

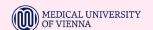
nutritionDay in Hospital Questionnaire

PATIENT SHEET 3a



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	?! °°		e or other live-in		mission?	
☐ 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/a	0	Yes Yes, with someone Yes, independentl No, I have a whee No, I am bedridde	e's help y using a cane, v lchair			
4. In general, how would you say your health is? Solvery good Sood Fair Soor Very poor						
5. Over the last 12 months prior to your current hospital admission approximately						
how many times have you seen a doctor? how many times have you been admitted to the hospital (Emergency room, any ward)? how many nights in total have you spent in hospital?						
6. How many different medications do you take routinely each day (prior to hospitalisation)? O 1-2 O None O 3-5 O Ido not know O More than 5 7. Do you have health insurance? O Yes, private insurance only O Yes, public insurance only O Yes, both			answer			
8. What was your weight 5 years ago? kg O I do not know						
9a. Have you lost weight within the last 3 months?						
Yes, intentionallyYes, unintentionally	○ No, my weight stayed the same○ No, I gained weight					
9b. If yes, how many kg did you lose?		kg	0	l do not know		
10. Did you know about your hospitalisa	tion two days before a	ndmission?	0	Yes C	No	
11. Please indicate if you						
were weighed at admission		O Yes	O No	O I do not kno	ow	
were informed about your nutrition stat) 		O		
were informed about nutrition care option received special nutrition care)	0	0		
12. How well have you eaten in the week before you were admitted to the hospital?						
-	About 3/4 of normal About half of norma About a quarter to n	l		?	Ī	







nutritionDay in Hospital Questionnaire

PATIENT SHEET 3b



Date Pa	tient number					
13a. Please indicate how much hospital food you ate for lunch or dinner TODAY:						
about all 1/2 1/4 O O O	nothing	ler				
14. In general, how satisfied are you with the food at the hospital?						
Very satisfiedSomewhat satisfied	Dissatisfied Very dissatisfied	O Neutral O I do not know				
15. Did you get any help with eating TODAY? O Yes, from family or friends O Yes, from hospital staff O No						
16. Were you able to eat without interruption TODAY? O Yes O 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 have problems chewing/swallowing □ I did not like the smell of the food □ I normally eat less than what was served □ I did not like the taste of the food □ I had nausea/vomiting □ The food did not fit my cultural/religious preferences □ I was too tired □ The food was too hot □ I cannot eat without help □ The food was too cold □ I was not allowed to eat □ Due to food allergy/intolerance □ I had an exam, surgery, or test and missed my meal □ I was not hungry at that time □ I did not get requested food □ I do not have my usual appetite						
18. Enter the number of glasses/cups of the drinks you consumed in the last 24 hours						
Water Coffee Tea Milk	Fruit juice Soft drink	Nutrition drink Other				
19a. Did you eat any food apart from hospital food TODAY? O Yes O No						
19b. If yes, what did you eat?						
☐ Sweet snacks☐ Homemade☐ Fruits		cts \square Sandwich ed/restaurant \square Other				
20. Since hospital admission, do you eat more or less?						
O More O Less	○ Same	O I do not know				
21. TODAY, compared to admission I feel		was admitted today 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 question	onnaire?	○ Yes ○ No				
THANK YOU! for participating to nutritionDay in Hospital. www.nutritionDay.org	2024 V1 ENGLISH ENGLISH CCBY-NC-ND	ESPEN MEDICAL UNIVERSITY OF VIENNA				