

Patient number

Please ASK the following questions DIRECTLY TO THE PATIENT!

Dear Patient,

we would like to ask you to fill this questionnaire today to improve our nutritional care in the unit. Additionally, the ward staff will be providing us with some basic information about your diagnosis and treatment. Your participation is voluntary and you can withdraw at any time without any change in your current medical treatment. No personal data such as name or date of birth will be processed or saved and processing will only be in (multiple) encrypted form.

The person shown below will be very happy to answer any additional questions you may have.

Contact Person

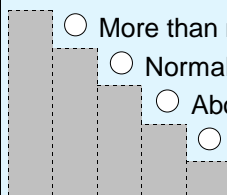
1a. Have you lost weight within the last 3 months?

- Yes, intentionally
 Yes, unintentionally
 No, my weight stayed the same
 No, I gained weight
 I do not know

1b. If yes, how many kg did you lose?
 kg

 I do not know

2. 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

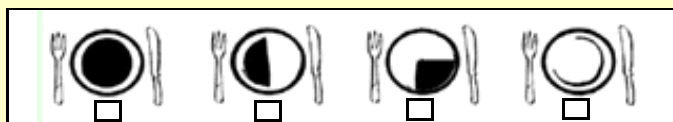
3a. Please indicate how much hospital food you ate for lunch or dinner TODAY:

about all

1/2

1/4

nothing


3b. If you did not eat everything of your meal, please tell us why: (mark all that apply)

- I do not have my usual appetite
 I was not hungry at that time
 I did not like the type of food offered
 I did not like the smell/taste of the food
 I was not allowed to eat
 I had an exam, surgery, or test and missed my meal
 I normally eat less than what was served
 I have problems chewing/swallowing
 I had nausea/vomiting
 I was too tired
 Other

4. Can you walk without assistance TODAY?

- Yes
 No, only with assistance
 No, I stay in bed

5. TODAY I feel...

- Stronger than at admission
 Weaker than at admission
 Same as at admission
 I was admitted today
 I do not know

THANK YOU!