Feeding Questionnaire:

Today's date: _____

Child's name: _____

Date of birth: _____

Person completing this form: _____

Relationship to child _____

GENERAL HISTORY

1. Does your child have any of the following symptoms when eating or drinking?

- ☐ Gagging/coughing on textures
- ☐ Choking
- ☐ Vomiting
- ☐ Limited volume/not eating enough
- ☐ Eats a limited variety of food/selective
- ☐ Difficulty swallowing
- ☐ Slow weight gain
- ☐ Refuses to swallow/holds food in mouth
- ☐ Refuses to eat
- ☐ Difficulty progressing to table food
- ☐ Other (specify):

_____

_____

2. At what age did your child's eating first become a concern? _____

PEDIATRIC CARE

Current Weight: _____

Current Height: _____

FEEDING HISTORY

1. How was your child fed as an infant? ☐ Breast ☐ bottle

2. Did your child have any difficulties with breast feeding or bottle feeding? ☐ Yes ☐ No

If yes, please describe:

_____

_____

4. At what age did your child eat baby food from a spoon? _____

Did he/she have difficulty? ☐ Yes ☐ No
If yes, please explain:
_____
_____

5: Has your child has any of the following tests?

- ☐ Upper GI series
- ☐ Modified barium swallow study
- ☐ pH probe

CURRENT FEEDING/DRINKING SKILLS

1. Where does your child usually sit during mealtimes?

- ☐ Highchair
- ☐ Booster seat
- ☐ Chair at table
- ☐ Child wanders around
- ☐ In front of TV
- ☐ On caretaker's lap
- ☐ Other: _____

2. What types of liquid does your child drink? _____

3. How much liquid does your child drink per day?

☐ 0-8 oz ☐ 8-16 oz ☐ 16-24 oz ☐ 24-32 oz ☐ 32-40 oz ☐ >40 oz

Food Textures

1. Please check (√) your child's current ability to eat a variety of food textures:

Texture	Eats easily	Eats w/ difficulty	Cannot eat	Refuses	Never tried
Purees	☐	☐	☐	☐	☐
Mashed table food	☐	☐	☐	☐	☐
Soft table food (e.g. pancakes)	☐	☐	☐	☐	☐
Crunchy table food (e.g. apple, crackers)	☐	☐	☐	☐	☐
Difficult to chew table food (e.g. meat)	☐	☐	☐	☐	☐

Eating Schedule

Please indicate mealtimes, what foods your child eats for each meal, and approximate quantity. Please include both solids and liquids.

Time of Day	Food and Drink	Amount