

FEEDING HISTORY

Child's Name: _____ Today's Date: _____

1. Please explain, in your own words, what your child is having difficulty with related to eating.
2. When, how, and why did these problems start?
3. What medical or developmental issues may be impacting your child's feeding issues?
4. Does your child have any food allergies?
5. Is your child on medications? If yes, please list:
6. Does your child take a vitamin supplement?
7. Did your child experience any difficulty transitioning to baby cereal, baby food, finger foods, or table foods? If yes, please explain.
8. How do you know your child is hungry?
9. How do you know your child is full?
10. How does your child communicate his or her distress around mealtime or certain foods? (e.g. gagging at sight of food, resist coming to table, screaming, shoving food away, vomiting, refuse to open mouth, etc)

11. Do you serve only foods you know your child will eat?
12. What happens if you offer a new food?
13. Do you offer special foods, toys, or videos to get your child to eat?
14. Does your child have/had any of the following problems? Please circle and describe: Dental, frequent constipation, frequent diarrhea, vomiting, gastroesophageal reflux, choking, gagging, coughing.
15. How often does your child eat and drink? What are his or her usual meal and snack times?
16. What foods/liquids does your child usually eat for:
Breakfast

Lunch

Dinner

Snack(s)
- Does any of the food need to be prepared in a special or particular way?
17. List the foods your child refuses or is unable to handle.

18. Describe how you and your child feel after a feeding.

You:

Your child:

19. Does your child eat a variety of foods that are:

- | | |
|---|----------|
| a) hard and crunchy? (e.g. thick pretzels, Triscuit crackers) | yes / no |
| b) tough and chewy? (e.g. bagels, pizza) | yes / no |
| c) soft and gooey? (e.g. yogurt, pudding, applesauce) | yes / no |
| d) soft and chewy/sticky? (e.g. gummy bears, licorice, peanut butter) | yes / no |
| e) slimy? (e.g. jello, pasta) | yes / no |
| f) cold? (e.g. ice cream, popsicles) | yes / no |
| g) hot (temperature)? | yes / no |
| h) sweet? | yes / no |
| g) sour? | yes / no |
| h) spicy? | yes / no |

20. Is your child a messy eater? If yes, please explain.

21. Does your child feed himself/herself?

Yes, independently

Yes, with assistance

No

22. Does your child use:	utensils?	fork / spoon / knife
	regular cup?	yes / no
	sippi cup?	yes / no
	straw?	yes / no

23. How long does it take your child to finish a meal?	15-30 mins.	30-45 mins.
	45-60 mins.	over 1 hour

24. What have you already tried for this problem and what were the results?

25. How can we be most helpful to you and your child? What are your priorities?