



Date

Center-Code

Unit-Code

1. Total number of beds in hospital

2. Number of registered inpatients at noon

3. Total bed capacity of the unit

4a. Main specialty (choose only one)

Internal Medicine

- General
- Cardiology
- Gastroenterology & hepatology
- Geriatrics
- Infectious diseases
- Nephrology
- Oncology (incl. radiotherapy)

Surgery

- General
- Cardiac/Vascular/Thoracic
- Neurosurgery
- Orthopedic
- Trauma
- Urology
- Bariatric

- Ear Nose Throat (ENT)
- Gynecology / Obstetrics
- Neurology
- Psychiatry
- Pediatrics
- Interdisciplinary
- Long term care
- Hospital care at home
- Others

4b. For surgical units only

- a) Do you do ERAS?\*  Yes  No  I do not know
- b) Do you have an ERAS protocol?
- c) Do you have an ERAS team?
- d) Do you audit your ERAS results or practice?

5. Number of each type of staff in the unit for TODAY's morning shift (excluding cleaning and temporary nDay staff)

Medical doctors

Nurses

6. Is there a dietician, nutritionist or dietetic assistant available for your unit?  Yes  No  I do not know

7. How do you MAINLY screen/monitor patients for malnutrition? (choose only one answer per column)

At admission

- No routine screening
- No fixed criteria
- Experience / visual assessment only
- Weighing / BMI only
- Nutritional Risk Screening (NRS) 2002
- Malnutrition Universal Screening Tool (MUST)
- Malnutrition Screening tool (MST)
- SNAQ
- Other formal tool

During hospital stay

- No routine monitoring
- No fixed criteria
- Experience / visual assessment only
- Weighing / BMI only
- Other formal tool

8. When do you routinely weigh your patients? (mark all that apply)

- at admission
- Within 24 hours
- Within 48 hours
- Within 72 hours
- Every week
- Occasionally
- When requested
- At discharge
- Never

9. What do you do to support adequate food intake of patients? (mark all that apply)

- Offer additional meals or in between snacks
- Offer meal choices
- Offer different portion sizes
- Consider food presentation
- Change food texture/consistency as needed
- Consider patient problems with eating and drinking
- Ensure that mealtimes are undisturbed/protected mealtime policy
- Promote positive eating environment
- Consider cultural/religious preferences
- Consider patient allergies / intolerances
- Other

THANK YOU!

for participating to nutritionDay in Hospital.

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Date [ ] [ ] [ ] [ ] [ ] [ ]

Patient number [ ] [ ] [ ] [ ] [ ] [ ]

PLEASE CONTINUE ONLY IF PATIENT GAVE CONSENT!

Date of admission [ ] [ ] [ ] [ ] [ ] [ ]

Year of birth (yyyy) [ ] [ ] [ ] [ ]

This hospital admission was

- planned
an emergency
I do not know

Sex Female Male Others

Weight Height lb. in. estimated measured

- 1. Diagnosis at admission (mark all that apply)
2. Main reason for admission (choose only one code from above)
3. Which conditions/comorbidities does this patient have? (mark all that apply)

ICD-10 DIAGNOSIS (1) (2) Nervous system, Mental health, Eye and adnexa, Ear and mastoid process, Circulatory system, Respiratory system, Endocrine, nutritional and metabolic diseases, Digestive system, Genitourinary system, Musculoskeletal system and connective tissue, Skin and subcutaneous tissue, Infectious and parasitic diseases, Neoplasms, Blood and bloodforming organs and the immune mechanism, Symptoms, signs, abnormal clinical/lab findings, External causes of morbidity and mortality (e.g. transport accidents, assaults), Pregnancy, childbirth and the puerperium, Conditions originating in the perinatal period, Congenital/chromosomal abnormalities, Injury, poisoning, Factors influencing health status and contact with health services, None of the above. (3) SPECIFIC COMORBIDITIES: Cerebral vascular disease, Dementia, Major depressive disorder, Chronic mental disorder, Myocardial infarction, Cardiac insufficiency, Chronic lung disease, Chronic liver disease, Chronic kidney disease, GI disease/problems, Urological disease/problems, Muskel-skeletal disease, Arthritis, Skin problems, Peripheral vascular disease. GENERAL COMORBIDITIES: Pain, Fatigue, Infection, Diabetes, Hypertension, Hyperlipidaemia, Endocrinal disease, Cancer (active), History of cancer, Other chronic disease. OTHER COMORBIDITIES, NO COMORBIDITIES.

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

5. Was this patient identified as malnourished or at risk of malnutrition? Malnourished At risk No I do not know

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

Table with 3 columns: Item, Yes, No, I do not know. Rows: Regular hospital food, Fortified/enriched hospital food, Special diet, Protein/energy supplement (e.g. ONS drinks), Enteral nutrition, Parenteral nutrition.

