**Appendix F to Risk Feeding Policy**

**Risk Feeding Questionnaire**

**For patients and relatives of those who are Risk Feeding Date:\_\_\_\_\_\_\_\_\_\_\_\_\_**

|  |
| --- |
| **What is your understanding of Risk Feeding?** |
|  |
| **Circle any phrases which apply to you/your relative regarding Risk Feeding** |
| Personal choice Anxious Want to eat and drink favourite thingsQuality of life Mealtimes are importantDon’t want a feeding tube Eating and drinking is a challenge |
| **Are you aware of the risks if you continue to eat and drink?** |
| Yes [ ]  No [ ]  Comment:  |
| **Were the risks explained to you by a member of the team?** |
| Yes [ ]  No [ ]  Comment:  |
| **Were you given an information leaflet on Risk Feeding?** |
| Yes [ ]  No [ ]  Comment:  |
| **Was the information easy to understand?** |
| Yes [ ]  No [ ]  Comment:  |
| **Were your questions about Risk Feeding answered?** |
| Yes [ ]  No [ ]  Comment:  |
| **Did you feel included in the discussions and decision around risk feeding?** |
| Yes [ ]  No [ ]  Comment:  |
| **Did you feel supported in this process?** |
| Yes [ ]  No [ ]  Comment: |
| **Ideally, what would you like to happen after discharge? Circle all that apply** |
| No further hospital admissions Visit from a Community Speech TherapistGP to treat infections To be left to manage independentlyHospital readmission in the event of aspiration pneumonia |

**Your thoughts and feedback are important to us.**

**Please return to Speech & Language Therapy at Salisbury District Hospital**

**Thank you**