

FEEDING HISTORY

Child's Name: _____

Today's Date: _____

1. Is your child a picky eater? If yes, please describe.

2. 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

3. Is your child a messy eater? yes / no

4. Does your child use:

| | | |
|--------------|--|----------------------|
| utensils? | | fork / spoon / knife |
| regular cup? | | yes / no |
| sippi cup? | | yes / no |
| straw? | | yes / no |

5. Has your child ever had any feeding difficulties in the past? If yes, please describe.

6. How long does it take your child to finish a meal?

| | | |
|-------------|-------------|--|
| 15-30 mins. | 30-45 mins. | |
| 45-60 mins. | over 1 hour | |

7. Favorite foods:

8. Food dislikes:

9. Can you think of anything else?