Supplementary materials

NUTRITION RISK ASSESSMENT TOOL IN OLDER ADULTS (NRA)

First and last name: ---------- ***City/country:*** ---------- ***Age:*** ---------- ***Sex:*** ----------

Give the patient a phrase with 5 items (last name, first name, street, number, town) and ask him/her to repeat after you

1. **Has your weight changed >5% within the past 6 months as per objective measures? (Measure weight during office visit and compare with values recorded in electronic medical records over the last 6 months)**

   0 = YES 1 = NO

2. **Measure and record Body Mass Index value:**

   0 = <20 kg/m^2 (if<70 years of age) /<22 kg/m^2 (if ≥70 years of age)
   1 = ≥20 kg/m^2 (if<70 years of age) /≥22 kg/m^2 (if ≥70 years of age)

3. **How often do you eat (show serving size to patients):**
   - **a.** dairy products (milk, cheese, yoghurt) per day
     0 = <1 servings
     1 = ≥1 servings
   - **b.** legumes (beans, peas, lentils, peanuts, soy) or eggs per week
     0 = <2 servings
     1 = ≥2 servings
   - **c.** meat, fish, or poultry every day
     0 = NO
     1 = YES

4. **Do you eat two or more servings of fruit or vegetables per day?**

   0 = NO 1 = YES

5. **In your opinion, has your food intake reduced for more than 2 weeks?**

   0 = YES (ask about any potential nutritional problems:-------) 1 = NO

6. **How do you see your nutritional status?**
   0 = I view myself as being malnourished (undernourished)
   1 = I am uncertain of nutritional status
   2 = I view myself as having no nutritional problem

7. **Do you eat your meals with company?**
   0 = never
   1 = occasionally
   2 = every day

8. **Do you have any chronic disease, specifically congestive heart failure, chronic obstructive pulmonary disease, rheumatologic conditions, liver diseases, diabetes, kidney diseases? (check electronic medical record)**

   0 = YES (Include the list of diseases:----------) 1 = NO

9. **Have you had any burns, major infections, severe acute pancreatitis, trauma, or closed head injuries in the past 3 months? (requiring hospitalization)**

   0 = YES (Include the list of conditions:----------) 1 = NO

10. **Do you take 3 or more medications for chronic disease?**

    0 = YES (Include the list of medications:----------) 1 = NO

11. **How do you estimate your general health?**
    0 = poor
    1 = fair
    2 = good or excellent

12. **Do you have hobbies?**

    0 = NO 1 = YES

13. **Please, kindly repeat the phrase I asked you to memorize at the beginning:**

    0 = makes 3 or more errors
    1 = makes 1 or 2 errors
    2 = makes no errors

14. **Muscle mass assessment**

    - **a.** *Calf circumference* (Provide measurement on both legs, with patient sitting with his/her knees bent at 90°, and register the highest value. If BMI is 25–30 kg/m^2, reduce the measured value by 3 cm, and if BMI > 30 kg/m^2 reduce by 7 cm)

      <31 cm in men / <29 cm in women YES/NO

    - **b.** *Mid-upper arm circumference* (Provide measurement using a tape at the midpoint of the upper arm)

      <24 cm in men /<23 cm in women YES/NO

    - **c.** *If a or b is yes, examine hand grip strength* (measure using dynamometer with one punch, repeat three times on both hands and record the highest value)

      <27 kg in men /<16 kg in women YES/NO

Item 14 scoring:

2 = if CC or MUAC are within range

1 = if CC or MUAC is reduced, but HGS is normal

0 = if CC or MUAC is reduced and HGS is reduced

Total assessment score = ____ (max 21)

Scoring:

<11 points	**malnourished**
11–15 points	**at risk of malnutrition**
16–21 points	**normal nutritional status**