

Patient ID: _____ Date: _____ Completed by: _____

1. Current weight and BMI

Weight (kg): _____

Height (m): _____

Body Mass Index (BMI): _____ BMI category: _____

See Table 1 for BMI calculation and Tables 2–3 for age and gender related BMI category.

If unable to weigh, or patient refuses, is patient visibly:

☐ underweight ☐ healthy weight ☐ overweight

Risk level based on weight/BMI:

- **Underweight** → **High risk** — refer to dietitian
- **Healthy weight** → **Low risk** — continue to weigh and screen monthly
- **Overweight** → **Medium risk** — offer first-line weight management information/support
- **Obese** → **High risk** — offer first-line weight management information/support and consider referral to dietitian

2. Weight change in the last 3–6 months

Weight 3–6 months ago (self-reported if records not available): _____ kg

Weight change: _____ %

Formula: $(\text{new weight} - \text{old weight}) / \text{old weight} \times 100$

If unable to weigh, or patient refuses: Does the patient report weight changes in the last 3–6 months, or do you feel the patient has:

☐ gained weight ☐ remained stable ☐ lost weight

Risk level based on weight change:

- **0–4.9% weight change** → **Low risk** — continue to weigh and screen monthly
- **5–9.9% unplanned loss** → **Medium risk** — alert clinical team to monitor intake, activity levels and weight. If patient has commenced a new antipsychotic medication in the last 4 weeks → refer to dietitian
- **≥10% unplanned loss** → **High risk** — refer to dietitian
- **≥10% unplanned gain** → **High risk** — offer first-line weight management information/support and consider referral to dietitian

3. Other significant dietary issues

If Nil by Mouth (NBM) or YES to any item → alert clinical team, update care plan, and refer to dietitian if appropriate.

Question	Yes	No	NBM
Does the patient have specific dietary requirements (e.g. allergies, vegan, cultural/religious diet, renal diet)?	☐	☐	
Is patient being fed by/have a nasogastric feeding tube or gastrostomy tube?	☐	☐	
Is the patient prescribed nutritional supplements e.g. Fortisip or Ensure, NOT multivitamins?	☐	☐	
Does patient have Diabetes (type 1 or type 2)?	☐	☐	
Does the patient have a history of/ been observed to have disordered eating?	☐	☐	☐
Is the patient drinking excessively?	☐	☐	☐
Does the patient regularly refuse or not attend 2 or more main meals a day?	☐	☐	☐
If YES, has patient been consistently refusing food for 5 days or more?	☐	☐	
Does patient fail to eat at least half of their serving at most mealtimes?	☐	☐	☐
Does the patient regularly refuse or not complete drinks?	☐	☐	☐
Does the patient have chewing or swallowing difficulties?	☐	☐	☐
Does the patient suffer from nausea, diarrhoea or involuntary vomiting?	☐	☐	Sometimes: ☐
Are whole food groups (e.g. dairy products, fruit & vegetables) avoided?	☐	☐	☐
Has patient been prescribed a new antipsychotic medication in the last 4 weeks and gained 5% or more body weight (as calculated in step 2)?	☐	☐	
Is patient prescribed or going to start medication that can increase their risk of constipation significantly e.g. clozapine.	☐	☐	
Is patient prescribed or going to start weight loss medication (GLP-1 injections, Tirzepatide, Semaglutide, Orlistat)	☐	☐	

4. Action plan

- ☐ No immediate action
- ☐ Alert clinical team
- ☐ Refer to dietitian

Comments

Table 1: How to calculate BMI

$$\text{BMI} = \frac{\text{weight (kg)}}{(\text{height} \times \text{height}) (\text{m})}$$

Table 2 Approximate BMI ranges for age: Females

Age	BMI = Underweight	BMI = Healthy	BMI = Overweight	BMI = Obese
12	Below 15.5	15.5 to 22.4	22.5 to 25.4	25.5 and above
13	Below 16.0	16.0 to 22.9	23.0 to 25.9	26.0 and above
14	Below 16.5	16.5 to 23.9	24.0 to 26.9	27.0 and above
15	Below 17.0	17.0 to 24.4	24.5 to 27.4	27.5 and above
16	Below 17.5	17.5 to 24.9	25.0 to 27.9	28.0 and above
17	Below 18.0	18.0 to 25.4	25.5 to 28.4	28.5 and above
18 +	Below 20.0	20.0 to 24.9	25.0 to 29.9	30.0 and above

Table 3 Approximate BMI ranges for age: Males

Age	BMI = Underweight	BMI = Healthy	BMI = Overweight	BMI = Obese
12	Below 15.0	15.0 to 21.4	21.5 to 23.9	24.0 and above
13	Below 15.5	15.5 to 21.9	22.0 to 24.4	24.5 and above
14	Below 16.0	16.0 to 22.9	23.0 to 25.4	25.5 and above
15	Below 16.5	16.5 to 23.4	23.5 to 26.4	26.5 and above
16	Below 17.0	17.0 to 23.9	24.0 to 26.9	27.0 and above
17	Below 17.5	17.5 to 24.4	24.5 to 27.4	27.5 and above
18 +	Below 20.0	20.0 to 24.9	25.0 to 29.9	30.0 and above

References:

National Institute for Health and Clinical Excellence (2026) Overweight and obesity management, NICE, London. <https://www.nice.org.uk/guidance/ng246>

Gender specific growth charts, <https://www.rcpch.ac.uk/resources/growth-charts>

Supporting information

Nutritional Screening in Mental Health Settings

Why do we use the St Andrews Nutritional screening instrument (SANSI) rather than the Malnutrition Universal Screening Tool (MUST)?

