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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	☐	☐	☐	☐
O2. I have been able to choose meals that I like	☐	☐	☐	☐
O3. Choosing the right food is difficult because there isn't enough information on the menu sheet	☐	☐	☐	☐
O4. 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	
O5. When the food arrives, I always want what I've ordered.	☐	☐	☐	☐	
O6. I did not receive the food that I ordered	☐	☐	☐	☐	
O7. When I was eating I was disturbed. For example, by activities, noises or unpleasant smells?	☐	☐	☐	☐	
O8. My mealtimes are interrupted by the hospital staff wanting to speak to me or give me treatment?	☐	☐	☐	☐	
09. I missed my meals because I was not available when they were served	☐	☐	☐	☐	
010. When I missed my meals, I was given hospital food by staff	☐	☐	☐	☐	Didn't miss a meal ☐
011. When I needed help, I got the help I needed to eat my meals	☐	☐	☐	☐	I didn't need any help ☐

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	☐	☐	☐	☐
A2. I get hungry because the time between meals are too long?	☐	☐	☐	☐
A3. I felt hungry but I could not ask staff for food	☐	☐	☐	☐
A4. 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
Ph1. Being in an uncomfortable position to eat in	☐	☐	☐	☐
Ph2. Difficulty reaching my food	☐	☐	☐	☐
Ph3. Difficulty cutting up my food	☐	☐	☐	☐
Ph4. Difficulty opening packets/ unwrapping food	☐	☐	☐	☐
Ph5. Difficulty feeding myself	☐	☐	☐	☐
Ph6. Not enough time to eat all the food that I wanted to eat	☐	☐	☐	☐
Ph7. 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
Q1. Taste	☐	☐	☐	☐
Q2. Appearance	☐	☐	☐	☐
Q3. Smell	☐	☐	☐	☐
Q4. Portion size	☐	☐	☐	☐
Q5. Temperature of food	☐	☐	☐	☐
Q6. Rate portion size	Too small ☐	Alright ☐	Too big ☐	
Q7. Rate temperature of food	Too cold ☐	Alright ☐	Too hot ☐	

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	☐	☐	☐	☐
E2. Sickness	☐	☐	☐	☐
E3. Pain	☐	☐	☐	☐
E4. Tired	☐	☐	☐	☐
E5. Worry	☐	☐	☐	☐
E6. Depressed	☐	☐	☐	☐
E7. Breathing difficulties	☐	☐	☐	☐
E8. Chewing or swallowing difficulties	☐	☐	☐	☐