### Feeding Questionnaire

Child’s Name: ____________________________

Child’s DOB: _______________ Person Completing Form: ________________

**** Please bring 3 preferred and 3 non-preferred foods with your child to the evaluation ****

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)