



PATIENT SHEET
SHEET 3a

Date

Center-Code

Unit-Code

Patient number

Patients Initials

1. What are your typical dietary habits? (mark all that apply)

- | | |
|--|---|
| <input type="checkbox"/> No special dietary habits | <input type="checkbox"/> I avoid carbohydrates |
| <input type="checkbox"/> I am vegetarian | <input type="checkbox"/> I eat a low fat-diet |
| <input type="checkbox"/> I adhere to a vegan diet | <input type="checkbox"/> I am lactose intolerant |
| <input type="checkbox"/> I eat gluten-free diet | <input type="checkbox"/> Other special diet due to intolerances/allergies |
| <input type="checkbox"/> I avoid added sugars | <input type="checkbox"/> Other |

2. Where did you live before your current hospital admission?

- | | |
|---|---|
| <input type="radio"/> At home | <input type="radio"/> I was transferred from another hospital |
| <input type="radio"/> In a nursing home or other live-in facility | <input type="radio"/> Other |

3. In general, are you able to walk?

- | | |
|--|---|
| <input type="radio"/> Yes | <input type="radio"/> No, I have a wheelchair |
| <input type="radio"/> Yes, with someone's help | <input type="radio"/> No, I am bedridden |
| <input type="radio"/> Yes, independently using a cane, walker, or crutches | |

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

- Very good Good Fair Poor Very poor

5. Over the last 12 months prior to your current hospital admission approximately...

- ... how many times have you seen a doctor? times
- ... how many times have you been admitted to the hospital (Emergency room, any ward)? times
- ... how many nights in total have you spent in hospital? nights

6. How many different medications do you take routinely each day (prior to hospitalisation)?

- | | |
|-----------------------------------|-------------------------------------|
| <input type="radio"/> 1-2 | <input type="radio"/> None |
| <input type="radio"/> 3-5 | <input type="radio"/> I do not know |
| <input type="radio"/> More than 5 | |

7. Do you have health insurance?

- | | |
|---|--|
| <input type="radio"/> Yes, private insurance only | <input type="radio"/> No |
| <input type="radio"/> Yes, public insurance only | <input type="radio"/> I prefer not to answer |
| <input type="radio"/> Yes, both | |

8. What was your weight 5 years ago?

lb. I do not know

9a. Have you lost weight within the last 3 months?

- | | |
|---|---|
| <input type="radio"/> Yes, intentionally | <input type="radio"/> No, I gained weight |
| <input type="radio"/> Yes, unintentionally | <input type="radio"/> I do not know |
| <input type="radio"/> No, my weight stayed the same | |

9b. If yes, how many kg did you lose?

lb. I do not know

10. Did you know about your hospitalisation two days before admission?

- Yes No

11. Please indicate if you ...

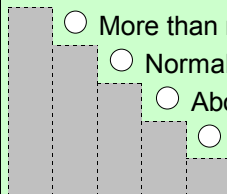
... were weighed at admission	<input type="radio"/> Yes	<input type="radio"/> No	<input type="radio"/> I do not know
... were informed about your nutrition status	<input type="radio"/> Yes	<input type="radio"/> No	<input type="radio"/> I do not know
... were informed about nutrition care options	<input type="radio"/> Yes	<input type="radio"/> No	<input type="radio"/> I do not know
... received special nutrition care	<input type="radio"/> Yes	<input type="radio"/> No	<input type="radio"/> I do not know

Please continue with Sheet 3b

Patient number

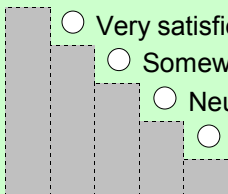
Patients Initials

12. 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

13. In general, how satisfied are you with the food at the hospital?



Very satisfied
 Somewhat satisfied
 Neutral
 Dissatisfied
 Very dissatisfied
 I do not know

14. Did you get any help with eating TODAY?

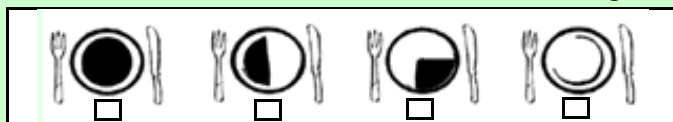
Yes, from family or friends
 Yes, from hospital staff
 No

15. Were you able to eat without interruption TODAY?

Yes
 No

16a. Please indicate how much hospital food you ate for lunch or dinner TODAY:

about all 1/2 1/4 nothing



16b. The portion size of the meal I ordered TODAY was...

standard
 smaller
 larger
 I do not know

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

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

18. Enter the number of glasses/cups of the drinks you consumed in the last 24 hours

<input type="text"/> Water	<input type="text"/> Coffee	<input type="text"/> Fruit juice	<input type="text"/> Nutrition drink
<input type="text"/> Tea	<input type="text"/> Milk	<input type="text"/> Soft drinks	<input type="text"/> Other

19a. Did you eat any food apart from hospital food TODAY?

Yes No

19b. If yes, what did you eat?

<input type="checkbox"/> Sweet snacks	<input type="checkbox"/> Dairy products
<input type="checkbox"/> Salty snacks	<input type="checkbox"/> Food delivered/restaurant
<input type="checkbox"/> Homemade food	<input type="checkbox"/> Sandwich
<input type="checkbox"/> Fruits	<input type="checkbox"/> Other

20. How has your food intake changed since your hospital admission?

Increased Decreased Stayed the same I do not know

21. TODAY I feel...

Stronger than at admission
 Weaker than at admission
 Same as at admission
 I was admitted today I do not know

22. Can you walk without assistance TODAY?

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

23. Did anyone help you complete this questionnaire?

Yes No

THANK YOU!