<table>
<thead>
<tr>
<th>Main patient group admitted (please use code below)</th>
<th>number (morning shift)</th>
<th>in training</th>
<th>fully trained</th>
</tr>
</thead>
<tbody>
<tr>
<td>A internal medicine/general</td>
<td>Physicians</td>
<td></td>
<td></td>
</tr>
<tr>
<td>B internal medicine/gastroenterology &amp; hepatology</td>
<td>Consultants</td>
<td></td>
<td></td>
</tr>
<tr>
<td>C internal medicine/oncology (incl. radiotherapy)</td>
<td>Registrars</td>
<td></td>
<td></td>
</tr>
<tr>
<td>D internal medicine/cardiology</td>
<td>Nurse</td>
<td></td>
<td></td>
</tr>
<tr>
<td>E internal medicine/infectious diseases</td>
<td>Nursing Aide</td>
<td></td>
<td></td>
</tr>
<tr>
<td>F internal medicine/gynaecology</td>
<td>Dietitian</td>
<td></td>
<td></td>
</tr>
<tr>
<td>G neurology</td>
<td>Physiotherapist</td>
<td></td>
<td></td>
</tr>
<tr>
<td>H psychiatry</td>
<td>others (please describe)</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

People working on your unit (excluding persons cleaning only):

- Physicians
- Consultants
- Registrars
- Nurse
- Nursing Aide
- Dietitian
- Physiotherapist
- others (please describe)

Is there a person on your unit dedicated to nutritional care? **YES**

Is there a clinical nutrition team in your hospital? **NO**

Do you routinely use written procedures for nutritional care? **YES**

Which one?

- national guidelines **YES**
- local standards **YES**
- individual patient nutritional care plans **YES**
- other **YES**

Do you screen your patients at admission for risk of malnutrition? **YES**

Which screening tool do you use?

- Nutritional Risk Screening (NRS) 2002 **YES**
- Malnutrition Universal Screening Tool (MUST) **YES**
- national tool **YES**
- local tool **YES**
- experience **YES**
- other **YES**

If the patient is at risk for malnutrition or malnourished - what do you do? (Tick more than one if necessary)

- develop the individual nutrition care plan
- call a dietician
- call the nutrition support team
- call a gastroenterologist
- others

When do you weigh your patients? (Tick more than one if necessary)

- **at admission**
- every week
- occasionally
- **when requested**
- never

COMMENTS:
<table>
<thead>
<tr>
<th>Patient's Code</th>
<th>Nutrition Therapeutic</th>
<th>Lines &amp; Tubes</th>
<th>Affected Organs</th>
<th>Comorbidity</th>
</tr>
</thead>
<tbody>
<tr>
<td>1 = enteral Nutrition</td>
<td>CV = central venous</td>
<td>NG = nasogastric</td>
<td>1 = brain, nerves</td>
<td>9 = endocrine system</td>
</tr>
<tr>
<td>2 = parenteral Nutrition</td>
<td>NG = nasogastric</td>
<td>ES = enterostoma</td>
<td>2 = eye, ear</td>
<td>10 = skeleton, bone, muscle</td>
</tr>
<tr>
<td>3 = enteral + parenteral Nutrition</td>
<td>PEG = percutaneous endoscopy</td>
<td>NJ = nasojejunal</td>
<td>3 = nose, throat</td>
<td>11 = blood/bone marrow</td>
</tr>
<tr>
<td>4 = special diet</td>
<td>gastrostomy</td>
<td>PEG = percutaneous endoscopy</td>
<td>4 = heart, circulation</td>
<td>12 = skin</td>
</tr>
<tr>
<td>5 = protein/energy supplement</td>
<td>PEJ = percutaneous endoscopy</td>
<td>NJ = nasojejunal</td>
<td>5 = lung</td>
<td>13 = ischaemia</td>
</tr>
<tr>
<td>6 = hospital food</td>
<td>jejunostomy</td>
<td>PEG = percutaneous endoscopy</td>
<td>6 = liver</td>
<td>14 = cancer *)</td>
</tr>
<tr>
<td>7 = others</td>
<td>PPN = peripheral parenteral</td>
<td>PEJ = percutaneous endoscopy</td>
<td>7 = gastrointestinal tract</td>
<td>15 = infection</td>
</tr>
<tr>
<td></td>
<td>nutrition</td>
<td>NJ = nasojejunal</td>
<td>8 = kidney, urinary tract,</td>
<td>16 = pregnancy</td>
</tr>
<tr>
<td></td>
<td></td>
<td>PPN = peripheral parenteral</td>
<td>female genital tract</td>
<td>17 = others</td>
</tr>
<tr>
<td></td>
<td></td>
<td>nutrition</td>
<td></td>
<td>*) please fill in onco sheets 1-3</td>
</tr>
</tbody>
</table>

Each exponent corresponds to the numbers at the explanations.
Dear patient,
we would like to ask you to fill this questionnaire today to improve our nutritional care in the unit. We would like to know what you eat, how you feel and how active you are.

