



Feeding Questionnaire

Child's Name: _____

Child's DOB: _____ Person Completing Form: _____

1. What is the current method of feeding?
_____ NPO _____ PO _____ NG tube _____ G tube _____ GJ tube

2. Was your child successful with a bottle? _____ Yes _____ No

Problems observed: _____

3. When did your child begin solids? (cereal, Baby food) _____

Did your child progress through solids? _____ Yes _____ No

Check all that apply below:

___ Baby cereal ___ Stage 1 ___ Stage 2 ___ Stage 3 ___ Purees ___ Soft chewables ___ Hard chewables

4. Does your child drink a variety of liquids? _____ Yes _____ No

Which ones: _____

When? ___ before ___ during ___ after meals

Via: ___ bottle ___ sippy cup ___ drink box ___ open cup ___ straw

5. Is your child able to self-feed? _____ Yes _____ No

With: ___ fork ___ spoon ___ finger feed

6. What is your child's arousal level during feeding?
___ deep sleep ___ light sleep ___ drowsy ___ quiet/alert ___ active/alert ___ crying Other: _____
Describe: _____

7. What behaviors does your child exhibit during feeding? _____

8. Feeding schedule:

Breakfast: Time: _____
Foods: please list: _____

Lunch: Time: _____
Foods: please list: _____

Dinner: Time: _____
Foods: please list: _____

Snacks: Times: _____
Foods: please list: _____

9. Does your child receive supplemental feeding? _____ Yes _____ No

If yes, describe: _____

10. How long is each meal? _____

10. Describe the environment where your child usually eats (such as room, type of chair, music/tv on).

11. Does your child eat **more/less** (circle one) foods in different environments, in school, outside events, etc?

Does your child eat **same/different** (circle one) foods in different environments?

Please describe: _____

12. Please list your child's favorite foods to eat? _____

13. Please list any foods that your child refuses? _____

If different from your child's refused foods, please list foods that are difficult for your child to eat? _____

14. Is there a texture/consistency that your child prefers?

puree lumpy crunchy liquids chewy other: _____

15. Is there a texture/consistency that your child dislikes or refuses?

puree lumpy crunchy liquids chewy other: _____

16. Please list any evaluations and or treatments if you have previously tried to help your children with his/her problem: _____

17. Please describe any other comments about your child's feeding: _____

18. What are your goals for your child in regards to their feeding? _____

Please bring this questionnaire completed along with other suggested items to the initial feeding evaluation. We appreciate your time and participation in helping us provide a thorough feeding evaluation for your child.

Suggested items:

- **Previous feeding evaluation reports (ie swallow studies)**
- **GI evaluations**
- **Any special seating equipment for feeding time**
- **Typical utensils used for feeding (bottle, cup, fork, plate, etc)**
- **Unsuccessful or refused food items**
- **Preferred food items**
- **Variety of textured foods—purees (baby foods, applesauce, pudding, etc.)**
Soft chewables (cooked vegetables, etc)
Hard/crunchy chewables (cereal, crackers, chips, etc)