Please mark the correct boxes

nutritionDay worldwide

COVID-19

Date | | | | | | | | |

Center-Code | | | | | |

Unit-Code | | | | | |

Patient number | | | |

1. Are you COVID-19 positive TODAY?

○ Yes ○ No ○ I do not know

2. Have you been tested positive in the last:

○ month ○ 3 months ○ 6 months ○ ≥1year?

3. Have you been hospitlized during your COVID-19 infection?

○ Yes ○ No ○ I do not know

THANK YOU!