



Date

Center-Code

1. Total number of beds in hospital

2. Total number of admissions in the hospital last year

3. Total number of staff in the hospital

	Total number	Full time equivalent
Total medical doctors		
Medical specialists		
Medical non-specialists		
Nurses		
Dieticians		
Nutritionists		
Pharmacists		
Kitchen staff		

4. Does the hospital have a nutrition care strategy?

Yes No I do not know

5. Which nutrition-related standards or routine activities exist in your hospital?

- Nutrition training is available
- Nutrition steering committee is available
- 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

6. Which codes are available /routinely used in your hospital for billing and reimbursement purposes?

- No information available from billing/finance/controlling

	Codes available	Codes routinely used	I do not know
Nutrition Support	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Oral nutrition supplements	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Parenteral nutrition	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Enteral nutrition	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Dietary counseling	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Specific dietary interventions	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Screening for malnutrition	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Risk of malnutrition	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Malnutrition (in general)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Severity of malnutrition (i.e. mild, moderate, severe)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>



Date [] [] [] [] [] []

Center-Code [] [] [] [] [] []

Unit-Code [] [] [] [] [] []

1a. Main specialty (choose only one)

Internal Medicine

- General
○ Cardiology
○ Gastroenterology & hepatology
○ Geriatrics
○ Infectious diseases
○ Nephrology
○ Oncology (incl. radiotherapy)

Surgery

- General
○ Cardiac/Vascular/Thoracic
○ Neurosurgery
○ Orthopedic
○ Trauma
○ Urology
○ Bariatric

- Ear Nose Throat (ENT)
○ Gynecology / Obstetrics
○ Neurology
○ Psychiatry
○ Pediatrics
○ Interdisciplinary
○ Long term care
○ Hospital care at home
○ Others

1b. For surgical units only

- a) Do you do ERAS?* ○ Yes ○ No ○ I do not know
b) Do you have an ERAS protocol? ○ ○ ○
c) Do you have an ERAS team? ○ ○ ○
d) Do you audit your ERAS results or practice? ○ ○ ○

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)

Table with 2 columns: Fully trained, In training. Rows include Medical doctors, Medical students, Nurses, Nursing aides, Dieticians, Nutritionists, Administrative staff, Other staff involved in patient care.

5. Is there a nutrition support team in your hospital available? ○ Yes ○ No ○ I do not know

6. Does the unit have a nutrition care strategy? ○ Yes ○ No ○ I do not know

7. Is there a person in your unit responsible for nutrition care? ○ Yes ○ No ○ I do not know

8. Is there a dietician, nutritionist or dietetic assistant available for your unit? ○ Yes ○ No ○ I do not know

9. Is specific staff responsible for providing feeding assistance to patients during meal times? ○ Yes ○ No ○ I do not know

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

During hospital stay

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



Date

Center-Code

Unit-Code

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 hospital level Individual patient nutrition care plans

National guidelines Standards on unit level Other

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

	At risk	Malnourished	Every patient	None
Watchful waiting	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Discuss nutrition care activities during ward rounds	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Develop an individual nutrition care plan	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Initiate treatment / nutrition intervention	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Consult a nutrition expert (dietician, nutritionist, etc.)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Consult a medical professional	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Calculate energy requirements	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Calculate protein requirements	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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

at admission Within 24 hours Every week At discharge

Within 48 hours Occasionally Never

Within 72 hours When requested

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

17a. Patient record has a section indicating

if the patient is malnourished/ at risk

nutrition treatment

I do not know

17b. Discharge letter includes

nutrition treatment received during stay

future nutrition-related recommendations

I do not know

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





Date [] [] [] [] [] [] [] []

Patient number [] [] [] [] [] [] [] []

Patient consent Yes No

PLEASE CONTINUE ONLY IF PATIENT GAVE CONSENT!

