

FACT-EF (Version 1)

Below is a list of statements that other people with your illness have said are important. **Please circle or mark one number per line to indicate your response as it applies to the past 7 days.**

		Not at all	A little bit	Some- what	Quite a bit	Very much
EF1	I experience a pleasant feeling of fullness during or after my tube feeding.....	0	1	2	3	4
EF2	I feel uncomfortably full during or after my tube feeding ..	0	1	2	3	4
EF3	I have constipation during or after my tube feeding	0	1	2	3	4
EF4	I experience vomiting during or after my tube feeding.....	0	1	2	3	4
EF5	Tube feeding limits what I can do inside the house (for example housework, watching TV or reading)	0	1	2	3	4
EF6	Tube feeding limits what I can do outside of the house (for example shopping, driving or yard work)	0	1	2	3	4
EF7	Tube feeding limits my activities with my friends.....	0	1	2	3	4
EF8	During the use of tube feeding, I can eat and drink by mouth.....	0	1	2	3	4
EF9	I miss being able to take more food or drink by mouth now that I have a feeding tube	0	1	2	3	4
EF10	I have the desire to eat.....	0	1	2	3	4
EF11	I worry that having a feeding tube means my health is worse	0	1	2	3	4
EF12	I worry about the tube coming out by accident.....	0	1	2	3	4
EF13	I worry about the tube getting plugged or blocked	0	1	2	3	4
EF14	I worry about getting an infection from the feeding tube ...	0	1	2	3	4
EF15	I worry about losing weight because I have a feeding tube.....	0	1	2	3	4

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EF16	I feel that I have lost control of my food choices because I have a feeding tube	0	1	2	3	4
EF17	I feel dependent on others because I have a feeding tube ...	0	1	2	3	4
EF18	I feel left out when others are eating	0	1	2	3	4
EF19	I am more confident about my nutrition because of my feeding tube	0	1	2	3	4
EF20	Getting a feeding tube was the right decision for me.....	0	1	2	3	4