

PNIQ

Please read this carefully

On the following pages you will find some statements that have been made by people on Parenteral Nutrition (TPN/HPN).

Please read each statement carefully and choose the response that best applies to you

today

Choose *only one* response for each statement.

Please read each statement carefully and put a tick next to the response that applies best to you today

- | | | |
|--|----------|--------------------------|
| 1. I can't live life to the full | True | <input type="checkbox"/> |
| | Not True | <input type="checkbox"/> |
| 2. I find it hard to fill my time | True | <input type="checkbox"/> |
| | Not True | <input type="checkbox"/> |
| 3. I feel vulnerable | True | <input type="checkbox"/> |
| | Not True | <input type="checkbox"/> |
| 4. I've lost my dignity | True | <input type="checkbox"/> |
| | Not True | <input type="checkbox"/> |
| 5. I can't stay away from home for long | True | <input type="checkbox"/> |
| | Not True | <input type="checkbox"/> |
| 6. It affects the quality of my relationships | True | <input type="checkbox"/> |
| | Not True | <input type="checkbox"/> |
| 7. I get easily distracted during a conversation | True | <input type="checkbox"/> |
| | Not True | <input type="checkbox"/> |
| 8. I feel like a burden to others | True | <input type="checkbox"/> |
| | Not True | <input type="checkbox"/> |