids <sup>(3)</sup>  
☐ only nutritional supplements <sup>(3)</sup>  
☐ very little of anything <sup>(4)</sup>  
☐ only tube feedings or only nutrition by vein <sup>(0)</sup>

Box 2 ☐

### 4. Activities and Function:

Over the past month, I would generally rate my activity as:

- ☐ normal with no limitations <sup>(0)</sup>  
☐ not my normal self, but able to be up and about with fairly normal activities <sup>(1)</sup>  
☐ not feeling up to most things, but in bed or chair less than half the day <sup>(2)</sup>  
☐ able to do little activity and spend most of the day in bed or chair <sup>(3)</sup>  
☐ pretty much bed ridden, rarely out of bed <sup>(3)</sup>

Box 4 ☐

**The remainder of this form is to be completed by your doctor, nurse, dietitian, or therapist. Thank you.**

Additive Score of Boxes 1-4 ☐ A

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## Worksheet 1 – Scoring Weight Loss

To determine score, use 1-month weight data if available. Use 6-month data only if there is no 1-month weight data. Use points below to score weight change and add one extra point if patient has lost weight during the past 2 weeks. Enter total point score in Box 1 of PG-SGA.

| Weight loss in 1 month | Points | Weight loss in 6 months |
|------------------------|--------|-------------------------|
| 10% or greater         | 4      | 20% or greater          |
| 5-9.9%                 | 3      | 10- 19.9%               |
| 3-4.9%                 | 2      | 6- 9.9%                 |
| 2-2.9%                 | 1      | 2- 5.9%                 |
| 0-1.9%                 | 0      | 0- 1.9%                 |

Numerical score from Worksheet 1

Additive Score of Boxes 1-4 (See Side 1)  A

## 5. Worksheet 2 – Disease and its relation to nutritional requirements:

Score is derived by adding 1 point for each of the following conditions:

- ☐ Cancer ☐ Presence of decubitus, open wound or fistula
- ☐ AIDS ☐ Presence of trauma
- ☐ Pulmonary or cardiac cachexia ☐ Age greater than 65

☐ Chronic renal insufficiency

Other relevant diagnoses (specify) \_\_\_\_\_

Primary disease staging (circle if known or appropriate) I II III IV Other \_\_\_\_\_

Numerical score from Worksheet 2  B

## 6. Worksheet 3 – Metabolic Demand

Score for metabolic stress is determined by a number of variables known to increase protein & caloric needs. **Note:** Score fever intensity or duration, whichever is greater. The score is additive so that a patient who has a fever of 38.8 °C (3 points) for < 72 hrs (1 point) and who is on 10 mg of prednisone chronically (2 points) would have an additive score for this section of 5 points.

| Stress                 | none (0)           | low (1)                                             | moderate (2)                                                      | high (3)                                             |
|------------------------|--------------------|-----------------------------------------------------|-------------------------------------------------------------------|------------------------------------------------------|
| <b>Fever</b>           | no fever           | > 37.2 and < 38.3                                   | ≥ 38.3 and < 38.8                                                 | ≥ 38.8 °C                                            |
| <b>Fever duration</b>  | no fever           | < 72 hours                                          | 72 hours                                                          | > 72 hours                                           |
| <b>Corticosteroids</b> | no corticosteroids | low dose<br>(< 10 mg prednisone<br>equivalents/day) | moderate dose<br>(≥ 10 and < 30 mg<br>prednisone equivalents/day) | high dose<br>(≥ 30 mg prednisone<br>equivalents/day) |

Numerical score from Worksheet 3  C

## 7. Worksheet 4 – Physical Exam

Exam includes a subjective evaluation of 3 aspects of body composition: fat, muscle, & fluid. Since this is subjective, each aspect of the exam is rated for degree. Muscle deficit/loss impacts point score more than fat deficit/loss. Definition of categories: 0 = no abnormality, 1+ = mild, 2+ = moderate, 3+ = severe. Rating in these categories is *not* additive but are used to clinically assess the degree of deficit (or presence of excess fluid).

