



**National Pediatric Cardiology**  
*Quality Improvement Collaborative*

**Post Tube Weaning Survey for Parents**

Please complete this survey evaluating the tube weaning bundle and your experience.

1. Was it clear at the placement of your child's feeding tube that there was a future weaning plan?

Yes                      No

2. Did you feel your team addressed your fears and adequately prepared you and your child about what to expect during a tube wean?

Yes                      No

If no, what do you wish you knew?

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3. Did you clearly understand each step of your child's tube weaning plan?

Yes                      No

4. Did you clearly understand who was managing your child's tube wean?

Yes                      No

5. Did you clearly understand who to contact in case of a question or concern?

Yes                      No

6. Did you clearly understand signs and symptoms that may be concerning and should be talked about with your team?

Yes                      No

7. Did you feel you and your child were well supported by your team throughout the tube wean?

Yes                      No

8. Did you have any other parent support throughout the tube wean that was helpful?

Yes                      No

9. What additional resources, if any, would have been helpful for weaning your child from the feeding tube?

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10. After now having gone through a tube wean, is there anything you feel providers or other parents should know?

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