This document provides an overview over nDay hospital and oncology questionnaires and it provides explanations and definitions.

Hospital EXPRESS sheets
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Unit Sheet

General items:

Date: Insert the nutritionDay date of your data collection by entering (dd/mm/yyyy)**.**

Centre Code: Please insert the anonymous Code (1 to 9999) that you received from the coordinating center. Codes from previous years remain valid.

Unit code: Please insert the anonymous Code (1 to 9999) that you received from the coordinating center. Codes from previous years remain valid.

1. **Total number of beds in hospital:** Please enter the total bed capacity of the hospital. Please count the number of beds set up and staffed for use. Please do not consider the total number of beds which a hospital has been designed and constructed to contain nor how many beds are currently staffed.

2. **Total bed capacity of the unit:** Please enter the total bed capacity of the unit independent of how many beds are currently staffed.

3. **Number of registered inpatients at noon:** Please indicate the total number of patients that are present and registered at midday of nutritionDay. Please include patients who have been admitted earlier today or who have not yet been discharged.

4. **Main specialty**: Please choose the main speciality of this unit.

5. **Number of each type of staff in the unit for today's morning shift:** Please fill in the total number of people working on your unit on today's morning shift in both of the categories. Choose any morning shift if data of working staff is not fully available at point of data entry. Please also count external staff.

6. **Is there a dietician, nutritionist or dietetic assistant available for your unit?** Please answer the question with "Yes" if one of the above mentioned professions are permanently or partly available for the unit or if someone is available on request.

7. **How do you MAINLY screen/monitor patients for malnutrition?** Please answer this question separately for screening and monitoring (one option per column). Please choose only the tool which is mainly used for screening at admission and which tool is mainly used for monitoring during hospital stay. Please choose "no routine screening" or "no routine monitoring" if screening and monitoring are not routinely performed using a specific tool.

8. **When do you routinely weigh your patients?** Please mark all answering options that apply to the weighing routine on your unit.

9. **What do you do to support adequate food intake of patients?** Please mark all that are routinely offered or considered for patients in your unit.

About your patient sheet

Patient inclusion & general information

All patients in the unit should be provided with an individual patients ID and a minimum patient information (patient ID, year of birth, sex, date of admission and patient consent) should be collected. Data collection can be done by any person with access to the patient records.

Date: Insert the nutritionDay date of your data collection by entering (dd/mm/yyyy).

Centre Code: Please insert the anonymous Code (1 to 9999) that you received from the coordinating center. Codes from previous years remain valid.

Unit code: Please insert the anonymous Code (1 to 9999) that you received from the coordinating center. Codes from previous years remain valid.

Patient number (ID): Please assign an individual number (ID) to each patient present on nutritionDay. The ID of one patient should be the same on all sheets (2a, 2b, 3a, 3b and outcome). Please keep this record sheet in order to track patients later during data collection and for outcome data collection.

Patient Initials (4 initials): leave it empty - not needed

Year of birth: Please enter the patient's year of birth (e.g. 1973)

Date of admission: Please enter the date when the patient was admitted to this hospital like this: dd/mm/yyyy.

Sex: please tick the patient's sex (female/male)

Weight in (kg/pounds): Please enter the patient's most recently measured weight in kg or pounds if this patient was weighed during this hospital stay. If weight is not available please estimate the current weight of the patient or ask the patient for his/her current weight.

Height in (cm/ft./inch): Please enter the patient's measured height in cm or feet/inches if it was measured during this hospital stay. If the height is not available please estimate the height or ask the patient for his height.

Patient consent: Please indicate if the patient gave his/her oral or written consent to participate in nutritionDay. This project is considered an audit in many countries that does not necessitate a formal approval.

1. **Diagnosis at admission:** Please mark all diagnosis codes that apply at admission of this patient.
   Main reason for admission: Please indicate which of the above codes corresponds to the main reason for the current hospital admission.
2. **Which conditions/comorbidities does this patient have:** Please mark "Yes" or "No" for each of the indicated comorbidities/conditions if the patient is currently or in general suffering from it.
3. **Is this patient terminally ill?** Please indicate "Yes" if treatment limitations are considered or applied.
4. **Was this patient identified as malnourished or at risk of malnutrition?** Please indicate according to your assessment or as a result of a nutritional screening.
5. **Nutrition intake (TODAY):** please enter "Yes", "No" or "I do not know" for each line.

Regular hospital food is the standard food (including vegetarian option) available at the hospital that is unchanged in texture and without changes to micro- or macronutrients.

Fortified/enriched meals are with increased content to macronutrients (energy, fat, fibre, protein, fat, salt, etc.).

Special diets is when the regular hospital food is modified or replaced due to allergies, intolerances or swallowing problems. This includes diabetic diet, texture modified diets (processed meals, pureed meals, thickened fluids) and vegan diets or any other therapeutic diet (e.g. low fat, low salt, low carbohydrates,…).

As protein/energy supplements tick if the patient received oral nutritional supplements only or in addition to his meal.

6. **Fluid status:** Please indicate if the patient is overloaded, dehydrated or has normal fluid status.

Patient Sheet

General items:
Date: Insert the nutritionDay date of your data collection by entering (dd/mm/yyyy)**.**
Centre Code: Please insert the anonymous Code (1 to 9999) that you received from the coordinating center. Codes from previous years remain valid.
Unit code: Please insert the anonymous Code (1 to 9999) that you received from the coordinating center. Codes from previous years remain valid.

1. **Have you lost weight within the last 3 months?** Please indicate if the patient experienced a weight change and if this weight change was intentional or not. Tick "I do not know" if the patient does not remember.
   If yes, how many kg/pounds did you lose? Please indicate the kg/pounds or give an estimation. Tick "I do not know" if you do not remember.
2. **How well have you eaten in the week before you were admitted to the hospital?** Please tell us about the patient's eating behaviour prior to the hospital admission (not necessarily the week prior to nutritionDay).
3. **Please indicate how much hospital food you ate for lunch or dinner today?** Please tick one of the boxes below the plate that best describes how much you ate for the chosen meal.
   If you did not eat everything of your meal, please tell us why: Do mark all answering options that apply to the patient. Should no answering option be fitting, tick "other".
4. **Can you walk without assistance TODAY?** Please indicate to what extent the patient is mobile today.
5. **Today I feel…** Please indicate how the patient feels compared to the admission day.

Outcome sheet
Outcome: The outcome is evaluated 30 days after "nutritionDay".

General items
Date: Insert the nutritionDay date of your data collection by entering (dd/mm/yyyy)**.**
Centre Code: Please insert the anonymous Code (1 to 9999) that you received from the coordinating center. Codes from previous years remain valid.
Unit Code: Please insert the anonymous Code (1 to 9999) that you received from the coordinating center. Codes from previous years remain valid.
Patient number (ID): Please assign an individual number (ID) to each patient present on nutritionDay. The ID of one patient should be the same on all sheets (2a, 2b, 3a, 3b and outcome). Please keep this record sheet so that you can track patients later during data

collection and for outcome. All patients present on nutritionDay should be listed in the online database.

Patient Initials (4 initials): leave blank - not needed

Discharge Date: Please enter the date on which the patient was discharged as follows: dd/mm/yyyy. Please enter "-" if this patient was not yet discharged from this hospital.

Outcome: Please enter one of the outcome codes (1-7) that are provided on the bottom of the sheet.

Readmitted since nDay: Please enter one of the readmission codes (1-6) that are provided on the bottom of the sheet.