

## nutritionDay in Hospital Questionnaire / Surgery





Date Patient nu	mber
SURGERY PATIENTS ONLY!	
<ul> <li>16a. Previous operation during this hospital stay</li> <li>Yes, planned</li> <li>Yes, acute</li> <li>days since operation</li> <li>No</li> </ul>	<ul> <li>16b. Planned operation during this hospital stay</li> <li>Yes, today or tomorrow</li> <li>Yes, later</li> <li>No</li> </ul>
<ul> <li>17. Surgery type (single choice)</li> <li>Operated right after admission (acute)</li> <li>Planned after unscheduled admission</li> <li>Planned after scheduled admission</li> <li>None of the above</li> <li>I don't know</li> <li>Non-applicable (NA)</li> </ul>	18. Surgical approch (single choice)  Open surgery including converted Minimal invasive surgery (laparoscory, robotics etc.)  19. Duration of operation Minor surgery (<1hour) Major surgery (>1hour)
20. Main organ operated / surgical procedure, planned  Oesophagus Gastric Liver Pancreas Colorectal Gynecology Gynecology oncology Urology Urology Cystectomy	or done(Single choice)  Bariatric  Hip replacement  Knee replacement  Lung  Cardiac  Vascular  Other  I don't know
21. Indication to use of nutritional therapy(Single choice)  No indication  Expected prolonged postoperative fasting Preoperative malnutrition Ongoing surgical complication Patient does not eat enough Other Idon't know	

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