nutritionDay WORLDWIDE

Oncology Patient Sheet 3

Date [1] _ _ / _ _ / _ _ _ _

Patients number [5] ☐☐

Dear patient,
We would like you to complete this questionnaire today to optimize our nutritional care in this unit. We would like to know how you feel and how active you are.

Please check ⊗ **or fill in** m **THANK YOU FOR YOUR HELP!**

patient's-Initials: [4] first 2 letters of your first name ☐☐ first 2 letters of your last name ☐☐

Your usual body weight prior to becoming ill [52] ☐☐☐ **pounds** ◯ I do not know

Your actual weight [52] ☐☐☐ **pounds** ◯ I do not know

Was your change in weight intentionally or unintentionally? [54]

◯ intentionally ◯ unintentionally ◯ weight is stable

Please mark what best applies to you during the last week: [55]

	not at all	a little	quite a bit	very much
Have you had pain?	◯	◯	◯	◯
Did you need to rest?	◯	◯	◯	◯
Have you felt weak?	◯	◯	◯	◯
Did you feel depressed?	◯	◯	◯	◯
Were you tired?	◯	◯	◯	◯
Did pain interfere with your daily activities?	◯	◯	◯	◯
Have you lacked appetite?	◯	◯	◯	◯

Please mark what best applies to you just now: [55]

	not at all	a little	quite a bit	very much
Do you have pain?	◯	◯	◯	◯
Do you need to rest?	◯	◯	◯	◯
Do you feel weak?	◯	◯	◯	◯
Do you feel depressed?	◯	◯	◯	◯
Are you tired?	◯	◯	◯	◯
Does pain interfere with your daily activities?	◯	◯	◯	◯
Do you lack appetite?	◯	◯	◯	◯

If your appetite or food intake has changed, please indicate why? [10]

☐ nausea/vomiting ☐ constipation ☐ early satiation/ loss of appetite
☐ inflammation in mouth ☐ diarrhea
☐ pain ☐ change in taste/smell ☐ other

Which of the following activities can you perform at the maximum? (choose only one option) [56]

◯ able to do sports ◯ able to carry out self care
◯ fully active ◯ able to carry out limited self care
◯ able to carry out light activities ◯ confined to bed or chair

What do you take without prescription from a doctor? [10]

☐ nothing ☐ multivitamin
☐ herbal tea ☐ other medication
☐ nutritional supplements ☐ other

Which of the following activities do you perform? [10]

☐ nothing ☐ Meditation ☐ other
☐ Psychotherapy ☐ Progressive muscle relaxation
☐ Yoga ☐ Qigong

Is it difficult to comply with your treatment? [9] ◯ YES ◯ NO ◯ I don't know

Did anyone help you to complete the questionnaire? [9] ◯ YES ◯ NO ◯ I don't know

Do you believe that including nutrition in the therapeutic approach to your cancer could provide relevant benefit to you? [9] ◯ YES ◯ NO ◯ I don't know

Each exponent corresponds to the numbers at the explanations