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Nutrient Drink Test:	I	Baselin	e Screenir	ıg
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Procedure Instructions for Performing Satiety Testing

Satiety Test:

Equipment:

8 oz. Paper cup

4 oz. (120 ml) beaker or comparable measure device

Ensure

2 Stopwatches

Satiety Score sheets and VAS (Symptom Score) scales

Clock

Procedure:

- 1. Before having patient drink, have patient record baseline symptom score sheet (page 2 of CRF).
- 2. Have patient review Descriptors of Satiety Sensations (page 3 of CRF).
- 3. Patient will use Descriptors on page 3 to fill in the clock time each level is reached on Satiety Level of Fullness (page 4 of CRF).
- 4. Divide one can of Ensure into 4oz. (120 ml) measuring device and paper cup.
- 5. Set one stop watch to 4 minutes.
- 6. Start Test:
 - a. Instruct patient to ingest 4 oz. (120 ml) of Ensure from paper cup.
 - b. Record start time (page 4 of CRF) then give page 4 to patient to complete each level as it is reached.
 - c. Start stopwatch counting down from 4 minutes when first drink is started.
- 4. Pour remaining 4 oz. (120 ml) of Ensure from measuring device into paper cup.
- 5. Refill measuring device with additional 4 oz. (120 ml) of Ensure
- 6. When first stopwatch counts down from 4 minutes to zero, instruct patient to consume the 4 oz. (120 ml) of Ensure within paper cup. Reset 4 minute stopwatch counting down. Repeat steps 4-6 until maximum satiety achieved. Patient will receive 4 oz. (120 ml) every 4 minutes until maximum satiety.
- 7. Have patient record clock time when each satiety level is achieved up to level 5 (Maximum Tolerated Volume).
- 8. Once MTV is achieved set stopwatch at 15 minutes and start count down to zero. At zero have patient record symptom scores using VAS scales. Reset 15 minute stop watch counting down. At zero, have patient record symptom scores using VAS scales.
- 9. Calculation of MTV: Record the number of cans used minus the remaining uningested volume of Ensure (i.e. (# cans *237 ml) undigested volume = MTV). Record MTV and total time used to achieve MTV on flowsheet and VAS scales. For example: MTV achieved after 40 minutes with total volume of 1200 ml.

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Nutrient Drink Test Baseline Symptoms

Please indicate below your level of nause	a:
None	Worst Ever
Please indicate below your level of fullne	ess:
None	Worst Ever
Please indicate below your level of bloati	ng:
1	I
None	 Worst Ever
Please indicate below your level of abdor	ninal nain
i icase muicate below your level of abdon	ımaı pam.
1	I
None	Worst Ever

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Nutrient Drink Test

Case Report Form

Descriptors of Satiety Sensations

- (1) First sensation: Exactly that.....first feeling of having eaten something.
- (2) Mild Satiety: First indication of a sensation of fullness
- (3) Moderate Satiety: Near fullness
- (4) Severe Satiety: Full.....normal time cessation of meals
- **(5) Maximum Satiety**: Thanksgiving full.....had the extra helping and wish they hadn't......fullness to the point of nausea and vomiting

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Nutrient Drink Test

Start Time:		
	y (Level of Fullness) e rounded to nearest minute	
First Sensation (1):		-
Mild Satiety (2):		-
Moderate Satiety (3):		-
Severe Satiety (4):		-
Maximum Satiety (5):		_Stop Time.

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Nutrient Drink Test

Technician:	
Total Volume Ingested :	ml
Flavor of Ensure:	_
Tally marks of # of glasses consumed:	
Notes:	

Study ID:	SITE	Number	Initials
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Nutrient Drink Test Satiety

ease indicate below your level of fullness: None We	Worst Ever	ease indicate below your lev	el of nausea:
None	Worst Ever your level of bloating:	None	Worst E
None We	Worst Ever your level of bloating:		
None Wo	Worst Ever your level of bloating:	ease indicate below your lev	el of fullness:
None We were the work of bloating:	your level of bloating:		
lease indicate below your level of bloating:		None	Worst E
lease indicate below your level of bloating:			
lease indicate below your level of bloating:			
	Worst Ever	lease indicate below your lev	el of bloating:
	Worst Ever		
None Wo		None	Worst E
		ease indicate below your lev	rel of abdominal pain:
ease indicate below your level of abdominal pain:	your level of abdominal pain:		
lease indicate below your level of abdominal pain:	your level of abdominal pain:		
lease indicate below your level of abdominal pain:		None	Worst E

Stuc	ly ID:	SITE	Number	Initials
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Nutrient Drink Test 15 Minute Post Satiety

Please indicate below your level of nausea:	
None	Worst Ever
Please indicate below your level of fullness:	
	I
None	Worst Ever
Please indicate below your level of bloating:	
	I
None	Worst Ever
Please indicate below your level of abdomina	l pain:
I	I
None	Worst Ever

Stud	dy ID:	SITE	Number	Initials
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Nutrient Drink Test:_	l	Baselin	e Screenii	ng
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Nutrient Drink Test 30 Minute Post Satiety

Please indicate below your lev	vel of nausea:
I	
None	Worst Ever
lease indicate below your lev	vel of fullness:
Nana	Worst Ever
None	worst Ever
Please indicate below your lev	vel of bloating:
10000 111010000 0010 H y 001 10	, or or oromany,
Í	
None	Worst Ever
lease indicate below your lev	vel of abdominal pain:
	W
None	Worst Ever