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

History (Boxes 1-4 are designed to be completed by the patient.)

1. Weight *(See Worksheet 1)*

In summary of my current and recent weight:

I currently weigh about _____ pounds
I am about _____ feet _____ tall

One month ago I weighed about _____ pounds
Six months ago I weighed about _____ pounds

During the past two weeks my weight has:
☐ decreased $_{(1)}$ ☐ not changed $_{(0)}$ ☐ increased $_{(0)}$

Box 1 ☐

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

☐ unchanged $_{(0)}$
☐ more than usual $_{(0)}$
☐ less than usual $_{(1)}$

   I am now taking*:*
   ☐ *normal food* but less than normal amount $_{(1)}$
   ☐ little solid food $_{(2)}$
   ☐ only liquids $_{(3)}$
   ☐ only nutritonal supplements $_{(3)}$
   ☐ very little of anything $_{(4)}$
   ☐ only tube feedings or only nutrition by vein $_{(0)}$

Box 2 ☐

3. Symptoms: I have had the following problems that have kept me from eating enough during the past two weeks (check all that apply):

☐ no problems eating $_{(0)}$
☐ no appetite, just did not feel like eating $_{(3)}$
☐ nausea $_{(1)}$ ☐ vomiting $_{(3)}$
☐ constipation $_{(1)}$ ☐ diarrhea $_{(3)}$
☐ mouth sores $_{(2)}$ ☐ dry mouth $_{(1)}$
☐ things taste funny or have no taste $_{(1)}$ ☐ smells bother me $_{(1)}$
☐ problems swallowing $_{(2)}$ ☐ feel full quickly $_{(1)}$
☐ pain; where? $_{(3)}$_____   ☐ fatigue $_{(1)}$
☐ other** $_{(1)}$ _____
   ** Examples: depression, money, or dental problems

Box 3 ☐

4. Activities and Function: Over the past month, I would generally rate my activity as:

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

Box 4 ☐

Additive Score of the Boxes 1-4 ☐ A