

Paper form for the National Survey of Malnutrition and Nutritional Care

Please complete each section and transfer to the electronic portal.

Part 1- Background Information

Which country does the individual currently reside?

Scotland	
England	
Wales	

Northern Ireland	
Republic of Ireland	

What setting does the individual currently reside?

Hospital	
Community Hospital/Rehab Unit	
Own Home	
Care Home	
Mental Health Unit	
Other (Please state)	

Length Of Stay (days) (if applicable)	
Age	
Gender	

Disease category of primary diagnosis (choose 1)

Cancer	
Cardiovascular e.g CVD,CAD	
COVID-19	
Frailty	
Gastrointestinal e.g. Crohns, Colitis (excluding cancer)	
Genito / Renal	
Musculoskeletal e.g. arthritis	
Neurological e.g. stroke, MND	
Respiratory e.g. COPD, CF	
No disease	
Other (please state)	

Part 2 – ‘MUST’ (all calculations of MUST will be automatic when this data is transferred to the portal)

Current Weight (<i>metric or imperial</i>)		
Current Height (<i>metric or imperial</i>)		
Has the individual recently lost weight without trying?	Yes	No
<i>If yes to unintentional weight loss:</i> What was their previous weight or How much weight have they lost over the last 3-6 months (metric of imperial)		
Is the individual acutely ill and has had (or likely to have) no nutritional intake for more than 5 days?	Yes	No

<p><u>Part 3 – Malnutrition Management Plan</u> Is there a care plan in place for the management of malnutrition?</p>	<p>Yes</p>	<p>No</p>
<p><i>If Yes: please mark all treatment options that apply</i></p>		
<p>Food based intervention</p>	<p>Snacks Diet sheet Fortified foods with food ingredients Fortified foods with modular feeds Dietary counselling by dietitian Other (please specify)</p>	
<p>Oral nutritional supplements</p>	<p>Ready-made liquid 1kcal/ml Ready-made liquid 1.5kcal/ml Ready-made liquid 1.6kcal/ml Ready-made liquid > 2kcal/ml Pre thickened Dessert style Powdered Other (please specify)</p>	
<p>Enteral Tube feeding</p>	<p>Continuous Bolus Energy density < 1kcal/ml Energy density 1-1.5kcal/ml Energy density 1.6-2kcal/ml Energy density >2kcal/ml Fibre containing High protein Peptide/amino acid Blenderised diet Other (please specify)</p>	
<p>Parenteral Nutrition</p>	<p>Yes</p>	<p>No</p>
<p>If Yes: Is PN managed by a nutrition support team</p> <p>Parenteral Nutrition route</p>	<p>Yes</p>	<p>No</p>
<p>Other nutrition support option in care plan</p>		
<p>General comments on screening and management of malnutrition</p>		