

Pre clinic questionnaire

The aim of this questionnaire is to give the team in feeding clinic some of the information they will need for your child's appointment. This will help the session be more time efficient and avoid you having to repeat everything.

What is the main concern you would like to discuss today?

.....

.....

.....

How does your child feed? Circle all that apply:

By mouth gastrostomy Jejunostomy NG feeding tube NJ feeding tube

Please give details of your child's feeding plan if they are on tube feeds.

Feed name and amount aiming for each day
How many feeds per day
Times feeds are given at
What rate are feeds given at (how many mls per hour)
Is this given via a pump or gravity
Flushes pre and post
Extra fluid given

If your child eats some food by mouth, please can you give an example of what they would eat in a typical day?

.....
.....

How long do you estimate it takes your child to eat a meal/snack?

.....

Does your child drink fluids? Yes No

If yes, please give an estimation of how much they manage to drink orally in a day

.....

Does your child have any issues with vomiting? Yes No

Does your child have any issues with bowels? Yes No

If they have issues with vomiting or bowels please give some details below:

.....
.....
.....

If you are unable to complete this form before the appointment, do not worry we will gather the information in the clinic session.