Consent Form

Participant's statement

Following the explanations given to me and the answers to the questions I had, I have understood what this study is about. I understood that it is voluntary to participate in this study and that I will not be subjected to any penalty by declining to participate or withdraw from the study. I also understand that should I choose not to participate or withdraw my participation in the course of the study, I will continue to receive the same quality of care I am currently receiving.

I freely agree to participate in this study, I have been informed and understand that I am free to contact Caroline Museka on 07161651213 if I have any questions or concerns about this study including my rights as a study participant.

I give informed consent to participate in this study Yes ☐ No ☐

Participant's signature ____

Date _____

Phone number _____

Researcher's statement

I have explained all details pertaining this study to the participant and I am positive that the participant has understood and freely given his/her consent to participate in this study.

Researcher's name _____

Researcher's signature _____

Date _____

Role in the study _____ (principal investigator (PI) or Research assistant (RA)).

Appendix III Questionnaire

Performance of Malnutrition Universal Screening Tool and Patient-Generated Global Subjective Assessment in screening for cancer-related malnutrition in Nairobi County, Kenya.

SERIAL NO: _____ DATE: _____(day) _____ (month) _____(year)

This questionnaire should only be filled in by the PI or RAS by interviewing the participant who has already given his/her written and signed consent to participate in this study. You are not required to put the participant's name on the questionnaire. Information collected from this questionnaire will be for purposes of research only.

INSTRUCTIONS

Please answer the following questions either by writing on the space provided or by putting a tick (√) in the appropriate box.

PART 1

Q1. How old are you? (To the nearest completed years) _____ (Insert figures only)

(PLEASE EXCLUDE FROM THIS STUDY ANY PATIENT BELOW 18 YEARS IN Q1)

PART II

Q2. What is your gender?

Male ☐ Female ☐

Q3A.Which type of cancer are you suffering from?

Head and neck ☐ Respiratory ☐ Gastrointestinal ☐

Q3B.Which stage of cancer disease do you have?

One ☐ Two ☐ Three ☐ Four ☐

PART III

Q4. What is your marital status?

Single ☐ Married ☐ Separated/divorced ☐ Widowed ☐

Q5. What is your level of education?

No formal education ☐ Primary ☐ Secondary ☐ Tertiary ☐

Q6. Where do you live? Give the name your county _____

Q7. What is your employment status?

Employed ☐ Unemployed ☐

PART IV: MUST FORM (To be filled by the PI or RA)

PART V: PG-SGA FORM (To be filled by the PI or RA)

PART VI: (to be filled in by the PI by referring to the participant's MUST and PG-SGA forms filled by the RA**)**

Total MUST score: _____

Total PG-SGA score: _____

Appendix V Data extraction form on anthropometry (weight history)

Weight in the previous 1 month: _____ kg

Weight in the previous 3 months: _____ kg

Weight in the previous 6 months: _____ kg

Appendix VI Malnutrition Universal Screening Tool (MUST)

SERIAL NUMBER: _____ DATE: _____

STEP 1

Current weight ____(Kg), Height ____ (cm), BMI _____(kg/m^2)

BMI (kg/m^2)	Score
>20 (>30 obese)	0
18.5 – 20	1
< 18.5	2

Patient score ☐

STEP 2

Weight in the last 3 months: _____ Percentage weight lost: _____

%	Score
<5	0
5- 10	1
>10	2

Patient score ☐

STEP 3

Have you eaten nothing for more than 5 days? (E.g. over the last week)

If **NO** score 0

If **YES** score 2

Patient score ☐

STEP 4

Add scores in step 1, 2 and 3 to get overall score

Patient's overall score

STEP 5

Nutrition status classification

Score 0 = Well- nourished Score ≥ 1 = Malnourished

Patient's nutritional status

Source: (www.bapen.org.uk/pdfs/must/must full.pdf)

Appendix VIII PATEINT-GENERATED GLOBAL SUBJECTIVE ASSESMENT (PG-SGA) TOOL

SERIAL NUMBER: _____ DATE: _____

1. Weight *(See Worksheet 1)*

In summary of my current and recent weight:

I currently weigh about _____ kgs

I am about _____cm tall

One month ago I weighed about _____ kgs

Six months ago I weighed about _____ kgs

During the past two weeks my weight has:

Decreased (1) not changed (0) increased (0)

Box 1 ☐

2. Food Intake: As compared to my normal intake, I would rate my food intake during the past month as:

☐ Unchanged (0)

