Patient information and consent

Dear Patient,

We would like to invite you to participate in this important one-day audit project which will be performed on the same day in many different primary healthcare institutions worldwide.

Your participation is voluntary and you can withdraw at any time without any change in your current medical treatment. Please fill in the questionnaire when you have read and understood this information sheet.

This audit has been reviewed by an ethical committee.

The aim of the audit is to assess, on one single day, how nutrition care is managed in primary care settings worldwide. The information collected will help healthcare professionals to improve the nutritional care of their patients and it will serve as basis for independent quality control of services.

The audit is based on two questionnaires. The patient questionnaire consists of 1 sheets. It will take approximately 5 minutes to do this.

> The **patient sheet** asks very easily if your weight has changed during the last 3 months, how much you have eaten the day before this doctor visit and if you have been eating less last week and why, if you have been recently hospitalized or had surgery, how many pills do you take per day and how well do you feel today.

If you have any questions or need help with filling in the questionnaires, please ask one of the staff members.

Additionally, the primary healthcare staff will provide information on some basic information about your diagnosis, treatment and outcome in the next 30 days. They will do this using a further questionnaire.

We would like to draw your attention to the fact that this questionnaire is available in several languages. If you preferred to complete the questionnaire in another language please ask the staff to get this for you.

All this information will be collected **without** any identifying information such as your name and date of birth. It is extremely important that your anonymity is ensured at all stages of this audit and only the clinical staff looking after you have access to information where your name is documented.

The transfer of your information to the “nutritionDay” coordinating Center at the Medical University of Vienna (Austria), is done only for statistical analysis. No reference to your name will be available during this analysis. Your name will not appear in the planned publication.

If you do not want to take part in this audit, please draw a line through the questionnaire, sign it and hand it back to the staff member in your ward. This will not make any difference to the treatment that you are receiving.

I have read this letter and **I agree / do not agree** to take part in this project

Patient name: .....
Signature: .....