



Canadian
Malnutrition
Task Force

le Groupe de
travail canadien
sur la malnutrition

Patient Mealtime and Nutrition Care Survey

We want to find out your perspective on the nutrition care and the food you received while in hospital. Please tick the answer that applies to you. Please tick only ONE ANSWER per statement.

| How much do you agree or disagree with the following statements: | Agree strongly | Agree | Disagree | Disagree strongly |
|--|----------------|-------|----------|-------------------|
| I understand how to complete the menu selection sheet. | | | | |
| I have been able to choose foods that I like or prefer. | | | | |
| Choosing the right food is difficult because there isn't enough information on the menu sheet. | | | | |
| Meals are served at times that suit me. | | | | |

| Since you came into hospital, how often did these experiences apply to you? | Every meal | Some meals, not every meal | A few meals | Never happened |
|---|------------|----------------------------|-------------|----------------|
| When the food arrives, I always want what I've ordered. | | | | |
| I did not receive the food that I ordered. | | | | |
| When I was eating I was disturbed. For example, by activities, noises or unpleasant smells. | | | | |
| My mealtimes were interrupted by the hospital staff wanting to speak to me | | | | |

This questionnaire is adapted, with permission, from the original by Naithani et al, Clinical Nutrition 2009; 28: 625-630.

| Since you came into hospital, how often did these experiences apply to you? | Every meal | Some meals, not every meal | A few meals | Never happened | |
|--|------------|----------------------------|-------------|----------------|--|
| or give me treatment. | | | | | |
| I missed my meals because I was not available when they were served. | | | | | |
| I missed meals because I had to avoid food for tests | | | | | |
| When I missed my meals, I was given hospital food by staff. | | | | | Didn't miss a meal <input type="checkbox"/> |
| When I needed help, I got the help I needed to eat my meals. | | | | | I didn't need any help <input type="checkbox"/> |

| Since you came into hospital, how often did these experiences apply to you? | Every day | Some days, not every day | A few days | Never happened |
|--|-----------|--------------------------|------------|----------------|
| My visitors bring in food for me because I am hungry. | | | | |
| I get hungry because the time between meals is too long | | | | |
| I felt hungry but I could not ask staff for food. | | | | |
| I felt hungry and wanted something to eat but no food was available from the hospital. | | | | |

| Have any of the following made it difficult to eat your meals? | Every meal | Some meals | A few meals | Never happened |
|---|------------|------------|-------------|----------------|
| Being in an uncomfortable position to eat | | | | |
| Difficulty reaching my food | | | | |
| Difficulty cutting up my food | | | | |
| Difficulty opening packets / unwrapping food | | | | |
| Difficulty feeding myself | | | | |
| Not enough time to eat all the food that I wanted to eat | | | | |
| I need help to eat my meals | | | | |

| In general how satisfied are you with the quality of hospital food? | Extremely satisfied | Satisfied | Dissatisfied | Extremely dissatisfied |
|--|---------------------------------------|-------------------------------------|-------------------------------------|------------------------|
| Taste | | | | |
| Appearance | | | | |
| Smell | | | | |
| Portion size | | | | |
| Temperature of food | | | | |
| Rate portion size | Too small <input type="checkbox"/> | Alright <input type="checkbox"/> | Too big <input type="checkbox"/> | |
| Rate temperature of food | Too cold <input type="checkbox"/> | Alright <input type="checkbox"/> | Too hot <input type="checkbox"/> | |

Effects of illness and treatment

| How often have any of the following affected the amount of food you've eaten during mealtimes? | Every meal | Some meals, not every meal | A few meals | Never happened |
|---|------------|----------------------------|-------------|----------------|
| Loss of appetite / didn't feel like eating | | | | |
| Sickness | | | | |
| Pain | | | | |
| Tired | | | | |
| Worry | | | | |
| Depressed | | | | |
| Breathing difficulties | | | | |
| Chewing or swallowing difficulties | | | | |

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