



nutritionDay
worldwide

nutritionDay in Primary Care Questionnaire Patient

Patient number
Year of birth (YYYY)
Weight (kg)
Height (cm)

Sex Female Male Other

6. How much of your main meal have you eaten YESTERDAY?



1. Today, I came to the doctor because:*

- I have pain
- I feel tired/weak
- I have a fever/cold
- Vaccination
- I have new symptoms
- It is a regular visit
- I have a skin rash
- Other reasons



7. If You did not eat everything of your meal, please tell us why?*

- I don't have my usual appetite
- I did not like the smell/taste of the food
- I have problems chewing/swallowing
- I was not hungry
- I was not allowed to eat
- I was too tired
- Other reasons
- Not Applicable
- I don't know



2. I experience these symptoms/signs:*

- Dry mouth
- Pain after meal
- Constipation
- Nausea/vomiting
- Difficulty swallowing/chewing
- Teeth problems
- Bloating
- Diarrhea
- None of the above



8. Recently, have you been hospitalized or did you have surgery?

	Hospitalized	Surgery
No	<input type="checkbox"/>	<input type="checkbox"/>
Yes, in the last month	<input type="checkbox"/>	<input type="checkbox"/>
Yes, in the last 3 months	<input type="checkbox"/>	<input type="checkbox"/>
Yes, in the last 6 months	<input type="checkbox"/>	<input type="checkbox"/>
Yes, in the last year	<input type="checkbox"/>	<input type="checkbox"/>
Yes, more than 1 year ago	<input type="checkbox"/>	<input type="checkbox"/>

3. Have you lost weight in the last 3 months?

- Yes, intentionally
- Yes, unintentionally
- Please specify how much:
 - 0-2 kg
 - 2-4 kg
 - 4-6 kg
 - 6-8 kg
 - >8 kg
- No, my weight stayed the same
- No, I gained weight
- I don't know

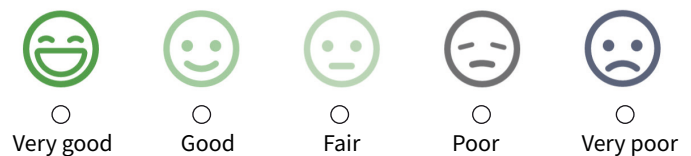


9. Can You walk without assistance today?

- Yes
- Yes independently using a cane, walker or crutches
- No, only with assistance
- No I use a wheelchair



10. How well do you feel today?

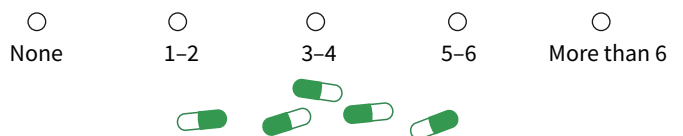


4. Please select which diet you follow:*

- I have dietary restrictions
- I have food allergies
- I eat vegan or vegetarian
- I eat little meat
- I eat protein rich foods
- I have no specific diet



11. How many medicaments do you take per day?



5. How much did you eat LAST WEEK?

- More than normal
- Normal
- About 3/4 of normal
- About 1/2 of normal
- About 1/4 or nearly nothing
- I don't know



Please bring this paper sheet to your doctor.

**Thank you for participating
to nutritionDay in Primary Care.**
www.nutritionDay.org

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* Multiple choice possible