

General items:

- Date:** Insert the nutritionDay date 06/11/2014.
- Center Code:** Please insert the anonymous Code (1 to 9999) that you received from the coordinating center. Codes from previous years remain valid.
- Unit Code:** Please insert the anonymous Code (1 to 9999) that you received from the coordinating center. Codes from previous years remain valid.
- Patient (4 initials):** Insert patient's initials by writing the two first letters of the first name and the two first letters of the last name into the boxes, e.g. Peter Smith => **PE SM**
- Patient's number:** Please give each patient a number and keep this record sheet (=> **"Patient list"**) so that you can tack them later (for outcome).
The same number has to be filled into the appropriate sheets 3a and 3b.
- Gender:** Please fill in patient's gender (**f**=female, **m**=male)
- Year of birth:** Please complete this way: 1970
- Please choose one of the possible answers or indicate other answers on the dotted line.
- Please answer this question by ticking **"YES"** or **NO"**
- Please answer this question by choosing the correct answer. You can tick more than one if necessary.
- Tick the correct answer or choose the last option.
- Please choose one of the possible answers and mark an X.

SHEET 1 „unit staff“:

- Actual number of beds that are staffed:** Please fill in the number of beds that are staffed at the moment.
- Maximum number of beds in the unit:** Please fill in the maximum number of beds in your unit.
- Main patient group admitted:** Please use the code below. Please indicate other patient groups on the line.
- People working on the unit (excl. persons cleaning only):** Insert the total number of people working on your unit (physicians, consultants, nurses etc.) on nutritionDay and indicate who is "in training" or "fully trained". Please exclude cleaning staff unless they are involved in food service.
- Comments:** Please write any additional information for us or report any problems you had completing the questionnaires.

The form is titled 'SHEET 1' and includes the following sections:

- Header:** Date, Centre Code, Unit Code.
- Staffing:** Actual number of beds that are staffed, Maximum number of beds in the unit.
- Main patient group admitted:** A list of medical specialties (e.g., Internal medicine/general, Cardiorespiratory surgery, etc.) with checkboxes for selection.
- People working on your unit:** A table with columns for 'number (among staff)', 'in training', and 'fully trained'. Rows include Physicians/Consultants, Registrars, Nurse, Nursing Aide, Dietician, Dietetic assistant, Physiotherapist, and others.
- Malnutrition Screening:** Questions about dedicated staff, clinical nutrition teams, and written procedures.
- Screening Tools:** Questions about national guidelines, local standards, and specific tools like NRS 2002, MUST, and local tools.
- Risk Assessment:** A table to record risk levels for malnourished patients.
- Weighting:** A question about how often patients are weighed.
- Comments:** A text area for additional information.

SHEET 2 („unit all patients“):

Patient inclusion:

All adult patients present within the unit from 0700hr to 0700hr ie from the start of the first nursing shift start on Day 1 to the start of the first shift on Day 2 including all admissions and discharges within the period.

18. **Sheet number:** Depending on the number of patients admitted to your unit, you will eventually need more than one of these sheets. Please indicate the number here.

19. **Patient's code 1+2:** For Patient's code 1 please indicate whether the patient needs help for filling in the questionnaires (**H**), is not applicable (**NA**) or did not give consent (**C**) to participate in the audit. The code is given below on the sheet. For Patient's code 2 please indicate whether the patient is terminally ill (**t**) or is not terminally ill (**n**).

20. **Weight/Height:** Please insert weight/height in kg/cm

21. **How many different drugs orally?:** Please insert how many **different** sorts of pills and liquid medications the patient/resident is ordered to take in orally.

22. **Days since hospital admission:** Please fill in the number of days the patient has spent in your hospital. Attention: please include the nutritionDay in this interval.

23. **ICU stay:** Did the patient stay on an ICU? Please answer with **Y** (=Yes) or **N** (=No)

24. **Time since operation:** Please fill in the number of days that have passed since the operation. Attention: please include the nutritionDay in this interval.

25. **Nutrition therapeutic code (1,2,3,4,...special diet= e.g. lactose-free, sodium-free,... nutrition, except diabetes diet):** The “Nutrition therapeutic-code is given below on the sheet. Please insert the corresponding number.