Although the MUST screening tool is the current recommended tool to be used in healthcare settings in the UK for adults, Dietitians working in Mental Health, Brain injury and Neurology have long recognised that the tool significantly underreports nutrition related risk in our patient group.

The MUST tool focuses on undernutrition and acute illness rather than key risk factors relevant to our patients. It is also not suitable for use in adolescents. In response to these concerns, in 2009 the dietetic team at St Andrews developed a modified tool which captures these risks including dysphagia, the need for tube feeding, special dietary requirements, selective eating, food/fluid refusal and obesity. We also ensured it would be suitable to use in adolescent services.

We conducted some research to validate this tool; the reference and abstract can be found below. The published paper focuses on the adult inpatient secure psychiatric setting, however, St Andrews has a large cohort of patient with brain injury and neurological conditions, and the research was conducted across all services including the CAMHS services. This research confirmed that SANSI captures risks that MUST misses in our patient groups. The tool has been adopted by other organisations including some from overseas and shared with members of the specialist mental health group of the British Dietetic Association.

How is SANSI different to MUST?

Step 1 and 2 is similar to MUST- confirm current weight, BMI and any weight changes. Step 3 is no longer acute disease effect but a series of questions to highlight risks. A score is not obtained as the tool is aimed at generating an action plan which is more useful. SANSI has reference tables to allow adjustment of BMI ranges for patients aged 12-18.

How often should SANSI be completed?

Nutritional screening should occur in all healthcare settings and at St Andrew's this is a monthly process. This can be completed by any of the nursing staff or MDT.

Online resources

Please visit our website to obtain the latest SANSI resources;

<https://www.stah.org/careers/dietetics>

References;

J Psychiatr Ment Health Nurs. 2012 Oct;19(8):722-8. doi: 10.1111/j.1365-2850.2011.01848.x. Epub 2012 Jan 10.

Identification of nutritional risk by nursing staff in secure psychiatric settings: reliability and validity of St Andrew's Nutrition Screening Instrument.

Rowell A1, Long C, Chance L, Dolley O.

Abstract

Nutrition screening is the first-line approach to addressing the nutritional needs of service users and has been recommended as best practice by several authoritative and regulatory bodies. A simple and comprehensive screening tool, the St Andrew's Nutrition Screening Instrument (SANSI), was developed for use in an inpatient secure psychiatric setting. The aim of this study was to test the screening tool for reliability and validity. This study identified SANSI as reliable and valid for use in secure psychiatric settings for adolescents and adults. This should give confidence to regulatory and commissioning organizations, that the nutritional risk for patients in an organization which serves a diverse mental health population is being correctly identified, raising staff awareness and allowing appropriate action to be planned.

Permission to use SANSI

We have always been happy to share SANSI (without the need for a license) but we have asked others to always acknowledge that it is SANSI or has been adapted from SANSI so that St Andrews is credited for this work. For example, others have adapted it for their format of electronic notes. We have automated the BMI calculation, %weight change and suggested actions/outcomes within our Rio electronic notes and it really helps staff complete the tool. We do update it periodically in response to audit.

BMI ranges used to classify overweight, obesity and central adiposity in adults

NICE guidelines classify the degree of overweight or obesity in adults as follows, (if they are not in the groups covered by recommendation 1.9.11)

- healthy weight: BMI 18.5 kg/m² to 24.9 kg/m²
- overweight: BMI 25 kg/m² to 29.9 kg/m²
- obesity class 1: BMI 30 kg/m² to 34.9 kg/m²
- obesity class 2: BMI 35 kg/m² to 39.9 kg/m²
- obesity class 3: BMI 40 kg/m² or more.

According to the NHS website the following ranges should be used:

18.5-24.9 kg/m²- healthy

25 to 29.9 kg/m² – overweight range

30 to 39.9 kg/m² – obesity

40 kg/m² or above – severe obesity

Asian, Chinese, Middle Eastern, Black African or African-Caribbean family background require a lower BMI score to measure overweight and obesity: 23 to 27.4 – overweight range; 27.5 or above – obesity.

MUST identifies risk once BMI is below 20kg/m².

Step 1	
BMI score	
BMI kg/m ²	Score
>20 (>30 Obese)	= 0
18.5 -20	= 1
<18.5	= 2

At St Andrews we recognise that many of our patients are nutritionally vulnerable due to various other factors associated with their mental health. Therefore, we decided to identify high risk when BMI is below 20.0kg/m².

Future work could include separate ranges for individuals with Asian, Chinese, Middle Eastern, Black African or African-Caribbean family background.