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Footprint Medical Enteral Feeding Tube Evaluation Form

Name: _____

Date: _____

<u>Footprint EFT Performance – Rating</u>	<u>Excellent</u>	<u>Good</u>	<u>Average</u>	<u>Fair</u>	<u>Poor</u>
1. Satisfaction with product design (open tip)	5	4	3	2	1
2. Ability to visualize catheter markings	5	4	3	2	1
3. Unique Hub labeling enhances line identification	5	4	3	2	1
4. Satisfaction with flow rates	5	4	3	2	1
5. Quality of Enteral connector	5	4	3	2	1
6. Ability to visualize by X-ray	5	4	3	2	1
7. Overall satisfaction with Enteral Feeding Tube	5	4	3	2	1

8. Clinically acceptable Enteral Feeding Tube? Yes _____ No _____

9. General Comments
