

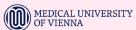
nutritionDay in Hospital Questionnaire





Date Patien	nt number			
Patient consent Yes No	PLEASE CONTINUE	ONLY IF PATIENT GAVE CONSENT!		
Date of admission This hospital admission was	Year of birth (yyyy)	O Mala O Othara		
○ planned	Sex O Female	○ Male ○ Others		
an emergencyI do not know	Weight Height cm	kg ○ estimated		
 Diagnosis at admission (☐ mark all that apply) Main reason for admission (○ choose only one code from above) Which conditions/comorbidities does this patient have? (☐ mark all that apply) 				
	(1) (2)	(3)		
ICD-10 DIAGNOSI	s v v	▼ SPECIFIC COMORBIDITIES		
Nervous system		☐ Cerebral vascular disease		
	h 🗆 🔾 0500	☐ Dementia☐ Major depressive disorder		
Eye and adnex		Chronic mental disorder		
Ear and mastoid proces	s 📙 🔾 0800	Myocardial infarction		
Circulatory system		☐ Cardiac insufficiency		
Respiratory system		Chronic lung disease		
Endocrine, nutritional and metabolic disease	es 🗌 🔾 0400	☐ Chronic liver disease☐ Chronic kidney disease		
Digestive syster	m 🗆 🔾 1100	GI disease/problems		
Genitourinary systen		☐ Urological disease/problems		
Musculoskeletal system and connective tissue		☐ Muskle-skeletal disease		
Skin and subcutaneous tissu	e 🗆 🔾 1200	/ Arthritis		
Infectious and parasitic disease	es 🗆 O 0100 \	Skin problems Peripheral vascular disease		
· · · · · · · · · · · · · · · · · · ·	s 🗆 🔾 0200			
Blood and bloodforming organs and		GENERAL COMORBIDITIES		
the immune mechanism		/// □ Pain □ Fatigue		
Symptoms, signs, abnormal clinical/lab finding		☐ Infection		
External causes of morbidity and mortality (e.g. transport accidents, assaults		☐ Diabetes		
Pregnancy, childbirth and the puerperiun		☐ Hypertension		
Conditions originating in the perinatal perior		☐ Hyperlipidaemia		
Congenital/chromosomal abnormalitie		☐ Endocrinal disease☐ Cancer (active)		
Injury, poisoning		☐ History of cancer		
Factors influencing health status and	d □ ○ 2100	☐ Other chronic disease		
contact with health service	s	☐ OTHER COMORBIDITIES		
None of the above		□ NO COMORBIDITIES		
4. Previous ICU admission during this hospital stay	? O Yes O No	○ I do not know		
5. Is this patient terminally ill?	O Yes O No	O I do not know		
6. Fluid status (TODAY) O Normal	Overloaded O D	Oehydrated O I do not know		
7. Number of different medications planned (TOD)	AY) oral	other		
8. Was this patient identified as malnourished or at O Malnourished O At risk		do not know		
Please continue with sheet 2b	2024 V1	** FSPFN MEDICAL UNIVERSITY		







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Date	ent number				
9. IV Fluids (TODAY)	Fluids (TODAY) □ Electrolyte solution (NaCl, Ringers lactate, etc) □				
10. Number of ONS drinks planned (TODAY)					
11. Nutrition intake (TODAY) (mark an answer for	each)				
Regular hospital food	○ Yes	○ No	○ I do not know		
Fortified/enriched hospital food	0	0	0		
Special diet	0	O	0		
Protein/energy supplement (e.g. ONS drinks)	0	0	0		
Enteral nutrition	0	0	0		
Parenteral nutrition	0	0	0		
12a. All lines and tubes (TODAY) (mark an answer	for each)				
Central Venous	○ Yes	○ No	O I do not know		
Peripheral venous access	0	0	0		
Nasogastric	0	0	0		
Nasojejunal	0	0	0		
Nasoduadenal	0	0	0		
Enterostoma	0	0	0		
Percutaneous endoscopy/surgical gastrostomy	0	0	0		
Percutaneous endoscopy/surgical jejunostomy	0	0	0		
			,		
12b. Were there complications with lines and tub	es since admission? (infe	ections /obstruction	s)		
○ Yes, previously ○ Yes, ongoing	○ No	O I do not k	now		
13. Please indicate if any of the following was done for this patient since admission					
Energy requirements were determined	○ Yes	○ No	O I do not know		
Protein requirements were determined	0	0	0		
Food/Nutrition intake was recorded in the patient re	ecord O	0	0		
Nutrition treatment plan was developed	0	0	0		
Nutrition expert was consulted	0	0	0		
Malnutrition status is recorded in the patient record	0	0	0		
14a. Energy goal (YESTERDAY)	14a. Energy goal (YESTERDAY) 14b. En		nergy intake (YESTERDAY)		
○ <500 kcal		500 kcal			
○ 500-999 kcal ○ 1000-1499 kcal OR please insert		0-999 kcal	OR please insert		
○ 1000-1499 kcal OR please insert		00-1499 kcal 600-1999 kcal	kcal/kg		
○ >=2000 kcal		:2000 kcal	Ked if Ng		
O Not determined		ot determined			
O I do not know		lo not know			
15. Since admission, this patient's health status h	nas				
○ Improved ○ This patient h	as just been admitted				
O Deteriorated O I do not know					
O Remained the same					



