

Allegato 5: GLIM

GLIM Criteria		Patient Name: _____ Code: _____ Date: / /20	
Screening	At Risk by NRS 2002	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Assessment	<div style="display: flex; justify-content: space-between;"> <div style="width: 60%;"> Phenotypic criteria <input type="checkbox"/> Weight loss <input type="checkbox"/> Low BMI <input type="checkbox"/> Reduced muscle mass </div> <div style="width: 35%; text-align: center;"> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> </div> </div>		
	<div style="display: flex; justify-content: space-between;"> <div style="width: 60%;"> Etiologic Criteria <input type="checkbox"/> Reduced food intake <input type="checkbox"/> Disease /inflammation </div> <div style="width: 35%; text-align: center;"> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> </div> </div>		
Diagnosis	<div style="display: flex; align-items: center; gap: 10px;"> <div style="text-align: center;"> ≥ 1 Phenotypic criteria <input type="text"/> </div> <div style="font-size: 24px;">+</div> <div style="text-align: center;"> ≥ 1 Etiologic criteria <input type="text"/> </div> <div style="font-size: 24px;">=</div> <div style="text-align: center;"> Yes <input type="checkbox"/> No <input type="checkbox"/> </div> </div>		
Severity Stage	<div style="display: flex; justify-content: space-between; align-items: center;"> <div style="width: 45%;"> Stage 1/Moderate Yes <input type="checkbox"/> </div> <div style="width: 50%;"> <input type="checkbox"/> 5 - 10% Wt. loss within the past 6 months. <input type="checkbox"/> BMI < 20 If < 70 years or < 22 if ≥ 70 years. <input type="checkbox"/> Mild to moderate deficit by a validated method. </div> </div>	<div style="display: flex; justify-content: space-between; align-items: center;"> <div style="width: 45%;"> Stage 2/Sever Yes <input type="checkbox"/> </div> <div style="width: 50%;"> <input type="checkbox"/> >10% Wt. loss within the past 6 months. <input type="checkbox"/> BMI < 18.5 If < 70 years or < 20 if ≥ 70 years. <input type="checkbox"/> Severe deficit by a validated method. </div> </div>	