

These questions are about your experience of getting enough food to eat while you are in hospital. We want to find out whether the hospital provides enough food for patients to eat. Please tick the answer that applies to you.

| How much do you agree or disagree with the following statements: | Agree strongly | Agree | Disagree | Disagree strongly |
|---|--------------------------|--------------------------|--------------------------|--------------------------|
| O1. I understand how to complete the menu sheet | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| O2. I have been able to choose meals that I like | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| O3. Choosing the right food is difficult because there isn't enough information on the menu sheet | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| O4. Meals are served at times that suit me | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

| 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 | |
|---|--------------------------|----------------------------|--------------------------|--------------------------|--|
| O5. When the food arrives, I always want what I've ordered. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |
| O6. I did not receive the food that I ordered | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |
| O7. When I was eating I was disturbed. For example, by activities, noises or unpleasant smells? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |
| O8. My mealtimes are interrupted by the hospital staff wanting to speak to me or give me treatment? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |
| O9. I missed my meals because I was not available when they were served | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |
| O10. When I missed my meals, I was given hospital food by staff | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Didn't miss a meal <input type="checkbox"/> |
| O11. When I needed help, I got the help I needed to eat my meals | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 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 |
|---|--------------------------|--------------------------|--------------------------|--------------------------|
| A1. My visitors bring in food for me because I am hungry | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| A2. I get hungry because the time between meals are too long? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| A3. I felt hungry but I could not ask staff for food | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| A4. I felt hungry and wanted something to eat but no food was available from the hospital | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

| Have any of the following made it difficult to eat your meals | Every meal | Some meals | A few meals | Never happened |
|--|--------------------------|--------------------------|--------------------------|--------------------------|
| Ph1. Being in an uncomfortable position to eat in | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Ph2. Difficulty reaching my food | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Ph3. Difficulty cutting up my food | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Ph4. Difficulty opening packets/ unwrapping food | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Ph5. Difficulty feeding myself | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Ph6. Not enough time to eat all the food that I wanted to eat | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Ph7. I need help to eat my meals | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

| In general how satisfied are you with the quality of hospital food? | Extremely satisfied | Satisfied | Dissatisfied | Extremely dissatisfied |
|--|---------------------------------------|-------------------------------------|-------------------------------------|--------------------------|
| Q1. Taste | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Q2. Appearance | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Q3. Smell | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Q4. Portion size | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Q5. Temperature of food | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Q6. Rate portion size | Too small <input type="checkbox"/> | Alright <input type="checkbox"/> | Too big <input type="checkbox"/> | |
| Q7. 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 |
|--|--------------------------|----------------------------|--------------------------|--------------------------|
| E1. Loss of appetite/didn't feel like eating | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| E2. Sickness | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| E3. Pain | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| E4. Tired | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| E5. Worry | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| E6. Depressed | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| E7. Breathing difficulties | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| E8. Chewing or swallowing difficulties | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

