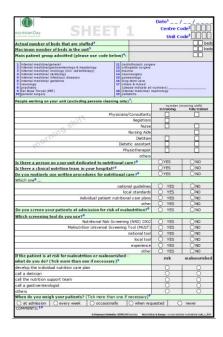
General items:

- 1. Date: Insert the nutritionDay date 06/11/2014.
- 2. Center Code: Please insert the anonymous Code (1 to 9999) that you received from the coordinating center. Codes from previous years remain valid.
- 3. Unit Code: Please insert the anonymous Code (1 to 9999) that you received from the coordinating center. Codes from previous years remain valid.
- 4. 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
- 5. 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.
- 6. Gender: Please fill in patient's gender (f=female, m=male)
- 7. Year of birth: Please complete this way: 1970
- 8. Please choose one of the possible answers or indicate other answers on the dotted line.
- 9. Please answer this question by ticking "YES" or NO"
- 10. Please answer this question by choosing the correct answer. You can tick more than one if necessary.
- 11. Tick the correct answer or choose the last option.
- 12. Please choose one of the possible answers and mark an X.

SHEET 1 "unit staff":

- 13. Actual number of beds that are staffed: Please fill in the number of beds that are staffed at the moment.
- 14. Maximum number of beds in the unit: Please fill in the maximum number of beds in your unit.
- 15. Main patient group admitted: Please use the code below. Please indicate other patient groups on the line.
- 16. 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.
- 17. Comments: Please write any additional information for us or report any problems you had completing the questionnaires.



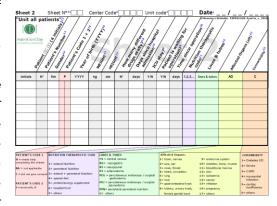


SHEET 2 ("unit all patients"):

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.

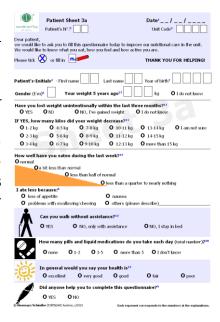
 *) For question "affected organs": if 14=cancer is applicable to the patient please also complete onco sheets 1-3. Please download the relevant documents from the nutrition Day website under questionnaires.



Patient Sheet 3a:

Date, Patient's number and initials, Center and Unit Code should be filled in by unit staff. Insert Center and Unit Code before multiplying the sheets.

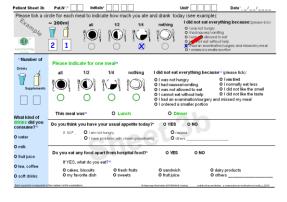
- 27. Your weight 5 years ago (kg): Please insert your former weight in kg. Skip the question if you don't know.
- 28. How many pills and liquid medications do you take each day (total number)?: Please choose one of the possible answers and mark X. Info: Each dose of drops is calculated as 1 piece, regardless of how many drops (10 or 15 etc) are consumed.



Patient Sheet 3b:

Date, Patient's number and initials, Center and Unit Code should be filled in by unit staff. Insert Center and Unit Code before multiplying the sheets.

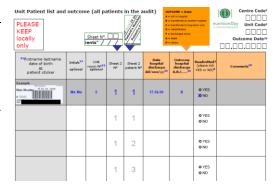
- 29. Please indicate for one meal: The picture of the plates gives you the possible answers ("all", "half", "quarter", "nothing"). Please tick one of the circles below the plates which indicates how much you have eaten.
- 30. Please indicate which meal was documented!
- 31.Please indicate the <u>number</u> of drinks/supplements (cups) you drank since last meal and during this meal. One cup contains approximately 200ml.



Unit patient list and outcome sheet:

Outcome: The outcome is evaluated <u>30 days</u> <u>after</u> the "nutritionDay".

- 32. Outcome Date: Please insert the outcome date: dd/mm/yyyy
- 33. Firstname and Lastname, date of birth or Patient sticker: Insert patient data or use a patient sticker.
- 34. Unit room N° (optional): You can insert the patients' room number.





- 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.

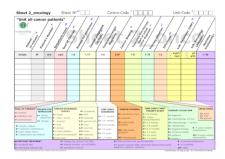
- 38. Please answer this question by choosing the correct answer. You can tick more than one if necessary or indicate other options in the last row.
- 39. Please answer the question for each row by ticking the correct answer given in the columns. Please choose only one of the possible answers given in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

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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_POR TEC3_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

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