

## Dietetic Experience Questionnaire

This questionnaire will be used to assist you and your potential employer to determine which Dietetic settings would be best suited to your skills and experience. It will also help us identify areas for future training and development.

### Contact Details

Name:

Country:

Email Address:

Number of years' experience of working with people with Physical Health/Mental Health problems:

### Q1

### TREATMENT SETTINGS EXPERIENCE IN Dietetics

Please indicate whether you have ever worked in the Dietetic settings below by inserting **Y** or **N** in the appropriate column. If yes, please state approximately how many years' experience you have had. Please use the comments column to tell us any additional information

Treatment Setting	Yes/ No	If Yes, Approximate Numbers of Years	Comments
Inpatient rehabilitation ward			
Adults in their own homes			
Community outpatient clinics			
Community group sessions			
Care homes/supported living			

## Q2

### PHYSICAL AND MENTAL HEALTH ILLNESS EXPERIENCE

Please indicate whether you have experience in caring for people with the physical and mental health problems below by replying **Y** or **N** in the appropriate column. If yes, please state approximately how many years' experience you have had. Please use the comments column to tell us any additional information

<b>Physical and Mental Health Illness</b>	<b>Yes/ No</b>	<b>If yes, approximate numbers of years</b>	<b>Comments</b>
<b>Complex frail elderly patients</b>			
<b>Neurological conditions (MS, MND, PSP, ALS, Brain injury, stroke, etc)</b>			
<b>Diabetes-type 1 and 2</b>			
<b>Gastroenterology (IBS, coeliac, GORD.....)</b>			
<b>Non-complex Food Allergies</b>			
<b>Dementia/Alzheimer</b>			
<b>Major depression</b>			
<b>Disordered Eating</b>			
<b>Pressure ulcers</b>			
<b>Palliative patients (oncology, frailty, general deterioration)</b>			
<b>Dysphagia</b>			
<b>Learning disabilities</b>			
<b>High risk of malnutrition or Nutritional support</b>			
<b>Lipid lowering/cardio protective</b>			
<b>General health and wellbeing (gout, low potassium, .....</b>			

### Q3

#### ASSESSMENT EXPERIENCE

Please tell us if you ever used any questionnaires or other tools in your Dietetic practice to assess the following below by replying **Y** or **N** in the appropriate column. If yes, please state which tools/questionnaires you have used. Please use the comments column to tell us any additional information

<b>Assessment tools</b>	<b>Yes / No</b>	<b>If yes, please insert which tools you have used</b>	<b>Comments</b>
<b>Nutritional scoring tool eg MUST</b>			
<b>Gastroenterology dietetic assessments</b>			
<b>Diabetes dietetic assessments</b>			
<b>Psychological well being</b>			
<b>Use of standard anthropometry (MUAC, weight, height, BMI)</b>			
<b>Other</b>			

#### Q4

### PHYSICAL AND MENTAL HEALTH INTERVENTIONS EXPERIENCE

Please indicate your experience in delivering interventions by replying **Y** or **N** in the appropriate column. If yes, please state approximately how many years' experience you have had. Please use the comments column to tell us any additional information.

<b>Interventions</b>	<b>Yes / No</b>	<b>If yes, approximate numbers of years</b>	<b>Comments</b>
<b>Nutritional support</b>			
<b>Enteral feeding</b>			
<b>Gastroenterological conditions advice</b>			
<b>Diabetes Type 1 &amp; 2 advice</b>			
<b>Delivery of group sessions for diabetes</b>			
<b>Delivery of group sessions for FODMAP</b>			
<b>Use of Counselling and motivation tools</b>			
<b>None complex food allergy advice</b>			

## Q5

### AGE-SPECIFIC EXPERIENCE

Please indicate your experience with working in the following age ranges by replying **Y** or **N** in the appropriate column. If yes, please state approximately how many years' experience you have had. Please use the comments column to tell us any additional information

<b>Age Experience</b>	<b>Yes / No</b>	<b>If yes, approximate numbers of years</b>	<b>Comments</b>
<b>Adolescents (ages 12-16 years)</b>			
<b>Adults (ages 16-65 years)</b>			
<b>Older adult (ages 65 +)</b>			

## Q6

### ANY OTHER INFORMATION

Please share any other information which may be relevant to working with people with physical and mental health problems

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