

Date

Center-Code

Unit-Code

1. Main specialty (choose only one)

- | | |
|--|--|
| <input type="radio"/> Internal Medicine / General | <input type="radio"/> Surgery / General |
| <input type="radio"/> Internal Medicine / Cardiology | <input type="radio"/> Surgery/ Cardiac/Vascular/Thoracic |
| <input type="radio"/> Internal Medicine / Gastroenterology && hepatology | <input type="radio"/> Surgery / Neurosurgery |
| <input type="radio"/> Internal Medicine / Geriatrics | <input type="radio"/> Surgery / Orthopedic |
| <input type="radio"/> Internal Medicine / Infectious diseases | <input type="radio"/> Trauma |
| <input type="radio"/> Internal Medicine / Nephrology | <input type="radio"/> Ear Nose Throat (ENT) |
| <input type="radio"/> Internal Medicine / Oncology (incl. radiotherapy) | <input type="radio"/> Gynecology / Obstetrics |
| <input type="radio"/> Interdisciplinary | <input type="radio"/> Pediatrics |
| <input type="radio"/> Long term care | <input type="radio"/> Psychiatry |
| <input type="radio"/> Neurology | <input type="radio"/> Others |

2. Number of registered inpatients at noon

3. Total bed capacity of the unit

4. Number of each type of staff in the unit for TODAY's morning shift (excluding cleaning and temporary nDay staff)

	Fully trained	In training
Medical doctors		
Medical students	NA	
Nurses		
Nursing aides		
Dieticians		
Nutritionists		
Administrative staff		NA
Other staff involved in patient care		

5. Is there a nutrition support team in your hospital available? Yes No

6. Does the unit have a nutrition care strategy? Yes No

7. Is there a person in your unit responsible for nutrition care? Yes No

8. Is there a dietician, nutritionist or dietetic assistant available for your unit? Yes No

9. Is specific staff responsible for providing feeding assistance to patients during meal times? Yes No

10. How do you MAINLY screen/monitor patients for malnutrition? (choose only one answer per column)

At admission

- No routine screening
 - No fixed criteria
 - Experience / visual assessment only
 - Weighing / BMI only
 - Nutritional Risk Screening (NRS) 2002
 - Malnutrition Universal Screening Tool (MUST)
 - Malnutrition Screening tool (MST)
 - SNAQ
 - Other formal tool
- Please specify:

During hospital stay

- No routine monitoring
 - No fixed criteria
 - Experience / visual assessment only
 - Weighing / BMI only
 - Other formal tool
- Please specify:

Please continue with sheet 1b

11a. Do you routinely use guidelines or standards for nutrition care? Yes No

11b. If yes, which one is mainly used?

- International guidelines Standards on unit level
 National guidelines Individual patient nutrition care plans
 Standards on hospital level Other

12. What is routinely done in your unit for given patient groups? (mark all that apply)

Watchful waiting	<input type="checkbox"/> At risk	<input type="checkbox"/> Malnourished	<input type="checkbox"/> Every patient	<input type="checkbox"/> Never
Discuss nutrition care activities during ward rounds	<input type="checkbox"/> At risk	<input type="checkbox"/> Malnourished	<input type="checkbox"/> Every patient	<input type="checkbox"/> Never
Develop an individual nutrition care plan	<input type="checkbox"/> At risk	<input type="checkbox"/> Malnourished	<input type="checkbox"/> Every patient	<input type="checkbox"/> Never
Initiate treatment / nutrition intervention	<input type="checkbox"/> At risk	<input type="checkbox"/> Malnourished	<input type="checkbox"/> Every patient	<input type="checkbox"/> Never
Consult a nutrition expert (dietician, nutritionist, etc.)	<input type="checkbox"/> At risk	<input type="checkbox"/> Malnourished	<input type="checkbox"/> Every patient	<input type="checkbox"/> Never
Consult a medical professional	<input type="checkbox"/> At risk	<input type="checkbox"/> Malnourished	<input type="checkbox"/> Every patient	<input type="checkbox"/> Never
Calculate energy requirements	<input type="checkbox"/> At risk	<input type="checkbox"/> Malnourished	<input type="checkbox"/> Every patient	<input type="checkbox"/> Never
Calculate protein requirements	<input type="checkbox"/> At risk	<input type="checkbox"/> Malnourished	<input type="checkbox"/> Every patient	<input type="checkbox"/> Never

13. When do you routinely weigh your patients? (mark all that apply) When requested

- at admission Within 48 hours Every week At discharge
 Within 24 hours Within 72 hours Occasionally Never

14. What do you do to support adequate food intake of patients? (mark all that apply)

- Offer additional meals or in between snacks Ensure that mealtimes are undisturbed/protected mealtime policy
 Offer meal choices Promote positive eating environment
 Offer different portion sizes Consider cultural/religious preferences
 Consider food presentation Consider patient allergies / intolerances
 Change food texture/consistency as needed Other
 Consider patient problems with eating and drinking

15. Which nutrition-related standards or routine activities exist in your unit? (mark all that apply)

- Nutrition training is available
 Reporting of nutrition related information to hospital managers
 Quality indicators are recorded and reported to national or regional level
 Quality indicators are used for internal benchmarking
 Patient feedback about food and food service is collected using a questionnaire

16. At admission what is asked and documented? (mark all that apply)

- Change in weight Eating habits/difficulties Nutrition before admission

17. On what forms is there a specific part about eating, nutrition or malnutrition? (mark all that apply)
a. Patient Record has a section for ...

- indicating if the patient is malnourished or at risk of malnutrition nutrition treatment

b. Discharge Letter ...

- summarizes nutrition treatment received during stay
 makes future nutrition-related recommendations

18. Do you provide brochures about malnutrition to at risk/malnourished patients? Yes No

19. Who filled in this sheet? (mark all that apply)

- Head staff Nurse Administrative staff
 Dietician Physician Other

THANK YOU!