

**ESPEN Dietitians' Group Questionnaire.**

Name : \_\_\_\_\_

Job Title : \_\_\_\_\_

Home Adress : \_\_\_\_\_

City Country : \_\_\_\_\_

Work Adress : \_\_\_\_\_

City Country : \_\_\_\_\_

Home Phone : \_\_\_\_\_

Work Phone : \_\_\_\_\_

Fax Number : \_\_\_\_\_

E-mail : \_\_\_\_\_

Degrees (i.e. BSc/MSc, PhD) : \_\_\_\_\_

# of years of experience : \_\_\_\_\_

Areas of interest : \_\_\_\_\_

Areas of specialization : \_\_\_\_\_

Are you a member of ESPEN? YES/NO

If not, are you planning to become a member? YES / NO

Are you a member of your countries' dietitian association? YES / NO

Your national Parenteral and Enteral Nutrition Society? YES / NO

What would you like the Dietitians' Group to do for you? \_\_\_\_\_

Would you be willing to review Consensus Statements or Standard of Practice Statements?

YES / NO Comments: \_\_\_\_\_

Would you be willing to be a speaker at the ESPEN Congress? YES / NO

Topic \_\_\_\_\_

Suggestions \_\_\_\_\_

Comments \_\_\_\_\_

Please print this form and return it by fax or e-mail to the address below.

Thank you for your time.

**Marian van Bokhorst – de van der Schueren, ESPEN Dietitians' Group Chair**

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