Thank you for helping!

Patient’s Initials  
First name: [ ]  
Last name: [ ]  
Year of birth: [ ]  
Gender (f/m): [ ]  
Your weight 5 years ago: [ ] kg  
I do not know: [ ]

Have you lost weight unintentionally within the last three months?  
- [ ] YES  
- [ ] NO  
- [ ] I do not know

If YES, how many kilos did your weight decrease?  
- [ ] 1-2 kg  
- [ ] 4-5 kg  
- [ ] 7-8 kg  
- [ ] 10-11 kg  
- [ ] 13-14 kg  
- [ ] I am not sure

- [ ] 2-3 kg  
- [ ] 5-6 kg  
- [ ] 8-9 kg  
- [ ] 11-12 kg  
- [ ] 14-15 kg  
- [ ] more than 15 kg

How well have you eaten during the last week?  
- [ ] normal  
- [ ] less than half of normal  
- [ ] less than a quarter to nearly nothing

I ate less because:  
- [ ] loss of appetite  
- [ ] nausea  
- [ ] problems with swallowing/chewing  
- [ ] others (please describe)

Can you walk without assistance?  
- [ ] YES  
- [ ] NO, only with assistance  
- [ ] NO, I stay in bed

How many pills and liquid medications do you take each day (total number)?  
- [ ] none  
- [ ] 1-2  
- [ ] 3-5  
- [ ] more than 5  
- [ ] I don’t know

In general would you say your health is?  
- [ ] excellent  
- [ ] very good  
- [ ] good  
- [ ] fair  
- [ ] poor

Did anyone help you to complete this questionnaire?  
- [ ] YES  
- [ ] NO
Please tick a circle to indicate how much you ate and drank during one meal (see example):

<table>
<thead>
<tr>
<th>~ 200ml</th>
<th>all</th>
<th>1/2</th>
<th>1/4</th>
<th>nothing</th>
</tr>
</thead>
<tbody>
<tr>
<td>2</td>
<td>1</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

I did not eat everything because (please tick):
- I was not hungry
- I had nausea/vomiting
- I was not allowed to eat
- I cannot eat without help
- I had an examination/surgery and missed my meal
- I ordered a smaller portion

Please indicate for one meal:

<table>
<thead>
<tr>
<th>all</th>
<th>1/2</th>
<th>1/4</th>
<th>nothing</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

I did not eat everything because (please tick):
- I was not hungry
- I was tired
- I had nausea/vomiting
- I normally eat less
- I was not allowed to eat
- I did not like the smell
- I cannot eat without help
- I did not like the taste
- I had an examination/surgery and missed my meal
- I ordered a smaller portion

This meal was:
- Lunch
- Dinner

Do you think you have your usual appetite today?
- YES
- NO

If NO, I am not hungry
- nausea
- others ____________

Do you eat any food apart from hospital food?
- YES
- NO

If YES, what do you eat?
- cakes, biscuits
- fresh fruits
- sandwches
- dairy products
- my favorite dish
- sweets
- fruit juice
- others ____________

Each exponent corresponds to the numbers at the explanations.
# Unit Patient list and outcome (all patients in the audit)

<table>
<thead>
<tr>
<th>Patient's Number</th>
<th>Initials</th>
<th>Unit room Nº</th>
<th>Sheet Nº</th>
<th>Sheet 2 patient Nº</th>
<th>Date hospital discharge dd/mm/yy</th>
<th>Outcome hospital discharge A,B,C……</th>
<th>Readmitted? (please tick YES or NO)</th>
<th>Comments</th>
</tr>
</thead>
<tbody>
<tr>
<td>5</td>
<td>Ma Mu</td>
<td>1</td>
<td>1</td>
<td>1</td>
<td>17.02.09</td>
<td>B</td>
<td>YES</td>
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</tr>
</tbody>
</table>

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