

Nutrition

This questionnaire helps check your nutrition level and overall wellbeing. It asks about areas such as your weight, appetite, symptoms and how much you are able to eat and do each day. Your answers help your healthcare team understand if you are getting the nutrition you need and if any extra support is required as part of your prehabilitation.

1. Weight

In summary of my current and recent weight:

I currently weigh about

(For example, 9st 10lbs or 85kg)

My height is about

(For example, 5ft 10 or 180cm)

One month ago, I weighed about

Six months ago, I weighed about

During the past two weeks my weight has:

Decreased

Not changed

Increased

Section 1 score (for healthcare professional use)

2. Food intake

<p>As compared to my normal intake, I would rate my food intake during the past month as:</p> <p><input type="checkbox"/> unchanged ₀</p> <p><input type="checkbox"/> more than usual ₀</p> <p><input type="checkbox"/> less than usual ₁</p>	<p>I am now taking:</p> <p><input type="checkbox"/> normal food but less than normal amount ₁</p> <p><input type="checkbox"/> little solid food ₂</p> <p><input type="checkbox"/> only liquids ₃</p> <p><input type="checkbox"/> only nutritional supplements ₃</p> <p><input type="checkbox"/> very little of anything ₄</p> <p><input type="checkbox"/> only tube feedings or only nutrition by vein ₀</p>
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Section 2 score (for healthcare professional use)

3. Symptoms

I have had the following problems that have kept me from eating enough during the past two weeks (check all that apply):

- | | |
|--|---|
| <input type="checkbox"/> no problems eating ₀ | <input type="checkbox"/> vomiting ₃ |
| <input type="checkbox"/> no appetite, just did not feel like eating ₃ | <input type="checkbox"/> diarrhoea ₃ |
| <input type="checkbox"/> nausea ₁ | <input type="checkbox"/> dry mouth ₁ |
| <input type="checkbox"/> constipation ₁ | <input type="checkbox"/> smells bother me ₁ |
| <input type="checkbox"/> mouth sores ₂ | <input type="checkbox"/> feel full quickly ₁ |
| <input type="checkbox"/> problems swallowing ₂ | <input type="checkbox"/> fatigue ₁ |
| <input type="checkbox"/> things taste funny or have no taste ₁ | |
| <input type="checkbox"/> pain; where? ₃ | |
| <input type="checkbox"/> other** ₁ | |

** Examples: depression, money, or dental problems

Section 3 score (for healthcare professional use)

4. Activities and function

Over the past month, I would generally rate my activity as:

- normal with no limitations ₀
- not my normal self, but able to be up and about with fairly normal activities ₁
- not feeling up to most things, but in bed or chair less than half the day ₂
- able to do little activity and spend most of the day in bed or chair ₃
- pretty much bedridden, rarely out of bed ₃

For healthcare professional use:

Section 4 score

Additive score of sections 1-4

Thank you for completing the nutrition questionnaire. Your next steps:

Please share this form with your healthcare professional. They will use your answers to work out a score and use it to guide the next steps.

Visit the national prehabilitation website at <https://www.prehab.nhs.scot/> or scan the QR code below to access.



Attend a universal prehabilitation workshop at your local Maggie's Centre <https://www.maggies.org/cancer-information/cancer-treatment/prehabilitation-getting-ready-treatment/> or equivalent local organisation.

Your medical team may ask you to repeat this questionnaire in the future to see if there has been a change in your nutrition level. If you notice a change in your nutrition level or general health after completing the questionnaire please contact your medical team for advice.