

## **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 checklis	st:	
Role:	Organisation: .	
Date:	····	
lı	nitial Assessment	
Tick the relevant box to indicate the person	on's answers, the	n refer to the actions below.
1. Are you or your family concerned	that you may be ι	underweight or need nutritional advice?
□ Yes	□No	☐ Don't know
2. Have you lost a lot of weight unint	entionally 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
		1 2
Is the person at i (tick 'YES' if the person answered 'ye		
☐ YES		□ NO
Follow GP Pathway for Managing		No further action needed
Malnutrition Risk from step 2		

Approval date: August 2024 Review Date: August 2027 (or sooner if evidence or practice changes)

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