FEEDING QUESTIONNAIRE - Solo

FEEDING QUESTIONNAIRE

1. **Client information:**

Client's First Name: _____ Client's Last Name: _____ Date of Birth: _____

Your Preferred Service Location:

- ☐ 209 Cherry St, Milford, CT
- ☐ 29 Federal Rd. Danbury, CT

ORAL/FEEDING HABITS AND SENSORY INFORMATION

2. **Do you or your child's pediatrician have any concerns with their weight gain/ nutritional intake?**

- ○ Yes
- ○ No

Please explain:

_____

3. **Did your child have any difficulties nursing or bottle feeding (i.e. crying, gagging, difficulty latching on)?**

- ○ Yes
- ○ No

Please explain:

_____

4. **At what age did you introduce spoon feeding?**

_____

5. **Did your child have any difficulty with pureed foods?**

- ○ Yes
- ○ No

Please explain:

_____

6. **At what age did you introduce solid foods (i.e. Cheerios)?**

_____

7. Does your child exhibit open mouth posture and/or mouth breathe?

- Yes
- No

If so, please explain.

_____

8. Is your child sensitive to textures?

- Yes
- No

If so, please explain.

_____

9. Is your child sensitive to sounds?

- Yes
- No

If so, please explain.

_____

10. Is your child sensitive to smell?

- Yes
- No

If so, please explain.

_____

11. How is your child's sleeping patterns?

_____

_____

_____

_____

12. Does your child have any food aversions?

- Yes
- No

If so, please explain.

_____

13. Please describe any food aversions you child might have to the following:

	Please explain
Taste (i.e. sweet, salty, spicy)	
Texture (pureed,soft solids,chewy,crunchy)	
Temperature (warm,cold,room temperature)	
Color	
Size/Shape	

14. Please describe any unusual food preferences your child might have:

_____

_____

_____

_____

15. Is your child on a restrictive diet (Gluten Free, etc.)?

- ○ Yes
- ○ No

If so, please explain.

_____

16. Does your child have any difficulties with the following eating skills? (please check all that apply)

- ☐ cup drinking
- ☐ straw drinking
- ☐ eating with a fork
- ☐ eating with a spoon
- ☐ tires easily during meals
- ☐ swallowing
- ☐ forming a bolus
- ☐ eating with fingers

17. Does your child display any of the following behaviors during eating? (please check all that apply)

- ☐ choking
- ☐ gagging
- ☐ drooling
- ☐ crying
- ☐ nausea
- ☐ gurgly voice
- ☐ vomiting
- ☐ constipation
- ☐ diarrhea

18. Do you think your child's eating habits are linked with behaviors displayed?

- ○ Yes
- ○ No

Please explain.

_____

19. When did you notice your child's feeding difficulties?

20. What consistency of foods does your child tend to eat most?

- ☐ regular liquids
- ☐ thickened liquids
- ☐ baby cereal
- ☐ chewy
- ☐ smooth solids
- ☐ semi-chunky
- ☐ chunky
- ☐ sour/intense flavor
- ☐ mashed table food
- ☐ regular table food
- ☐ crunchy
- ☐ soft foods

21. At what temperature does your child desire the food? (check all that apply)

- ☐ hot
- ☐ cold
- ☐ room temperature

22. Does/did your child display any of the following habits/problems or have they in the past? Please check all that apply.

- ☐ Difficulty chewing food
- ☐ Holds food in mouth or cheeks
- ☐ Spitting food out of mouth
- ☐ Throwing food
- ☐ Tantrums while eating
- ☐ Chewing on non-food objects
- ☐ Mouthing on non-food objects
- ☐ Aversion to smells
- ☐ Taking medication
- ☐ Eating foods in certain environments
- ☐ Unwilling to try new foods

23. List any other difficulties:

FEEDING ENVIRONMENT

24. Where does your child eat during feeding times?

25. Is your child given a choice of what foods he/she can eat?

- ○ Yes
- ○ No

If so, please explain.

_____

26. Are feeding times at the same times each day?

- ○ Yes
- ○ No

Please explain:

_____

27. At which feeding time/meal does your child consume the most?

_____

_____

_____

_____

28. Are there any other activities (i.e.- TV/music/distractions) going on during feeding time?

- ○ Yes
- ○ No

If so, please explain.

_____

29. What other individuals are in the area during feeding times? Is this consistent during all feeding times?

- ○ Yes
- ○ No

If so, please explain.

_____

30. How long does a typical meal last with your child?

_____

_____

_____

_____

31. Please list the name brand of your child's utensils, cups, straws, and/or bottles that are being used at this time:

_____

_____

_____

_____

FEEDING RECORD (BASELINE DIET)

32. Please take the time to record all food items that have been eaten over the course of five days. This information can give the therapist an idea of typical foods consumed by your child.

