Please mark the correct boxes that apply to this patient

nutritionDay worldwide

nDay express
ABOUT YOUR PATIENT

Date | | | | | | | | |
Center-Code | | | | | |
Unit-Code | | | | | |

Patient number | | |

Year of birth | | | | |

Sex ○ Female ○ Male

Date of admission | | | | | | | | | | |

Weight | | | | | kg ○ estimated ○ measured

Height | | | | cm ○ estimated ○ measured

Patient consent ○ Yes ○ No

PLEASE CONTINUE ONLY IF PATIENT GAVE CONSENT!

1. This hospital admission was… ○ planned ○ an emergency ○ I do not know

1a. Diagnosis at admission (mark all that apply)

- ☐ 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

1b. Main reason for admission (choose only one code from above) | | | | |

2. Which conditions/comorbidities does this patient have? (mark an answer for each)

Cardiac insufficiency	○ Yes	○ No	Diabetes	○ Yes	○ No
Myocardial infarction	○ Yes	○ No	Cancer	○ Yes	○ No
Chronic lung disease	○ Yes	○ No	Infection	○ Yes	○ No
Cerebral vascular disease	○ Yes	○ No	Dementia	○ Yes	○ No
Peripheral vascular disease	○ Yes	○ No	Major depressive disorder	○ Yes	○ No
Chronic liver disease	○ Yes	○ No	Other chronic mental disorder	○ Yes	○ No
Chronic kidney disease	○ Yes	○ No	Other chronic disease	○ Yes	○ No

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

4. Was this patient identified as malnourished or at risk of malnutrition?

○ Malnourished ○ At risk ○ No ○ I do not know

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

Regular hospital food	○ Yes	○ No	○ I do not know
Fortified/enriched hospital food	○ Yes	○ No	○ I do not know
Protein/energy supplement (e.g. ONS drinks)	○ Yes	○ No	○ I do not know
Enteral nutrition	○ Yes	○ No	○ I do not know
Parenteral nutrition	○ Yes	○ No	○ I do not know
Special diet	○ Yes	○ No	○ I do not know

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

THANK YOU!

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