

Affix patient label within this box

Canadian Nutrition Screening Tool (CNST)

Date (yyyy-Mon-dd)	Weight
Patient Phone Number	Clinic/Unit
Identify patients who are at risk for malnutrition Ask the patient the following questions	
Have you lost weight in the past 6 months without trying to lose this weight? <i>(If the patient reports a weight loss but gained it back, consider it as a NO weight loss)</i> <input type="checkbox"/> Yes <input type="checkbox"/> No	
Have you been eating less than usual for more than a week? <input type="checkbox"/> Yes <input type="checkbox"/> No	
<p style="text-align: center;"><i>Two “YES” answers indicate nutrition risk. Patients at nutrition risk need an assessment to confirm malnutrition. Refer to a Registered Dietitian.</i></p>	
Comments (Optional)	
Signature	Date (yyyy-Mon-dd)

** If the patient is unable to answer the questions, a knowledgeable informant can be used to obtain the information. If the patient is uncertain regarding weight loss, ask if clothing is now fitting more loosely.*