

## NUTRITION CHECKLIST

A guide for signs that someone you are supporting may need nutritional help or extra nourishment (based on the Patient Association Nutrition Checklist)

Name of individual:.....  
Name of person completing this checklist:.....  
Role:..... Organisation:.....  
Date:.....

### Initial Assessment

Tick the relevant box to indicate the person's answers, then refer to the actions below.

1. Are you or your family concerned that you may be underweight or need nutritional advice?

Yes                       No                       Don't know

2. Have you lost a lot of weight unintentionally in the past three-six months?

Yes – do you know why? .....  
 No                       Don't Know

3. Have you noticed that your clothes or rings have become loose recently?

Yes                       No                       don't know

4. Have you recently found that you have lost your appetite and/or interest in eating?

Yes                       No                       don't know

### Is the person at increased risk of undernutrition?

(tick 'YES' if the person answered 'yes' or 'don't know' to one or more questions)

YES                       NO

Follow GP Pathway For Managing Malnutrition Risk from step 2.

No further action needed

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