



<b>Date</b>	<input style="width:100%;" type="text"/>	<b>Center-Code</b>	<input style="width:100%;" type="text"/>
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**1. Total number of beds in hospital**

<b>2. Number of registered inpatients at noon</b> <input style="width:40px;" type="text"/>	<b>3. Total bed capacity of the unit</b> <input style="width:40px;" type="text"/>
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**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?*                            | <input type="radio"/> Yes | <input type="radio"/> No | <input type="radio"/> I do not know |
| b) Do you have an ERAS protocol?               | <input type="radio"/>     | <input type="radio"/>    | <input type="radio"/>               |
| c) Do you have an ERAS team?                   | <input type="radio"/>     | <input type="radio"/>    | <input type="radio"/>               |
| d) Do you audit your ERAS results or practice? | <input type="radio"/>     | <input type="radio"/>    | <input type="radio"/>               |

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

Medical doctors	<input style="width:100%;" type="text"/>
Nurses	<input style="width:100%;" type="text"/>

**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)**

- |                                       |  |   |                                       |
|---------------------------------------|--|---|---------------------------------------|
| <input type="checkbox"/> at admission | <input type="checkbox"/> Within 24 hours | <input type="checkbox"/> Every week     | <input type="checkbox"/> At discharge |
|                                       | <input type="checkbox"/> Within 48 hours | <input type="checkbox"/> Occasionally   | <input type="checkbox"/> Never        |
|                                       | <input type="checkbox"/> Within 72 hours | <input type="checkbox"/> When requested |                                       |

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

- |   |  |
|---|--|
| <ul style="list-style-type: none"> <li><input type="checkbox"/> Offer additional meals or in between snacks</li> <li><input type="checkbox"/> Offer meal choices</li> <li><input type="checkbox"/> Offer different portion sizes</li> <li><input type="checkbox"/> Consider food presentation</li> <li><input type="checkbox"/> Change food texture/consistency as needed</li> <li><input type="checkbox"/> Consider patient problems with eating and drinking</li> </ul> | <ul style="list-style-type: none"> <li><input type="checkbox"/> Ensure that mealtimes are undisturbed/protected mealtime policy</li> <li><input type="checkbox"/> Promote positive eating environment</li> <li><input type="checkbox"/> Consider cultural/religious preferences</li> <li><input type="checkbox"/> Consider patient allergies / intolerances</li> <li><input type="checkbox"/> Other</li> </ul> |
|---|--|

**THANK YOU!**  
for participating to nutritionDay in Hospital.  
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\* ERAS = Enhanced Recovery After Surgery



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 kg cm 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 include 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


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

Patient number	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						code	code	Admitted to ICU within 30 days after nday (see box 3. for codes)	Re-operated after nday under general anaesthesia	How many days after nday
			dd.mm.yy	ICD-10 code	1	2	3	4					
123456													

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
- 0200 Neoplasms
- 0300 Blood and bloodforming organs and the immune mechanism
- 0400 Endocrine, nutritional and metabolic diseases
- 0500 Mental health
- 0600 Nervous system
- 0700 Eye and adnexa
- 0800 Ear and mastoid process
- 0900 Circulatory system
- 1000 Respiratory system

- 1100 Digestive system
- 1200 Skin and subcutaneous tissue
- 1300 Musculoskeletal system and connective tissue
- 1400 Genitourinary system
- 1500 Pregnancy, childbirth and the puerperium
- 1600 Conditions originating in the perinatal period
- 1700 Congenital / chromosomal abnormalities
- 1800 Symptoms, signs, abnormal clinical/lab findings
- 1900 Injury, poisoning
- 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

- 1 Still in the hospital
- 2 Transferred to another hospital
- 3 Transferred to long term care
- 4 Rehabilitation
- 5 Discharged home
- 6 Death
- 7 Others

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

- 1 No
- 2 Yes, same hospital planned
- 3 Yes, same hospital unplanned
- 4 Yes, different hospital planned
- 5 Yes, different hospital unplanned
- 6 Unknown



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

Date  
Center-Code  
Unit-Code


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

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			ICD-10 code	ICD-10 code	ICD-10 code	ICD-10 code	ICD-10 code	ICD-10 code					
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.