



Date

Patient number

1. What are your typical dietary habits? (mark all that apply)

- I have dietary restrictions
- No special dietary habits
- I am vegetarian
- I eat a vegan diet
- I eat a gluten-free diet
- I avoid added sugars
- I avoid carbohydrates
- I eat a low fat-diet
- I am lactose intolerant
- Other special diet due to intolerances/allergies
- Other



2. Where did you live before your current hospital admission?

- At home
- In a nursing home or other live-in facility
- I was transferred from another hospital
- Other

3. In general, are you able to walk?

- Yes
- Yes, with someone's help
- Yes, independently using a cane, walker, or crutches
- No, I have a wheelchair
- No, I am bedridden



4. In general, how would you say your health is?

- Very good Good Fair Poor Very poor

5. Over the last 12 months prior to your current hospital admission approximately...

... how many times have you seen a doctor? times

... how many times have you been admitted to the hospital (Emergency room, any ward)? times

... how many nights in total have you spent in hospital? nights



6. How many different medications do you take routinely each day (prior to hospitalisation)?

- 1-2
- 3-5
- More than 5
- None
- I do not know



7. Do you have health insurance?

- Yes, private insurance only
- Yes, public insurance only
- Yes, both
- No
- I prefer not to answer

8. What was your weight 5 years ago?

kg I do not know

9a. Have you lost weight within the last 3 months?

- Yes, intentionally
- Yes, unintentionally
- No, my weight stayed the same
- No, I gained weight
- I do not know



9b. If yes, how many kg did you lose?

kg I do not know

10. Did you know about your hospitalisation two days before admission?

- Yes
- No

11. Please indicate if you ...

... were weighed at admission Yes No I do not know

... were informed about your nutrition status

... were informed about nutrition care options

... received special nutrition care

12. How well have you eaten in the week before you were admitted to the hospital?

- More than normal
- Normal
- About 3/4 of normal
- About half of normal
- About a quarter to nearly nothing





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13a. Please indicate how much hospital food you ate for lunch or dinner TODAY:



about all



1/2



1/4



nothing

13b. The portion size of the meal I ordered TODAY was...

- standard
- smaller
- larger
- I do not know

14. In general, how satisfied are you with the food at the hospital?

- Very satisfied
- Somewhat satisfied
- Dissatisfied
- Very dissatisfied
- Neutral
- I do not know

15. Did you get any help with eating TODAY? Yes, from family or friends Yes, from hospital staff No

16. Were you able to eat without interruption TODAY? Yes No

17. If you did not eat everything of your meal, please tell us why: (mark all that apply)

- I did not like the type of food offered
- I did not like the smell of the food
- I did not like the taste of the food
- The food did not fit my cultural/religious preferences
- The food was too hot
- The food was too cold
- Due to food allergy/intolerance
- I was not hungry at that time
- I do not have my usual appetite
- I have problems chewing/swallowing
- I normally eat less than what was served
- I had nausea/vomiting
- I was too tired
- I cannot eat without help
- I was not allowed to eat
- I had an exam, surgery, or test and missed my meal
- I did not get requested food



18. Enter the number of glasses/cups of the drinks you consumed in the last 24 hours

 Water
 Tea
 Coffee
 Milk
 Fruit juice
 Soft drinks
 Nutrition drink
 Other

19a. Did you eat any food apart from hospital food TODAY? Yes No

19b. If yes, what did you eat?

- Sweet snacks
- Salty snacks
- Homemade food
- Fruits
- Dairy products
- Food delivered/restaurant
- Sandwich
- Other

20. Since hospital admission, do you eat more or less?

- More
- Less
- Same
- I do not know

21. TODAY, compared to admission I feel

- Stronger
- Weaker
- Same
- I was admitted today
- I do not know

22. Can you walk without assistance TODAY?

- Yes
- No, only with assistance
- No, I stay in bed



23. Did anyone help you complete this questionnaire? Yes No

THANK YOU!
for participating to nutritionDay in Hospital.
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