Tool and Resource Evaluation Template Adapted by NARI from an evaluation template created by Melbourne Health.

Some questions may not be applicable to every tool and resource.

Name and purpose	Name of the resource: Mini-Nutritional Assessment – Short Form (MNA-SF)			
	Author(s) of the resource: L. Rubenstein, J. Harker, A. Salvà, Y Guigoz & B Vellas			
	Please state why the resource was developed and what gap it proposes to fill: The Mini Nutrition Assessment was originally developed in 1994 to detect nutritional problems in older persons. It has been extensively validated and used in research, but its use as a brief screening tool has been impeded by its complexity and length. This tool (MNA-SF) is designed as a screening version of the original instrument. Any health worker can use it, with minimal training required. It has been demonstrated to be easy, rapid, and retains the validity of the original.			
Target audience	Please check all that apply:			
(the tool is to be used by)	☐ Health service users ☐ Carers			
	☐ Medical staff			
	☐ Medical specialist, <u>please specify:</u>			
	Specific allied health staff, <u>please specify:</u>			
	Other, <u>please specify:</u>			
Target population/setting	Is the resource targeted for a specific setting? Please check all that apply:			
(to be used on/in)	⊠Emergency Department ⊠Inpatient acute □Inpatient subacute ⊠Ambulatory —			
	Other, please specify:			
	The MNA-SF was developed for use in older persons in a range of healthcare settings, including community dwelling, hospital care and residential settings.			
	For which particular health service users would you use this resource (e.g. a person with suspected cognitive impairment)?			
Structure of tool	Website Education package Video			
	□Pamphlet □Assessment tool ⊠Screening tool			
	☐Methodology ☐Resource guide ☐Awareness raising resource (posters etc.)			
	☐Other, <u>please specify:</u>			
	Please state the size of the resource (e.g. number of pages, minutes to read):			
	The MNA-SF is 1 page in length, with 6 items. It takes around 4 minutes to complete.			
Availability and cost of tool	Is the resource readily available? 🖾 Yes 🗌 No 🗌 Unknown 🗌 Not applicable			
	Is there a cost for the resource? ☐Yes ⊠ No ☐ Unknown ☐ Not applicable			
	Please state how to get the resource:			
	Provided below:			
	Mini Nutrition Assessment Short Form (MNA-SF)			
	The MNA-SF is also available on the internet at: <u>http://www.mna-elderly.com/</u>			
Applicability to rural settings and	Is the resource suitable for use in rural health services (e.g. the necessary staff are usually available in rural settings)? ⊠ Yes □ No □ Unknown □ Not applicable			
culturally and linguistically	Is the resource available in different languages?			
diverse populations	🖾 Yes 🔲 No 🗌 Unknown 🗋 Not applicable			
populations	Available in 20 different languages			
	Is the content appropriate for different cultural groups?			
	Yes No Unknown Not applicable Must be able to speak English			
Person-centred principles	Does the resource adhere to/promote person-centred health care?			
Principies	Yes No Unknown Not applicable			
Training	Is additional training necessary to use the resource?			

References and further reading	 Supporting references and associated reading. 1. Rubenstein L, Harker J, Salvà A, Guigoz Y & Vellas B (2001) Screening for Undernutrition
Beforences and	 Please state any other known limitations, using dot points: Difficult to use in patients with communication difficulties such as delirium, dementia, hearing impairments or of non English-speaking backgrounds. High level of pre-emptive referrals is possible due to illness, mobility or psychosocial items, without weight loss. Not all parameters easily obtained (height, weight). Requires some training.
Limitations	What are the limitations of the tool/resource? Is the tool/resource difficult to understand and use? Are instructions provided on how to use the tool/resource? Is the tool/resource poorly presented (images, colour, font type/ size)? Does the tool/resource use difficult to understand jargon?
	Please state any other known strengths, using dot points: • Quick & simple • Free • Sensitive & high level of inter-rater reliability • Can be used by any health professional • Does not require any biochemical measurements • Recommendation that items which score 'positive' results be the focus of care plan
Strengths	What are the strengths of the resource? Is the resource easy to understand and use? Are instructions provided on how to use the resource? Is the resource visually well presented (images, colour, font type/ size)? Does the resource use older friendly terminology (where relevant), avoiding jargon?
Reliability	 Has the reliability of the resource been reported? ☑ Yes □ No □ Unknown □ Not applicable If applicable, please state what has been reported: Diagnostic accuracy of 98.7%. Reliability for the original MNA has been reported (kappa = 0.51 (95% CI 0.28-0.74). Given the high level of agreement found between the MNA and the MNA-SF, reliability of the MNA-SF is likely comparable.
Face Validity	Does the resource appear to meet the intended purpose? ⊠ Yes
	If applicable, please state what has been reported: The sensitivity has been reported as 97.9% and the specificity 100% for predicting under-nutrition.
Sensitivity and specificity	Has the sensitivity and specificity of the resource been reported? ☑ Yes ☐ No ☐ Unknown ☐ Not applicable
	If applicable, please state any special resources required (e.g. computer software):
	Scales for weight, tape measure or stadiometer for height, calculator
Data collection and analysis	Are additional resources required to collect and analyse data from the resource?
	Can be used with other tools, <u>please specify:</u>
	☐ Standalone ⊠ Must be used with other resources, <u>please specify</u> . A positive result (score ≤ 11) indicates: completion of full MNA or further expert assessment by a dietitian.
	Can the resource be used as a standalone, or must it be used in conjunction with other tools, resources, and procedures?
Administration details	How long does the resource take to use?⊠0-5 mins □5-15 mins □ 15-25mins □ 25mins +
	Small amount of training to ensure staff are familiar with the subjective criteria and able to take measurements accurately and consistently.
	If applicable, please state how extensive any training is, and what resources are required:
requirements	⊠Yes ⊡No ⊡Unknown ⊡ Not applicable

