prima™ sanitas

# Nutrition test

| Name: | Height: | Age: |
|---|---|---|
| Date: | Current weight: | Gender: |

**1. Have you lost weight in the last 3 months?**

| | |
|---|---|
| ○ No | 0 p. |
| ○ Yes, I lost 1-5 kg | 1 p. |
| ○ Yes, I lost 6-10 kg | 2 p. |
| ○ Yes, I lost 11-15 kg | 3 p. |
| ○ Yes, I lost >15 kg | 4 p. |
| ○ I'm not sure | 2 p. |

**2. Have you been eating worse during the last week due to lack of appetite?**

| | |
|---|---|
| ○ No | 0 p. |
| ○ Yes | 1 p. |

**3. Are you currently undergoing intravenous anti-tumor therapy with cycles of 1, 2, 3, or 4 weeks?**

- ○ No
- ○ Yes - every 1 week
- ○ Yes - every 2 weeks
- ○ Yes - every 3 weeks
- ○ Yes - every 4 weeks
- ○ Yes, but with different cycle frequency

If you answered **"No"** - please indicate the amount of food served at breakfast, lunch, and dinner that you managed to eat in the past 4 weeks.
If you answered **"Yes"** to the last question - please indicate the amount of food served at breakfast, lunch, and dinner that you managed to eat in the weeks since your last anti-tumor infusion.

**Please fill in the number of weeks depending on the therapy cycle:**

| Week 1 | | | | | Week 2 | | | | |
|---|---|---|---|---|---|---|---|---|---|
|  | | | | |  | | | | |
| ○ All | ○ 3/4 | ○ 1/2 | ○ 1/4 | ○ Nothing | ○ All | ○ 3/4 | ○ 1/2 | ○ 1/4 | ○ Nothing |
| **Week 3** | | | | | **Week 4** | | | | |
|  | | | | |  | | | | |
| ○ All | ○ 3/4 | ○ 1/2 | ○ 1/4 | ○ Nothing | ○ All | ○ 3/4 | ○ 1/2 | ○ 1/4 | ○ Nothing |

**4. Mark the section where your primary oncological disease is located, for which you are currently receiving treatment.**

| | |
|---|---|
| ○ Head and neck; Esophagus; Stomach; Pancreas; Small intestine; Lymphoma affecting the gastrointestinal tract | 2 p. |
| ○ Lung; Brain; Bile ducts; Kidney; Ovary; Endometrium | 1 p. |
| ○ Breast; CNS (brain); Liver; Prostate; Colon and rectum; Leukemia and other hematological diseases; Other diseases | 0 p. |

**5. Mark the section with the type of therapy you are currently undergoing.**

| | |
|---|---|
| ○ Combined chemo-radiotherapy; Hyperfractionated radiotherapy; Stem cell transplantation | 2 p. |
| ○ Chemotherapy (alone or combined); Treatment with radiotherapy only (without chemo) | 1 p. |
| ○ Other type of treatment (hormone therapy, immunotherapy, targeted therapy, other therapy) | 0 p. |

**Total nutrition risk score:**

*Nutrition screening is more sensitive in patients with initial BMI < 20. Medical assessment may intensify dietary intervention with lower nutrition risk score and clinical signs of malnutrition.