☐ More than usual (0)

☐ Less than usual (1)

☐ I am now taking*:*

☐ *Normal food* but less than normal amount (1)

☐ Little solid food (2)

☐ Only liquids (3)

☐ Only nutritional supplements (3)

☐ Very little of anything (4)

☐ Only tube feedings or only nutrition by vein (0)

Box 2 ☐

3. Symptoms: I have had the following problems that have kept me from eating enough during the past two weeks (check all that apply):

☐ No problems eating (0) ☐ No appetite, just did not feel like eating (3)

☐ Nausea (1) ☐ Vomiting (3)

☐ Constipation (1) ☐ Diarrhea (3)

☐ Mouth sores (2)
☐ Dry mouth (1)
☐ Things taste funny or have no taste (1)
☐ Smells bother me (1)
☐ Problems swallowing (2)
☐ Feel full quickly (1)
☐ Pain; where? (3)_____
☐ Fatigue (1)
☐ Other** (1)_____

** Examples: depression, money, or dental problems

Box 3 ☐

4. Activities and Function: Over the past month, I would generally rate my activity as:

☐ Normal with no limitations (0)
☐ Not my normal self, but able to be up and about with fairly normal activities (1)
☐ Not feeling up to most things, but in bed or chair less than half the day (2)
☐ Able to do little activity and spend most of the day in bed or chair (3)
☐ Pretty much bedridden, rarely out of bed (3)

Box 4 ☐

Worksheet 1 - Scoring Weight (Wt) Loss (See Side 1)

To determine score, use 1 month weight data if available. Use 6 month data only if there is no 1 month weight data. Use points below to score weight change and add one extra point if patient has lost weight during the past 2

Wt loss in 1 month	**Points**	**Wt loss in 6 months**
10% or greater	4	20% or greater
5-9.9%	3	10 - 19.9%
3-4.9%	2	6 - 9.9%
2-2.9%	1	2 – 5.9%
0-1.	0	0 – 1.9%

Numerical score from worksheet 1 ☐

Additive Score of the Boxes 1-4 ☐ **A**

5. Worksheet 2 - Disease and its relation to nutritional requirements

All relevant diagnoses (specify) _____
One point each:

☐ Cancer ☐ Pulmonary or cardiac cachexia ☐ Presence of decubitus, open wound, or fistula

☐ AIDS

☐ Presence of trauma ☐ Age greater than 65 years ☐ chronic renal insufficiency

Numerical score from Worksheet 2 ☐ **B**

6. Work Sheet 3 - Metabolic Demand

Score for metabolic stress is determined by a number of variables known to increase protein & calorie needs. The score is additive so that a patient who has a fever of > 102 degrees (3 points) and is on 10 mg of prednisone chronically (2 points) would have an additive score for this section of 5 points.

Stress	**None (0)**	**Low (1)**	**Moderate (2)**	**High (3)**
Fever	no fever	>99 & <101	>101 & <102	>102
Fever duration	no fever	<72 hrs	72 hrs	> 72 hrs
Corticosteroids	no corticosteroids	<10mg	>10&<30mg	≥ 30mg

Numerical score from Worksheet 3 ☐ **C**

7. Worksheet 4 Physical Exam

Physical exam includes a subjective evaluation of 3 aspects of body composition: fat, muscle and fluid status. Since this subjective, each aspect of the exam is rated for degree of deficit. Muscle deficit impacts point score more than fat deficit.

Definition of categories: 0 = no deficit, 1+ = mild deficit, 2+ = moderate, 3+ = severe

Muscle status

Temples	0	1+	2+	3+
Clavicles	0	1+	2+	3+
Shoulders	0	1+	2+	3+
Interosseous muscles (hand)	0	1+	2+	3+

Global muscle status rating **0 1+ 2+ 3+**

Fat stores
Orbital fat pads 0 1+ 2+ 3+
Triceps skin fold 0 1+ 2+ 3+
Global fat deficit rating 0 1+ 2+ 3+

Fluid status
Ankle edema **0 1+ 2+ 3+**

Numerical score from Worksheet 4 [ ] **D**

Total PG-SGA score (total numerical score of A+B+C+D) [ ]

PG-SGA 0-1 = well-nourished **PG-SGA ≥ 2 = malnourished**

Patient's nutritional risk [ ]

Source: ***©FD Ottery, 2001, 2005, 2006, 2014***
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