



ENTERAL AND PARENTERAL FEEDING QUESTIONNAIRE

Are You:- [Circle all that apply]

NG Fed go to Section 1

NJ Fed go to Section 2

PEG Fed go to Section 3

PEJ Fed go to Section 4

On TPN go to Section 5

Everyone needs to complete Section 6

Section 1 NG Fed members only

Age _____

How long did you have ME before being NG fed ? _____

Reasons for NG Feeding _____

How long have you been NG fed? _____

Hospital _____

Consultant Gastroenterologist _____

Who manages your tube on a daily basis i.e., flushing/ aspirating?

Who oversees the care of the tube and your nutrition in the community?

When the tube needs replacing where does this take place?

Is there a plan in place for the replacement e.g. elective resiting?

Section 2 NJ Fed members only

Age -----

How long did you have ME before being NJ fed? _____

Reasons for NJ Feeding _____

How long have you been NJ fed? _____

Hospital _____

Consultant Gastroenterologist _____

Who manages your tube on a daily basis e.g. flushing?

Who oversees the care of the tube and your nutrition in the community?

When the tube needs replacing where does this take place?

Is there a plan in place for the replacement e.g. elective re-siting? _____

Are you NJ fed due to gastroparesis? _____

Have you been tested for / diagnosed with Mast Cell Activation Disorder ? If "YES" to the above, circle as appropriate

Section 3 PEG Fed members only

Age _____

Hospital _____

Consultant Gastroenterologist _____

How long did you have ME for before any form of tube feeding commenced? _____

How long did you have ME before being PEG fed? _____

Were you NG fed before being PEG fed? _____

If so, why was the decision made to site a PEG? _____

Reasons for PEG Feeding _____

How long have you been PEG fed? _____

Who manages your tube on a daily basis e.g. flushing/ aspirating?

Who oversees the care of the tube and your nutrition in the community?

Section 4 PEJ Fed members only

Age _____

Hospital _____

Consultant Gastroenterologist _____

How long did you have ME for before any form of tube feeding commenced? _____

How long have you been PEJ fed? _____

What other forms of tube feeding were tried prior to PEJ feeding? _____

Why and by whom was it decided you needed a PEJ? _____

Who manages your tube on a daily basis e.g. flushing?

Who oversees the care of the tube and your nutrition in the community?

Are you PEJ fed due to gastrointestinal failure? _____

Have you been tested for / diagnosed with Mast Cell Activation Disorder? If 'YES' to

the above, circle as appropriate

Section 5 Total Parenteral Nutrition

Age _____

Hospital _____

Consultant Gastroenterologist _____

How long did you have ME for before any form of tube feeding commenced? _____

How long have you been on TPN? _____

What other forms of tube feeding were tried prior to TPN? _____

How long were they tried for and why were they stopped? _____

Were you allowed to become underweight whilst different types of tube feeding were tried?

Who manages your central line on a daily basis?

Are you on TPN due to gastrointestinal failure? _____

Have you been tested for / diagnosed with Mast Cell Activation Disorder? If "YES" to the above, circle as appropriate

Section 6 All enteral / parenteral fed members

Have you been assessed by SALT? _____

Were you diagnosed with an unsafe swallow? _____

Were you allowed to become underweight prior to tube feeding commencing? _____

Was your inability to eat ever considered to be anorexia nervosa? _____

Were you ever threatened with sectioning prior to tube feeding commencing? _____

Do you feel your health has improved by being tube fed? _____

Any other relevant information: - _____

Thank you for taking the time to complete the questionnaire.

June 2019