26. Please answer the question by using the codes given below on sheet 2. *)For question “affected organs”: if 14=cancer is applicable to the patient please also complete onco sheets 1-3. Please download the relevant documents from the nutritionDay website under questionnaires.

NUTRITION THERAPEUTIC CODE

M = needs help completing the sheets	1 = enteral nutrition	2 = parenteral nutrition	3 = enteral + parenteral nutrition	4 = special diet	5 = protein/energy supplement	6 = hospital food	7 = others
NA = not applicable	C = did not give consent	t = terminally ill	n = not terminally ill				

LINES & TUBES

CV = central venous	NI = nasogastric	PE = percutaneous endoscopy / surgical gastrostomy	PEJ = percutaneous endoscopy / surgical jejunostomy	PPN = peripheral parenteral nutrition	ST = others
---------------------	------------------	--	---	---------------------------------------	-------------

Affected Organs:

1 = brain, nerves	9 = endocrine system
2 = skin, eye	10 = diabetes, liver, muscle
3 = nose, throat	11 = blood/liver function
4 = heart, circulation	12 = liver
5 = lung	13 = substance
6 = bone	14 = cancer
7 = gastrointestinal tract	15 = infection
8 = kidney, urinary tract	16 = immunology
9 = genital tract	17 = others

COMORBIDITY

1 = Diabetes I/II	2 = Stroke
3 = COPD	4 = myocardial infarction
5 = cardiac insufficiency	6 = others

- 35. **Date hospital discharge:** Please insert the date of hospital discharge: dd/mm/yyyy
- 36. **Outcome hospital discharge (A, B, C, ...):** The "Outcome"-Code is given on the sheet. Please insert the letter corresponding with the code. (D = rehabilitation includes rehab centre in hospital, rehab centres of another hospital or independent rehab centres)
- 37. **Comments:** Please write any additional information for us or report any problems you had completing the questionnaires.

Sheet 1_ oncology (unit's nutritional cancer strategy):

Sheet 1_ oncology should be filled in by unit staff. This sheet gives information on oncology related unit organization and unit structures on your ward.

- 38. **Please answer this question by choosing the correct answer.** You can tick more than one if necessary or indicate other options in the last row.
- 39. **Please answer the question for each row by ticking the correct answer given in the columns.** Please choose only one of the possible answers given in the columns or choose the last option.

Sheet 2_ onco (unit all patients with cancer):

All adult patients present within the unit from 0700hr to 0700hr ie from the start of the first nursing shift start on Day 1 to the start of the first shift on Day 2 including all admissions and discharges within the period.

- 40. **Outpatient/ward:** Please indicate whether the patient is admitted into a ward (**w**) or is treated in outpatient care (**o**).
- 41. **Goal of therapy:** please indicate c, p, or t for each patient: **c=curative** - goal of therapy is to cure the cancer, **p= palliative** – life-prolonging therapy (cure of cancer illness is not possible) or **t=terminal** – patient will die due to his cancer illness any time soon.
- 42. **Reason for admission:** Please insert the reason for the actual hospital admission. Please choose the corresponding number. The code is given below on the sheet.
- 43. **Actual cancer diagnosis:** Please insert the actual cancer diagnosis. Please choose the corresponding number. The code is given below on the sheet.
- 44. **Time since cancer diagnosis:** Please insert how long ago the actual cancer of the patient was diagnosed. Please choose the corresponding number. The code is given below on the sheet.