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



Date

Patient number

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



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



about all



1/2



1/4



nothing

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

- I did not like the type of food offered
- I did not like the smell of the food
- I did not like the taste of the food
- The food did not fit my cultural/religious preferences
- The food was too hot
- The food was too cold
- Due to food allergy/intolerance
- I was not hungry at that time
- I do not have my usual appetite
- I have problems chewing/swallowing
- I normally eat less than what was served
- I had nausea/vomiting
- I was too tired
- I cannot eat without help
- I was not allowed to eat
- I had an exam, surgery, or test and missed my meal
- I did not get requested food



**5. Can you walk without assistance TODAY?**

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



**6. TODAY, compared to admission I feel**

- Stronger
- Weaker
- Same
- I was admitted today
- I do not know

**7. In general, how would you say your health is?**

- Very good
- Good
- Fair
- Poor
- Very poor

**THANK YOU!**  
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## nutritionDay in Hospital Patient outcome 30 days after nutritionDay

Date  
Center-Code  
Unit-Code

|  |  |  |  |  |  |  |  |  |  |
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**Discharge Date**  
(see box 1. for codes)

**Discharge Diagnosis**  
(see box 1. for codes)

**Additional ICD-10 codes**  
Enter up to 6 codes in the same order as in your records

**Outcome code**  
(see box 2. for codes)

**Readmission Code**  
(see box 3. for codes)

**Admitted to ICU**  
within 30 days after nday

**Re-operated after nday**  
under general anaesthesia

**How many days after nday**

**Patient name, birthdate or patient sticker**  
These informations will be used by the Unit only.

| Patient number | dd.mm.yy | ICD-10 code | ICD-10 code |   |   |   |   |   | code | code | days |
|----------------|----------|-------------|-------------|---|---|---|---|---|------|------|------|
|                |          |             | 1           | 2 | 3 | 4 | 5 | 6 |      |      |      |
| 123456         |          |             | 1           | 2 | 3 |   |   |   |      |      |      |
|                |          |             | 4           | 5 | 6 |   |   |   |      |      |      |
|                |          |             | 1           | 2 | 3 |   |   |   |      |      |      |
|                |          |             | 4           | 5 | 6 |   |   |   |      |      |      |
|                |          |             | 1           | 2 | 3 |   |   |   |      |      |      |
|                |          |             | 4           | 5 | 6 |   |   |   |      |      |      |

This information is for entry into the nutritionDay database.

**1. Either use full ICD-10 codes or the codes below**

|   |  |
|---|--|
| 0100 Infectious and parasitic diseases                      | 1100 Digestive system  |
| 0200 Neoplasms  | 1200 Skin and subcutaneous tissue  |
| 0300 Blood and bloodforming organs and the immune mechanism | 1300 Musculoskeletal system and connective tissue                                    |
| 0400 Endocrine, nutritional and metabolic diseases          | 1400 Genitourinary system  |
| 0500 Mental health  | 1500 Pregnancy, childbirth and the puerperium  |
| 0600 Nervous system   | 1600 Conditions originating in the perinatal period                                  |
| 0700 Eye and adnexa   | 1700 Congenital / chromosomal abnormalities  |
| 0800 Ear and mastoid process                                | 1800 Symptoms, signs, abnormal clinical/lab findings                                 |
| 0900 Circulatory system                                     | 1900 Injury, poisoning   |
| 1000 Respiratory system                                     | 2000 External causes of morbidity and mortality (e.g. transport accidents, assaults) |
|   | 2100 Factors influencing health status and contact with health services              |

**2. Outcome Code**

- Still in the hospital
- Transferred to another hospital
- Transferred to long term care
- Rehabilitation
- Discharged home
- Death
- Others

**3. Readmission Code (readmitted since nutritionDay)**

- No
- Yes, same hospital planned
- Yes, same hospital unplanned
- Yes, different hospital planned
- Yes, different hospital unplanned
- Unknown



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**nutritionDay in Hospital**  
Patient outcome  
**30 days after nutritionDay**

Date  
Center-Code  
Unit-Code

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**Patient name, birthdate or patient sticker**  
These informations will be used by the Unit only.

| Patient name, birthdate or patient sticker<br>These informations will be used by the Unit only. | Patient number | Discharge Date |             | Discharge Diagnosis<br>(see box 1. for codes) |             | Additional ICD-10 codes<br>Enter up to 6 codes in the same order as in your records |   |   |   |   |   | code | code | Admitted to ICU<br>within 30 days after nday | Re-operated after nday<br>under general anaesthesia | How many days<br>after nday |  |
|---|----------------|----------------|-------------|---|-------------|---|---|---|---|---|---|------|------|--|---|-----------------------------|--|
|   |                | dd.mm.yy       | ICD-10 code | ICD-10 code                                   | ICD-10 code | 1   | 2 | 3 | 4 | 5 | 6 |      |      |  |   |                             |  |
|   | 123456         |                |             |   | 1           |   | 2 |   | 3 |   |   |      |      |  |   |                             |  |
|   |                |                |             |   | 4           |   | 5 |   | 6 |   |   |      |      |  |   |                             |  |
|   |                |                |             |   | 1           |   | 2 |   | 3 |   |   |      |      |  |   |                             |  |
|   |                |                |             |   | 4           |   | 5 |   | 6 |   |   |      |      |  |   |                             |  |
|   |                |                |             |   | 1           |   | 2 |   | 3 |   |   |      |      |  |   |                             |  |
|   |                |                |             |   | 4           |   | 5 |   | 6 |   |   |      |      |  |   |                             |  |
|   |                |                |             |   | 1           |   | 2 |   | 3 |   |   |      |      |  |   |                             |  |
|   |                |                |             |   | 4           |   | 5 |   | 6 |   |   |      |      |  |   |                             |  |

This information is forentry into the nutritionDay database.