G-TUBE CLINIC QUESTIONNAIRE

Answer the following questions by circling the most appropriate answer

1. **What was the reason for your visit today?**
   
   ____________________________________________________________

2. **How many times since the g-tube was placed have you been to this clinic?**
   
   ____________________________________________________________

3. **I would rather come to this clinic than go to the emergency room:**
   
   Strongly Disagree  Disagree  Neutral  Agree  Strongly Agree

4. **This clinic has made me more comfortable with my child’s g-tube:**
   
   Strongly Disagree  Disagree  Neutral  Agree  Strongly Agree

5. **I would recommend this clinic to other parents:**
   
   Strongly Disagree  Disagree  Neutral  Agree  Strongly Agree

6. **Other comments?**

   ____________________________________________________________