nutritionDay
WORLDWIDE

Patient information and consent

Dear Patient,

nutritionDay worldwide

We would like to invite you to participate in this important one-day audit project which will be performed worldwide on the same day in many different hospitals and units. We are hoping to recruit several thousand patients.

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 this information sheet and you are sure that you understand your rights as a participant.

This audit has been reviewed by the ethical committee of your hospital.

The aim of the audit is to assess, on one single day, how nutrition is managed in hospitals worldwide. The information we will collect will, eventually, help all hospitals to improve the nutritional care of their patients and it will also become the basis for independent quality control projects.

The audit is based on three questionnaires. The patient questionnaire consists of 2 sheets (3a and 3b) and one additional sheet (sheet 3_onco) in case you are diagnosed with cancer. It will take approximately 20 minutes to do this.

The **first sheet** describes whether your weight has changed during the last 3-6 months. We would also like to know what you ate during the last week before hospital admission.

The **second sheet** will tell us how much you eat and drink during the "nutritionDay" itself as well as any reasons for eating less than you were offered.

In case you are diagnosed with cancer a further sheet will be distributed to you. This **third sheet** asks you about your eating behavior, your weight, appetite and general activity level.

If you have any questions or need help with filling in the questionnaires, please don't hesitate to ask one of the unit- staff members.

Additionally, the ward staff will be providing us with some basic information about your diagnosis and treatment. They will do this using a further questionnaire.

We would like to draw your attention to the fact that this questionnaire is available in 30 languages. If you preferred to complete the questionnaire in another language please ask the ward 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.

nutritionDay
WORLDWIDE

The transfer of your information to the “nutritionDay” coordinating Centre in 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

The person shown below will be very happy to answer any additional questions you may have. If they are not actually on the ward, they can be contacted by a member of the ward staff to come and see you:

Contact person -1: ……

Phone / bleep : ……

Contact person -2: ……

Phone/ bleep: ……

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: .....