**Supplementary File 1. Dietitian survey questions**

1. **Approximately how many years have you been practicing as a Dietitian? \_\_\_\_\_\_\_\_\_**
2. **What is the post code of your work place: \_\_\_\_\_\_\_\_\_**
3. **Please indicate your location of work (choose all that apply)?**
   1. Community health centre (go to question 4)
   2. Community rehabilitation (go to question 4)
   3. Private practice (go to question 4)
   4. Acute hospital (go to question 16)

***Primary Care and Community Dietitians***

1. **Does your service have to comply with any performance standards for accreditation/governance?**
   1. Yes
   2. No (go to question 6)
   3. Unsure

Which performance standards does your service comply to? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. **Do these performance standards specify key performance indicators (KPIs) for (please select all that apply):**
2. Weighing patients
3. Nutrition risk screening
4. Assessment of ‘at risk’ patients
5. Other (please specify in comments)
6. Unsure

Comments: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. **Does your service routinely screen every new patient for nutrition risk?**
   1. Yes
   2. No (go to question 10)
   3. Unsure

Comments: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. **Does your service use a malnutrition screening tool?**
2. Yes (go to question 8)
3. No (go to question 9)
4. Unsure (go to question 9)

Comments: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. **Which malnutrition screening tool does your service use?**
2. Malnutrition Screening Tool (MST)
3. Malnutrition Universal Screening Tool (MUST)
4. Mini Nutrition Assessment - Short Form (MNA-SF)
5. Other (please specify in comments)

Comments: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. **If no specific screening tool is used, which question or flags are used to indicate nutrition risk?**
2. Obvious underweight/frailty
3. Unintentional weight loss
4. Reduced appetite (go to question 12)
5. Reduce food and fluid intake
6. Other (please specify in comments)

Comments: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. **Please indicate how often you would:**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | never | rarely | sometimes | very often | always |
| Weigh patients on initial assessment |  |  |  |  |  |
| Weigh patients on subsequent review |  |  |  |  |  |
| Measure patients’ height on initial assessment |  |  |  |  |  |
| Measure patients’ height on subsequent review |  |  |  |  |  |
| Calculate body mass index (BMI)on initial assessment |  |  |  |  |  |
| Calculate body mass index (BMI) on subsequent review |  |  |  |  |  |

If you answered never or rarely to any of the above questions, why is this the case? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. **Do you utilise any of the following to diagnosis a patient with malnutrition? (please select all that apply)**
   1. Subjective Global Assessment (SGA)
   2. Patient Generated Subjective Global Assessment (PG-SGA)
   3. Mini Nutrition Assessment (MNA)
   4. ICD-10 criteria
   5. ESPEN diagnosis
   6. Clinical / professional judgement
   7. Other (please specify in comments)

Comments: ­­­­­­­­­­­­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. **Do you believe that there are patients with cancer malnutrition going unrecognised in your service?**
   1. Yes
   2. No

Comments:­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. **Please indicate if you have used any of the following resources (please circle all that apply):**
   1. Malnutrition in Cancer e-learning package (eviQ)
   2. Malnutrition governance toolkit
   3. Peter Mac Oncology Nutrition resource manual
   4. Cancer Council Victoria Resource Guide for Oncology Dietitians
   5. Cancer Council Victoria Understanding Malnutrition and Cancer fact sheet
   6. Evidence based guidelines / published literature (please provide details)
   7. I do not use/am not aware of any cancer malnutrition resources
   8. Other (please specify) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
2. **Would you like additional support or resources on cancer malnutrition?** 
   1. Yes
   2. No (end of questionnaire)

Comments: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. **In what format would you like support, education or resources (please select all that apply)?**
2. webinar
3. e-learning
4. hardcopy resource
5. training course
6. email with links to relevant resources
7. other (please specify) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Primary Care and Community Dietitians: END OF SURVEY

Acute Care Dietitians: GO TO QUESTION 16

***Acute Dietitians***

1. **Following cancer treatment at your health service, do you refer patients to Dietitians working in primary care or community settings?** 
   1. Yes
   2. No (go to question 18)

Comments: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. **Please indicate in which setting the dietitians you refer your patients to following cancer treatment work (please select all that apply):**
2. Community health centre
3. Community rehabilitation
4. GP practice (go to question 19)
5. Private practice
6. Other (please specify) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
7. **Please indicate the reason/s you do not refer patients to Dietitians in primary care or community settings: (please select all that apply)**
8. Don’t know where to refer
9. Complex care needs of patients and uncertainty of skillset of primary care/community dietitian
10. Long wait lists for community dietitian
11. Time/resources required to initiate referral
12. Patients at my health service are followed up in hospital outpatients
13. Patients continue to receive phone reviews from my health service until stable
14. Financial barriers to private / community sessions
15. Other (please provide details in comments)

Comments: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. **On discharge from your service how often do you provide a nutrition discharge summary to the patients’ GP?**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| never | rarely | sometimes | very often | always |
|  |  |  |  |  |

If you answered never or rarely, why is this the case? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. **Are you aware there are now a number of cancer rehabilitation programs running through out Victoria?**
   1. Yes
   2. No (go to question 22)
2. **Have you referred patients to these cancer rehabilitation programs?**
3. Yes
4. No

If you answered yes, please specify which programs: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. **Would you like more information about cancer rehabilitation programs in Victoria?**
2. Yes
3. No

Comments: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

END OF SURVEY. THANK YOU FOR TAKING THE TIME TO COMPLETE