### Muscle Status

|                                                 |          |           |           |           |
|-------------------------------------------------|----------|-----------|-----------|-----------|
| temples (temporalis muscle)                     | 0        | 1+        | 2+        | 3+        |
| clavicles (pectoralis & deltoids)               | 0        | 1+        | 2+        | 3+        |
| shoulders (deltoids)                            | 0        | 1+        | 2+        | 3+        |
| interosseous muscles                            | 0        | 1+        | 2+        | 3+        |
| scapula (latissimus dorsi, trapezius, deltoids) | 0        | 1+        | 2+        | 3+        |
| thigh (quadriceps)                              | 0        | 1+        | 2+        | 3+        |
| calf (gastrocnemius)                            | 0        | 1+        | 2+        | 3+        |
| <b>Global muscle status rating</b>              | <b>0</b> | <b>1+</b> | <b>2+</b> | <b>3+</b> |

### Fat Stores

|                                  |          |           |           |           |
|----------------------------------|----------|-----------|-----------|-----------|
| orbital fat pads                 | 0        | 1+        | 2+        | 3+        |
| triceps skin fold                | 0        | 1+        | 2+        | 3+        |
| fat overlying lower ribs         | 0        | 1+        | 2+        | 3+        |
| <b>Global fat deficit rating</b> | <b>0</b> | <b>1+</b> | <b>2+</b> | <b>3+</b> |

### Fluid status

|                                   |          |           |           |           |
|-----------------------------------|----------|-----------|-----------|-----------|
| ankle edema                       | 0        | 1+        | 2+        | 3+        |
| sacral edema                      | 0        | 1+        | 2+        | 3+        |
| ascites                           | 0        | 1+        | 2+        | 3+        |
| <b>Global fluid status rating</b> | <b>0</b> | <b>1+</b> | <b>2+</b> | <b>3+</b> |

Point score for the physical exam is determined by the overall subjective rating of the total body deficit. No deficit score = 0 points  
Mild deficit score = 1 point  
Moderate deficit score = 2 points  
Severe deficit score = 3 points

**Again, muscle deficit/loss takes precedence over fat loss or fluid excess.**

Numerical Score for Worksheet 4  D

Total PG-SGA Score (Total numerical score of A+B+C+D)

Clinician Signature \_\_\_\_\_ RD RN PA MD DO Other \_\_\_\_\_ Date \_\_\_\_\_

Global PG-SGA Category Rating (Stage A, Stage B or Stage C)

## Worksheet 5 – PG-SGA Global Assessment Categories

| Category                | Stage A<br>Well-nourished                                                   | Stage B<br>Moderate/suspected malnutrition                                                         | Stage C<br>Severely malnourished                                              |
|-------------------------|-----------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------|
| <b>Weight</b>           | No weight loss                                                              | ≤ 5% loss in 1 month (≤10% in 6 months)                                                            | > 5% loss in 1 month (>10% in 6 months)                                       |
| <b>Nutrient intake</b>  | OR recent non-fluid wt gain<br>No deficit OR Significant recent improvement | OR Progressive weight loss<br>Definite decrease in intake                                          | OR Progressive weight loss<br>Severe deficit in intake                        |
| <b>Nutrition Impact</b> | None                                                                        | Presence of NIS (Box 3 of PG-SGA)                                                                  | Presence of NIS (Box 3 of PG-SGA)                                             |
| <b>Symptoms (NIS)</b>   | OR significant recent improvement allowing adequate intake                  |                                                                                                    |                                                                               |
| <b>Functioning</b>      | No deficit OR Significant recent improvement                                | Moderate functional deficit<br>OR Recent deterioration                                             | Severe functional deficit<br>OR Recent significant deterioration              |
| <b>Physical Exam</b>    | No deficit OR chronic deficit but with recent clinical improvement          | Evidence of mild to moderate loss of muscle mass &/or muscle tone on palpation &/or loss of SQ fat | Obvious signs of malnutrition (e.g., severe loss muscle, fat, possible edema) |

**Nutritional Triage Recommendations:** Additive score is used to define specific nutritional interventions including patient & 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.**

**Triage based on PG-SGA point score**

- 0-1** No intervention required at this time. Re-assessment on routine and regular basis during treatment.
- 2-3** Patient & family education by dietitian, nurse, or other clinician with pharmacologic intervention as indicated by symptom survey (Box 3) and lab values as appropriate.
- 4-8** Requires intervention by dietitian, in conjunction with nurse or physician as indicated by symptoms (Box 3).
- ≥ 9** Indicates a critical need for improved symptom management and/or nutrient intervention options.

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