Date of admission [] [] [] [] [] [] [] []

Year of birth (yyyy) [] [] [] []

This hospital admission was

- planned
 an emergency
 I do not know

Sex Female Male Others

Weight [] [] [] [] kg estimated measured
Height [] [] [] [] cm estimated measured

- 1. Diagnosis at admission (mark all that apply)
2. Main reason for admission (choose only one code from above)
3. Which conditions/comorbidities does this patient have? (mark all that apply)

ICD-10 DIAGNOSIS (1) (2) Nervous system, Mental health, Eye and adnexa, Ear and mastoid process, Circulatory system, Respiratory system, Endocrine, nutritional and metabolic diseases, Digestive system, Genitourinary system, Musculoskeletal system and connective tissue, Skin and subcutaneous tissue, Infectious and parasitic diseases, Neoplasms, Blood and bloodforming organs and the immune mechanism, Symptoms, signs, abnormal clinical/lab findings, External causes of morbidity and mortality (e.g. transport accidents, assaults), Pregnancy, childbirth and the puerperium, Conditions originating in the perinatal period, Congenital/chromosomal abnormalities, Injury, poisoning, Factors influencing health status and contact with health services, None of the above. SPECIFIC COMORBIDITIES (3) Cerebral vascular disease, Dementia, Major depressive disorder, Chronic mental disorder, Myocardial infarction, Cardiac insufficiency, Chronic lung disease, Chronic liver disease, Chronic kidney disease, GI disease/problems, Urological disease/problems, Muskel-skeletal disease, Arthritis, Skin problems, Peripheral vascular disease. GENERAL COMORBIDITIES Pain, Fatigue, Infection, Diabetes, Hypertension, Hyperlipidaemia, Endocrinal disease, Cancer (active), History of cancer, Other chronic disease. OTHER COMORBIDITIES NO COMORBIDITIES

4. Previous ICU admission during this hospital stay? Yes No I do not know

5. Is this patient terminally ill? Yes No I do not know

6. Fluid status (TODAY) Normal Overloaded Dehydrated I do not know

7. Number of different medications planned (TODAY) [] [] oral [] [] other

8. Was this patient identified as malnourished or at risk of malnutrition? Malnourished At risk No I do not know



Date

Patient number

9. IV Fluids (TODAY) Electrolyte solution (NaCl, Ringers lactate, etc) 5% Glucose solution

10. Number of ONS drinks planned (TODAY)

11. Nutrition intake (TODAY) (mark an answer for each)

Regular hospital food	<input type="radio"/> Yes	<input type="radio"/> No	<input type="radio"/> I do not know
Fortified/enriched hospital food	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Special diet	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Protein/energy supplement (e.g. ONS drinks)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Enteral nutrition	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Parenteral nutrition	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

12a. All lines and tubes (TODAY) (mark an answer for each)

Central Venous	<input type="radio"/> Yes	<input type="radio"/> No	<input type="radio"/> I do not know
Peripheral venous access	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Nasogastric	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Nasojejunal	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Nasoduodenal	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Enterostoma	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Percutaneous endoscopy/surgical gastrostomy	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Percutaneous endoscopy/surgical jejunostomy	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

12b. Were there complications with lines and tubes since admission? (infections /obstructions)

Yes, previously Yes, ongoing No I do not know

13. Please indicate if any of the following was done for this patient since admission

Energy requirements were determined	<input type="radio"/> Yes	<input type="radio"/> No	<input type="radio"/> I do not know
Protein requirements were determined	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Food/Nutrition intake was recorded in the patient record	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Nutrition treatment plan was developed	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Nutrition expert was consulted	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Malnutrition status is recorded in the patient record	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

14a. Energy goal (YESTERDAY)

- < 500 kcal
- 500-999 kcal
- 1000-1499 kcal
- 1500-1999 kcal
- >=2000 kcal
- Not determined
- I do not know

OR please insert
 kcal/kg

14b. Energy intake (YESTERDAY)

- < 500 kcal
- 500-999 kcal
- 1000-1499 kcal
- 1500-1999 kcal
- >=2000 kcal
- Not determined
- I do not know

OR please insert
 kcal/kg

15. Since admission, this patient's health status has...

- Improved
- Deteriorated
- Remained the same
- This patient has just been admitted
- I do not know



Date

Patient number

SURGERY PATIENTS ONLY!

16a. Previous operation during this hospital stay

- Yes, planned
- Yes, acute
- days since operation
- No

16b. Planned operation during this hospital stay

- Yes, today or tomorrow
- Yes, later
- No

17. Surgery type (single choice)

- Operated right after admission (acute)
- Planned after unscheduled admission
- Planned after scheduled admission
- None of the above
- I don't know
- Non-applicable (NA)

18. Surgical approach (single choice)

- Open surgery including converted
- Minimal invasive surgery (laparoscopy, robotics etc.)

19. Duration of operation

- Minor surgery (<1hour)
- Major surgery (>1hour)

20. Main organ operated / surgical procedure, planned or done(Single choice)

- Oesophagus
- Gastric
- Liver
- Pancreas
- Colorectal
- Gynecology
- Gynecology oncology
- Urology
- Urology oncology
- Cystectomy
- Bariatric
- Hip replacement
- Knee replacement
- Lung
- Cardiac
- Vascular
- Other
- I don't know

21. Indication to use of nutritional therapy(Single choice)

- No indication
- Expected prolonged postoperative fasting
- Preoperative malnutrition
- Ongoing surgical complication
- Patient does not eat enough
- Other
- I don't know

22. Days since nutritional therapy



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





Date

Patient number

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.
www.nutritionDay.org



nutritionDay
worldwide

nutritionDay in Hospital Patient outcome 30 days after nutritionDay

Date
Center-Code
Unit-Code

Discharge Date
(see box 1. for codes)

Discharge Diagnosis
(see box 1. for codes)

Additional ICD-10 codes
Enter up to 6 codes in the same order as in your records

Outcome code
(see box 2. for codes)

Readmission Code
(see box 3. for codes)

Admitted to ICU
within 30 days after nday

Re-operated after nday
under general anaesthesia

How many days after nday

Patient name, birthdate or patient sticker
These informations will be used by the Unit only.

Patient name, birthdate or patient sticker	dd.mm.yy	ICD-10 code	Additional ICD-10 codes						code	code	Admitted to ICU within 30 days after nday	Re-operated after nday under general anaesthesia	days
			1	2	3	4	5	6					

This information is for entry into the nutritionDay database.

1. Either use full ICD-10 codes or the codes below

- 0100 Infectious and parasitic diseases
- 0200 Neoplasms
- 0300 Blood and bloodforming organs and the immune mechanism
- 0400 Endocrine, nutritional and metabolic diseases
- 0500 Mental health
- 0600 Nervous system
- 0700 Eye and adnexa
- 0800 Ear and mastoid process
- 0900 Circulatory system
- 1000 Respiratory system

- 1100 Digestive system
- 1200 Skin and subcutaneous tissue
- 1300 Musculoskeletal system and connective tissue
- 1400 Genitourinary system
- 1500 Pregnancy, childbirth and the puerperium
- 1600 Conditions originating in the perinatal period
- 1700 Congenital / chromosomal abnormalities
- 1800 Symptoms, signs, abnormal clinical/lab findings
- 1900 Injury, poisoning
- 2000 External causes of morbidity and mortality (e.g. transport accidents, assaults)
- 2100 Factors influencing health status and contact with health services

2. Outcome Code

- 1 Still in the hospital
- 2 Transferred to another hospital
- 3 Transferred to long term care
- 4 Rehabilitation
- 5 Discharged home
- 6 Death
- 7 Others

3. Readmission Code (readmitted since nutritionDay)

- 1 No
- 2 Yes, same hospital planned
- 3 Yes, same hospital unplanned
- 4 Yes, different hospital planned
- 5 Yes, different hospital unplanned
- 6 Unknown



nutritionDay
worldwide

nutritionDay in Hospital
Patient outcome
30 days after nutritionDay

Date
Center-Code
Unit-Code

Patient name, birthdate or patient sticker
These informations will be used by the Unit only.

Patient number	Discharge Date dd.mm.yy	Discharge Diagnosis (see box 1. for codes)	Additional ICD-10 codes Enter up to 6 codes in the same order as in your records						code	code	Admitted to ICU within 30 days after nday	Re-operated after nday under general anaesthesia	How many days after nday
			ICD-10 code	ICD-10 code	ICD-10 code	ICD-10 code	ICD-10 code	ICD-10 code					
123456		1	2	3									
			4	5									
		1	2	3									
			4	5									
		1	2	3									
			4	5									
		1	2	3									
			4	5									

This information is forentry into the nutritionDay database.