in Geriatric Practice: Developing the Short-Form Mini-Nutritional Assessment (MNA-SF). *Journals of Gerontology Series A: Biological Sciences and Medical Sciences*, 56:M366-M372.

 Vellas B., et al. (1999) The Mini-Nutritional Assessment and its use in the grading of nutritional status of elderly patients. *Nutrition*, 15:116-122.



Mini Nutritional Assessment MNA[®]

Last name:		First name:	Sex:	Date:
Age:	Weight, kg:	Height, cm:	I.D. Number:	

Complete the screen by filling in the boxes with the appropriate numbers. Add the numbers for the screen. If score is 11 or less, continue with the assessment to gain a Malnutrition Indicator Score.

Screening

A	Has food intake declined over the past 3 months due to loss of appet digestive problems, chewing or swallowing difficulties? 0 = severe loss of appetite	ite,
	1 = moderate loss of appetite 2 = no loss of appetite	
В	Weight loss during the last 3 months 0 = weight loss greater than 3 kg (6.6 lbs) 1 = does not know 2 = weight loss between 1 and 3 kg (2.2 and 6.6 lbs)	
6	3 = no weight loss	
C	Mobility 0 = bed or chair bound 1 = able to get out of bed/chair but does not go out 2 = goes out	
D	Has suffered psychological stress or acute disease in the past 3 months 0 = yes 2 = no	
E	Neuropsychological problems 0 = severe dementia or depression 1 = mild dementia 2 = no psychological problems	
F	Body Mass Index (BMI) (weight in kg) / (height in m ²) 0 = BMI less than 19 1 = BMI 19 to less than 21 2 = BMI 21 to less than 23 3 = BMI 23 or greater	
12	Creening score (subtotal max. 14 points) P points or greater Normal – not at risk – no need to complete assess points or below Possible malnutrition – continue assessment	nent
A	Assessment	
G	Lives independently (not in a nursing home or hospital) 0 = no $1 = yes$	
н	Takes more than 3 prescription drugs per day 0 = yes $1 = no$	
Ι	Pressure sores or skin ulcers 0 = yes $1 = no$	
Ref.	Vellas B, Villars H, Abellan G, et al. Overview of the MNA® - Its History and Challenges. J Nut Hea Aging 2006;10:456-465. Rubenstein LZ, Harker JO, Salva A, Guigoz Y, Vellas B. Screening for Undernutrition in Geriatric Practice: Developing the Short-Fom Mini Nutritional Assessment (MNA-SF). J. Geront 2001;56A M366-377. Guigoz Y. The Mini-Nutritional Assessment (MNA®) Review of the Literature - What does it tell J Nutr Health Aging 2006; 10:466-487.	:
	© Nestlé, 1994, Revision 2006. N67200 12/99 10M	

J	How many full meals does the patient eat daily? 0 = 1 meal 1 = 2 meals 2 = 3 meals				
К	 Selected consumption markers for protein intake At least one serving of dairy products (milk, cheese, yogurt) per day yes no Two or more servings of legumes or eggs per week yes no Meat, fish or poultry every day yes no 0.0 = if 0 or 1 yes 0.5 = if 2 yes 1.0 = if 3 yes 				
L	Consumes two or more servings of fruits or vegetables per day? 0 = no $1 = yes$				
М	How much fluid (water, juice, coffee, tea, milk) is consul 0.0 = less than 3 cups 0.5 = 3 to 5 cups 1.0 = more than 5 cups	med per day?			
N	Mode of feeding 0 = unable to eat without assistance 1 = self-fed with some difficulty 2 = self-fed without any problem				
0	Self view of nutritional status 0 = views self as being malnourished 1 = is uncertain of nutritional state 2 = views self as having no nutritional problem				
Ρ	In comparison with other people of the same age, how does the patient consider his/her health status? 0.0 = not as good 0.5 = does not know 1.0 = as good 2.0 = better	□.□			
Q					
R	Calf circumference (CC) in cm $0 = CC$ less than 31 $1 = CC$ 31 or greater				
As	sessment (max. 16 points)	$\Box . \Box$			
Sc	reening score				
Total Assessment (max. 30 points)					
17	alnutrition Indicator Score to 23.5 points at risk of malnutrition				
Les	Less than 17 points malnourished				

For more information : www.mna-elderly.com