



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

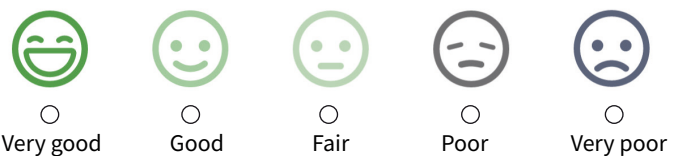


9. Can You walk without assistance today?

- 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?

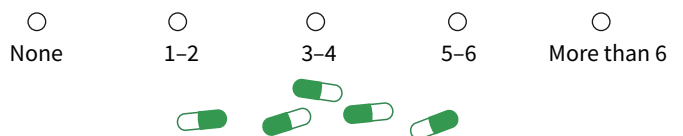


4. Please select which diet you follow:*

- 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.
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* Multiple choice possible



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Questionnaire
Healthcare Practitioner/Doctor

Center code:

Doctor code:

(for all health care professions)

Patient number:

Visit date (dd.mm.yy):

Home visit:

Yes No

Patient consent:

Yes No

Last visit within:

- <2 weeks
 2-4 weeks
 1-3 months
 3-12 months
 >1 year

This patient came for:*

- First visit/new patient
 Short term problems
 Long term problems
 Vaccination
 Regular visit for chronic diseases
 Health check-up
 Other reasons

1. What is the main reason for the visit?*

ICD-10 DIAGNOSIS

- Nervous system
Mental health
Eye and adnexa
Ear and mastoid process
Circulatory system
Respiratory system
Endocrine, nutritional and metabolic diseases
Digestive system
Genitourinary system
Musculoskeletal system and connective tissue
Skin and subcutaneous tissue
Infectious and parasitic diseases
Neoplasms
Blood and bloodforming organs and the immune mechanism
Symptoms, signs, abnormal clinical/lab findings
External causes of morbidity and mortality (e.g. transport accidents, assaults)
Pregnancy, childbirth and the puerperium
Conditions originating in the perinatal period
Congenital/chromosomal abnormalities
Injury, poisoning
Factors influencing health status and contact with health services
None of the above

2. Which conditions/comorbidities does the patient have?*

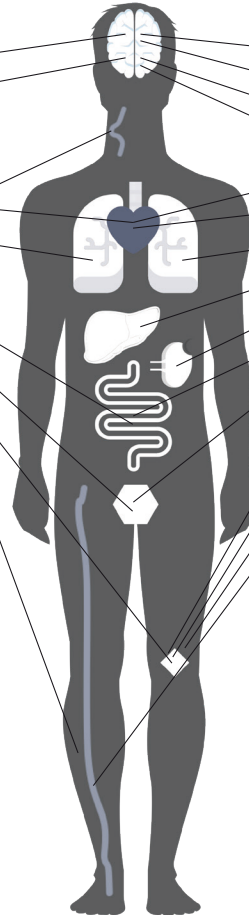
SPECIFIC COMORBIDITIES

- Cerebral vascular disease
 Dementia
 Major depressive disorder
 Chronic mental disorder
 Myocardial infarction
 Cardiac insufficiency
 Chronic lung disease
 Chronic liver disease
 Chronic kidney disease
 GI disease/problems
 Urological disease/problems
 Muscle-skeletal disease
 Arthritis
 Skin problems
 Peripheral vascular disease

GENERAL COMORBIDITIES

- Pain
 Fatigue
 Infection
 Diabetes
 Hypertension
 Hyperlipidaemia
 Endocrinal disease
 Cancer (active)
 History of cancer
 Other chronic disease

- OTHER COMORBIDITIES**
 NO COMORBIDITIES



3. Nutrition therapy

Ongoing Planned

Normal food	<input type="radio"/>	<input type="radio"/>
Fortified food	<input type="radio"/>	<input type="radio"/>
Protein/energy supplements (e.g. ONS)	<input type="radio"/>	<input type="radio"/>
Enteral nutrition (EN)	<input type="radio"/>	<input type="radio"/>
Parenteral nutrition (PN)	<input type="radio"/>	<input type="radio"/>
Special diet	<input type="radio"/>	<input type="radio"/>
Dietetic counselling	<input type="radio"/>	<input type="radio"/>

4. Next steps planned today*

- Prescribe new medical therapy
 Take sick leave from work
 Send to specialist
 Send to dietetic counselling
 Send to physiotherapy
 Send to hospital
 Plan long-term care
 Order lab tests, special tests
 No next step planned
 Plan next visit

5. Patient outcome 6 months after nutritionDay

- Number of visits at the primary care doctor including emails and phone calls
 Number of hospital stays

- Nutrition therapy started
 Enteral nutrition (EN)
 Parenteral nutrition (PN)
 Protein/energy supplements (ONS)
 Special diet
 Dietetic counselling

- Admission to long-term care
 Health problem solved
 No follow up necessary
 No follow up possible
 Continuous treatment/other
 Death

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