

FEEDING TUBE EVALUATION FORM

SCALE: 1 2 3 4 5 (circle one)
Poor Avg. Excellent

CRITERIA: Please score (from 1 through 5) on each of the following areas.

1. Product Quality, i.e. orange stripe, open tipped: 1 2 3 4 5

Comments: _____

2. Ease of Use, i.e. insertion, enteral connector: 1 2 3 4 5

Comments: _____

3. Clinical Performance, i.e. flow rate: 1 2 3 4 5

Comments _____

4. Overall Score, i.e. would you recommend use: 1 2 3 4 5

Comments _____

Name: _____

Date: _____

-Please note: This evaluation should offer comments for use of certain features and the overall usability. This evaluation form will allow us to respond to problems and to answer questions about how to use certain features.