

APPENDIX 2: Functional Status Metrics Survey Questions

Current Feeding Tube Status

1) Do you currently have a **feeding tube**?

- Yes
- No

Normalcy of Diet

2) What **kinds of foods** you are able to eat? (Mark one)

Please mark the item that represents the highest level of foods or liquids you eat. If you have a feeding tube, but also eat by mouth, please mark the highest level of foods you eat in addition to your tube feedings.

7. I eat **whatever I would like** (full diet no restriction).

6. I eat **whatever I would like, but require more liquids than usual with meals** (full diet with liquid assist).

5. I eat **solid food but avoid some hard to eat foods** (like meats, raw vegetables/ fruits).

4. I eat **soft chewable foods** (like pasta, cooked vegetables, fish, dry foods).

3. I eat **non-chewable or pureed foods**.

2. I drink **warm and cold liquids**.

1. I **do not eat or drink anything by mouth**; I only use a feeding tube.

Public Eating

3) Select the statement that best reflects if and how you **eat in public**:

- I eat out at **any opportunity with no restriction of place, food, or companion**.
- I eat out with **no restriction of place, but I restrict my diet when in public**.
- I eat only in the presence of **selected person in selected places**.
- I only eat **at home with selected persons**.
- I always eat **alone**.

Understandability of Speech

4) How well are you understood when **speaking to other people**?

- My speech is **always understandable**.
- My speech is **understandable most of the time**, I am occasionally asked to repeat myself.
- My speech is **usually understandable**, but face-to-face contact is necessary.
- My speech is **difficult to understand**.
- My speech is **never understandable**.

Aspiration Pneumonia

5) Since your cancer treatment, has a **doctor or other health professional told you** that you have:

	Yes	No	Don't Know
Pneumonia?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Tracheostomy

6) Do you currently have a **tracheostomy tube (or breathing tube)**?

- Yes
- No

7) Since your cancer treatment, has a **doctor or other health professional told you** that you have:

	Yes	No	Don't Know
Stricture of the throat or esophagus? (Stricture is a narrowing or tightness of the food tube that may cause sticking or obstruction of food.)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

But we did not use this variable we abstracted EGD/Dilation Variable from the Charts.

Current Height and Weight

8) What are your current **height** and **weight**?

- a) Height: _____ ft. _____ in.
- b) Weight: _____ lbs.