Primary Care Questionnaires

multiple choice possible

Doctor/Healthcare Professional Sheet

Center Code: Please insert the anonymous Center Code (1 to 9999) that you ordered from the nDay website. Codes from previous years remain valid.

Doctor code: Please insert the Doctor/HCPs Code (1 to 9999) that you ordered from the nDay website. Codes from previous years remain valid.

Patient number: Please assign an individual number (ID) to each patient present on nutritionDay. The ID of one patient should be the same on all sheets. In order to have an overview of the interviewed patients at nutritionDay, use the outcome sheet to easily record later outcome data, 6 months after nDay of all the interviewed patients at nDay.

Visit Date: Insert the **date of visit** by entering (dd/mm/yyyy).

Home visit: Please specify if the visit was done at the patient's home.

Patient consent: Please indicate if the patient gave his/her oral or written consent to participate in nutritionDay. This project is considered an audit in many countries that does not necessitate a formal approval.

Last Visit within: Please indicate when the patient visited the doctor's office last time.

This patient came for*: Please indicate the **reason why the patient is visiting** that day the doctor's office

- First visit/new patient
- Short term problems
- Vaccination
- Long term problems
- Regular visit for chronic diseases - this patient comes regularly to check the status his/her chronic disease
- Health check-up - this patient is healthy and comes to check his/her general health status

1. What is the main reason for the visit?* (*multiple choice possible*)

Please indicate which organ is interested in the problem the patient brings at the visit.

The answers refer to the ICD10 codes.

A human body image allows you to easily select the organ affected.

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

Please indicate which comorbidities (general or specific) the patient according to your clinical practice.

3. Nutrition therapy (*multiple choice possible*)

Please specify what type of nutrition the patient has (ongoing) and what type of nutrition is planned after the visit.

- Normal food
- Fortified food (food enriched with protein, fats or carbohydrates)
- Protein/energy supplements (e.g. ONS)
- Enteral nutrition (EN)
- Parenteral nutrition (PN)
- Special diet (diet with special restrictions/additions ordered by a doctor/dietician/nutritionist/HCP like: low salt, low sugar, no fats...etc)
- Dietetic counselling (the patient is or will be referred to a dietician/nutritionist to follow a special nutritional plan)

4. Next steps planned today*

Please indicate what action is the doctor taking after visiting the patient.

5. Patient outcome 6 months after nutritionDay*

Please collect outcome data in this sheet or in the outcome sheet.

Patient Sheet
multiple choice possible

Patient number: Please assign an individual number (ID) to each patient present on nutritionDay. The ID of one patient should be the same on all sheets. In order to have an overview of the interviewed patients at nutritionDay, use the outcome sheet to easily record later outcome data, 6 months after nDay.
Year of birth: the patient enters his/her year of birth (e.g. 1973)
Weight (kg): the patient enters his/her most recently measured weight in kg. (estimation also ok)
Height (cm): the patient enters his/her height in cm. (estimation also ok)
Sex: please select the patient's sex (female/male/other)

1. Today, I came to the doctor because:*
the patient indicates the **reason why he/she is visiting** that day the doctor`s office (*multiple choice possible*)
- I have pain – the patient is feeling pain
- I feel tired/weak – the patient is feeling tired or weak
- I have a fever/cold – the patient has a cold and/or fever
- Vaccination – the patient came to the Doctor`s office to receive a vaccination
- I have new symptoms – the patient came to the Doctor`s office because one or more new symptoms arised.
- It is a regular visit – this patient comes regularly to check the status his/her chronic disease
- I have a skin rush – the patient came to the Doctor`s office because he/she noticed a skin rush (general problems with the skin)

2. I experience these symptoms/signs:*
the patient indicates if he/she is experiencing some of those symptoms or signs (related to gastro intestinal issues)

3. Have you lost weight in the last 3 months?
the patient indicates if he/she has recently lost weight, and if <u>Un</u>intentionally, please specify how many kilograms were lost.

4.Please select which diet you follow:*
the patient indicates if he/she has a particular diet he/she is following among the possible options.

5.How much did you eat LAST WEEK?
Please indicate if the patient had changes in food intake already the week before the doctor visit

6.How much of your main meal have you eaten YESTERDAY?
the patient indicates the amount of food eaten the day before the visit on his/her main meal.

7. If You did not eat everything of your meal, please tell us why?*
Please indicate the reason for eating less the day before nutritionDay
- 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 – (in preparation for instance to some lab test)
- I was too tired
- Other reasons
- Not Applicable – (the patient has eaten normally)
- I don't know

8.Recently, have you been hospitalized or did you have surgery?
the patient indicates when was last time he/she has been hospitalized or had surgery

9.Can You walk without assistance today?
the patient indicates to what extent he/she is mobile at the day of the visit (nDay).

10. How well do you feel today?
the patient self-report his/her health status

11. How many medicaments do you take per day? the patient indicates how many type of pills is taking per day.
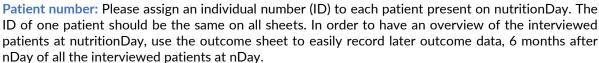
Outcome Sheet

Patients' outcome is evaluated 180 days after nutritionDay.

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Patient First Name/Surname and birthdate.

Further info: use this space for comments

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Please mark with X all relevant outcomes for the indicated patient.
Keep the outcome sheet in the doctor office until data entry.