

## Appendix: Basic Nutritional Intake Assessment data collection form

Initials

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Hospital number

|  |  |  |  |  |  |  |  |
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Visit date (dd/mm/yy)

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|--|--|--|--|--|--|

**Frequency**

**everyday**

**sometimes**

**never**

Breakfast




Lunch




Supper




Snacks




**Nutritional content**

**daily**

**weekly**

**monthly**

Meat




Fish




Rice/stiff pap/pasta




bread




vetkoek




vegetable




fruit




organ meats (vetderm etc)




sausage




mayonnaise




margarine




eggs




hot chips




cheese




full cream/2%/fat free milk




### snacks/puddings/sweets/beverages

**frequency**

**daily**

**weekly**

**monthly**

chips




sweets




chocolates




biscuits




fizzy drinks




fruit juice




ice-cream




custard




Comment/summary

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signature: \_\_\_\_\_