45. **Cancer Staging:** Please indicate the stage of the actual cancer of the patient. Please select the applicable stage from 0-IV of the staging system given on the sheet.
46. **Time since first therapy start of actual cancer diagnosis:** Please insert how long ago the therapy started. Please choose the corresponding number. The code is given below on the sheet.
47. **Therapy situation:** Please insert the actual therapy situation of the patient. Please choose the corresponding number. The code is given below on the sheet.
48. **Infections:** Please insert if the patient has an infection. Please choose **(1)** if the patient does not have an infection, **(2)** if the infection is local or **(3)** if the patient has a general infection. Please choose the corresponding number. The code is also given below on the sheet.
49. **Laboratory parameter (CRP):** Please insert the laboratory parameter CRP of the patient **only if the parameter is already assessed**. Please also choose if the laboratory parameter is indicated in mg/dL or mg/L.
50. **Labaratory parameter (Albumin):** Please insert the laboratory parameter Albumin of the patient **only if the parameter is already assessed**. Please also choose if the laboratory parameter is indicated in g/L or g/dL.
51. **Nutrition treatment:** Please insert the actual nutrition treatment of the patient. Please choose the corresponding number. The code is given below on the sheet.

Sheet 3_onco - Patient sheet:

Date, Patient's number and initials, Centre and Unit Code should be filled in by unit staff.

52. **Your standard weight before your cancer illness:** Please insert your standard weight before your cancer illness in kg. Skip the question if you don't know.
53. **Your actual weight:** Please insert your actual weight in kg. Skip the question if you don't know.
54. **Change in weight:** please indicate if you lost or gained weight intentionally or unintentionally. Please choose one of the possible answers and mark an X.
55. Please answer the question in each row by ticking only one of the answering options given in the columns.
56. **Activity level:** Please choose one of the possible answers and mark an X.

The image shows a screenshot of the 'Oncology Patient Sheet 3' form. It is a structured questionnaire with multiple sections. At the top, there are fields for 'Patient number' and 'Date'. Below this, there are sections for 'Your standard weight before your cancer illness', 'Your actual weight', and 'Change in weight'. The 'Change in weight' section includes a table with columns for 'Intentionally lost weight', 'Unintentionally lost weight', 'Gained weight', and 'No change in weight'. There are also sections for 'Activity level' and 'Nutrition treatment'. The form uses checkboxes and radio buttons for data entry.

Each number corresponds to the exponents on the sheets.

Source:

45. Cancer Staging
National Cancer Institute
<http://www.cancer.gov/cancertopics/factsheet/Detection/staging>
55. EORTC QLQ c30:
http://www.clinicalresearch.nl/portec3/Quality_of_life_questionnaire_PORTEC3_English.pdf
56. WHO/ECOG Performance Scale
Eastern Cooperative Oncology Group Robert Comis M.D. Group Chair
Oken, M.M., Creech, R.H., Tormey, D.C., Horton, J., Davis, T.E., McFadden, E.T., Carbone, P.P.: Toxicity And Response Criteria Of The Eastern Cooperative Oncology Group. Am J Clin Oncol 5:649-655, 1982.
http://ecog.dfci.harvard.edu/general/perf_stat.html

Members of nutritionDay oncology group:

- [Dr. Jan Arends](#) - Department of Medical Oncology Tumor Biology Centre, Albert-Ludwigs-Universitaet, Freiburg, Germany
- [Dr. Michael Hiesmayr](#) - Dept. of Cardiac- Thoracic- Vascular Anaesthesia & Intensive Care, Medical University Vienna
- [Mag. Elisabeth Hütterer](#) - Dep. of internal Medicine and Dep. of Oncology, Medical University of Vienna
- [Dr. Gabriela Kornek](#) - Dep. of internal Medicine and Dep. of Oncology, Medical University of Vienna
- [Sigrid Kosak, MA](#) - Central Coordination Centre nutritionDay worldwide c/o Austrian Society of Clinical Nutrition, Vienna Austria
- [Dr. Alessandro Laviano](#) - Central ESPEN Educational Committee , Department of Clinical Medicine, University of La Sapienza, Viale dell Università 37, I-00185 Rome, Italy
- [Dr. Karin Schindler](#) - Senior researcher, Dept. of Endocrinology and Metabolism, Medical Clinic III, Medical University of Vienna
- [Dr. Pierre Singer](#) - Central ESPEN Executive Committee; General Intensive Care Department, Rabin Medical Centre University Hospital, Beilinson Campus 49 100 Petah Tiqwa, Israel
- [Johanna Tripamer, MSc](#) - Central Coordination Centre nutritionDay worldwide c/o Austrian Society of Clinical Nutrition, Vienna Austria