	Day 1	Day 2	Day 3	Day 4	Day 5
Breakfast					
Lunch					
Dinner					
Snacks					

33. Please check the following difficulties your child is having now.

- ☐ Will not eat enough
- ☐ Has difficulty with solid foods
- ☐ Refuses to eat certain textures/foods
- ☐ Has difficulty with temperatures of foods (i.e., likes food only cold/hot)
- ☐ Has difficulty drinking liquids

FOOD INVENTORY

Instructions: Check off any food that your child would easily accept to eat if it was served at the specified mealtime. Several items are listed under lunch and supper. Only check off the items in both places if your child would be served these foods at both meals. For example, if your child would eat peaches at lunch but it would not be served a part of supper, then check off peaches only under lunch. The "Seasonings and Condiments" section describes flavors your child would eat at any meal.

34. Breakfast

- ☐ cereal, cold
- ☐ cereal, hot
- ☐ milk
- ☐ juice
- ☐ water
- ☐ breakfast drink
- ☐ English muffin
- ☐ bagels
- ☐ muffins
- ☐ Danish, donuts
- ☐ cream cheese
- ☐ jam
- ☐ jelly
- ☐ eggs
- ☐ bacon
- ☐ sausage
- ☐ ham
- ☐ toast
- ☐ home fries
- ☐ Ketchup
- ☐ pancakes
- ☐ waffles
- ☐ French toast

35. List specific types of foods for items checked above (e.g., oatmeal, cheerios, apple juice, strawberry milk).

36. List specific brands if your child will eat one kind of a specific food.

37. List specific types of foods for items checked above (e.g.,ham sandwich, saltines, chicken soup).

38. List specific brands if your child will eat only one kind of a specific food.

39. List any items your child prefers that are not listed above.

40. Dinner

- ☐ steak
- ☐ roast beef
- ☐ pork roast
- ☐ lamb
- ☐ hotdogs
- ☐ hamburgers
- ☐ ground beef
- ☐ chicken nuggets
- ☐ chicken
- ☐ fish
- ☐ nachos
- ☐ soup, stews
- ☐ pasta w/ butter
- ☐ pasta w/ cheese
- ☐ pasta w/ tom sauce
- ☐ lasagna
- ☐ rice
- ☐ couscous
- ☐ beans
- ☐ French fries
- ☐ mashed potatoes
- ☐ baked potatoes
- ☐ tater tots
- ☐ cheese
- ☐ cottage cheese
- ☐ carrots
- ☐ celery
- ☐ lettuce
- ☐ tomato
- ☐ green beans
- ☐ sweet peppers
- ☐ mushrooms
- ☐ spinach
- ☐ peas
- ☐ summer squash
- ☐ winter squash
- ☐ applesauce
- ☐ fruit cocktail
- ☐ peaches
- ☐ banana
- ☐ juice
- ☐ milk
- ☐ soda
- ☐ water
- ☐ cake
- ☐ pie
- ☐ pudding
- ☐ jello
- ☐ yogurt
- ☐ cookies
- ☐ ice cream

41. List specific types of foods for items checked above (e.g., brown rice, swordfish, pepperoni pizza, Coca-Cola).

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_____

_____

_____

42. List specific brands if your child will eat only one kind of a specific food.

_____

_____

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_____

43. List any items your child prefers that are not listed above.

_____

_____

_____

_____

44. Snacks

- ☐ corn chips
- ☐ crackers
- ☐ fresh fruit
- ☐ chocolate
- ☐ ice cream
- ☐ milk
- ☐ potato chips
- ☐ nuts
- ☐ fruit rollups
- ☐ yogurt
- ☐ sour candy
- ☐ juice
- ☐ pretzels
- ☐ popcorn
- ☐ fresh vegetables
- ☐ cheese
- ☐ sweet candy
- ☐ soda

45. List specific types of foods for items checked above (e.g., tortilla chips, goldfish, fudgesicle, etc.).

_____

_____

_____

_____

46. List specific brands if your child will eat only one kind of a specific food.

_____

_____

_____

_____

47. List any items your child prefers that are not listed above.

_____

_____

_____

_____

48. Seasonings and Condiments

- ☐ ketchup
- ☐ barbecue sauce
- ☐ relish
- ☐ vinegar
- ☐ olives
- ☐ oregano
- ☐ curry
- ☐ onion
- ☐ hot pepper
- ☐ yellow mustard
- ☐ spicy mustard
- ☐ salsa
- ☐ lemon juice
- ☐ salad dressing
- ☐ pickles
- ☐ paprika
- ☐ ginger
- ☐ garlic
- ☐ horseradish
- ☐ soy sauce
- ☐ Worcestershire
- ☐ lime juice
- ☐ mayonnaise
- ☐ parsley
- ☐ basil
- ☐ cinnamon
- ☐ black pepper
- ☐ salt

49. Others: