

**Do you have a computerized documentation system in your hospital?**<sup>9</sup>  YES  NO

**Is nutritional treatment part of the overall care plan for oncology patients?**<sup>9</sup>  YES  NO

**If yes, in what way is it part of the comprehensive approach?**<sup>38</sup>

- routinely considered
- when a patient asks
- when body weight loss > 10%
- during the palliative phase
- other, please comment

**If not, because...**<sup>10</sup>

- lack of evidence
- no knowledge of the field
- no reimbursement
- it feeds the tumour
- other

**Which nutritional therapy is used for oncology patients?**<sup>10</sup>

- nutrition according to nutrition plan
- calculation of energy needs
- monitoring patients intake and supplementation with artificial nutrition when necessary
- none
- others

**If not, please indicate main reasons**<sup>10</sup>

- lack of evidence
- lack of experience
- no reimbursement
- lack of dietitians
- lack of other experts
- other

**How often do you assess the following parameters in oncology patients and which methods do you use?**<sup>39</sup>

	regularly	at every chemotherapy	when necessary	never	?
<b>Anthropometry/body composition</b>					
body weight	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Anthropometrics (circumference)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
BIA	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
CT scan	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
DEXA	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
other	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<b>body function</b>					
handgrip	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
6-minutes walking test	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
other	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<b>nutritional requirements, calculated</b>					
<b>nutritional intake</b>					
every meal	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
1 meal per day	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
2 meals per day	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
24h recall	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
other	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

**Who filled in this questionnaire (sheet 1 oncology)?**<sup>11</sup>

- dietician   
  nurse   
  physician   
  nutritional oncologist   
  other