



## 2017 FEEDING QUESTIONNAIRE

Child's Name: \_\_\_\_\_

DOB: \_\_\_\_\_

Form completed by: \_\_\_\_\_

Date: \_\_\_\_\_

Relationship: \_\_\_\_\_

Primary care physician:

Phone:

Other physicians treating child:

Phone:

Phone:

Current Weight:

Height:

Medical Diagnosis:

Does your child have a history of feeding/drinking difficulties?

Yes     No

If yes, describe past and present difficulties:

Does your child have a history of respiratory infections?

Yes     No

Does your child have a history of recurring pneumonia?

Yes     No

Has your child ever been seen by physician due to feeding/drinking issues/reflux?

Yes       No

If yes, list physician and date(s):

Has your child ever had a swallow study performed?

Yes       No

What were the results?

What medications does your child take?

Describe allergies, health problems, and hospitalizations:

Does your child receive supplemental tube or oral feeding (i.e. Pediasure)?

Yes       No

If yes, indicate:

Amount:

Frequency:

Rate:

Method:

NG

PEG

GEG

Bolus

Oral

Please describe the seating/positioning your child is in when she/he eats at home:

High chair

Held on lap

Floor

Wheelchair

Booster seat

Feeder seat

Upright

Regular chair

Semi-upright

Reclined

Child rooms while eating

Other:

**Child will only eat for:**

**Independence of feeding:**

- Child feeds self
- Child fed by (list all):

**Feeding equipment/utensils used (check all that apply):**

- Bottle
- Open cup
- Toddler fork/spoon
- Fork
- Other:
- Nuby cup
- Straw
- Teaspoon
- Adapted utensils
- Sippy cup
- Baby spoon
- Standard size spoon
- Scoop bowl/plate

	Amount of food	Time to finish meal
Breakfast		
Snack		
Lunch		
Dinner		

**List the food/liquid consistencies that your child eats (check all that apply):**

- Regular/thin liquids
- Nectar thick liquids
- Honey thick liquids
- Baby cereals/food
  - Stage One
  - Stage Two
  - Stage Three
- Textured purees
- Smooth purees
- Regular Table Foods
- Mashed foods
- Minced/Ground
- Chopped foods

**Give examples of typical foods the child eats: (please be specific, including texture)**

<b>Meals</b>	<b>Food Items</b>
Breakfast	
Snack	
Lunch	
Dinner	

**Appetite**

**Best time of day:**

**Selective Eating-Age of Onset:**

Limited diet

Eats same food daily

**Special diet:**

Gluten Free

Dairy/Casein Free

Vegetarian

Vegan

Kosher

No Sugar

Other:

**Food allergies:**

**Does your child prefer certain food/liquid temperatures?**

Yes

No

**If yes, indicate:**

Hot

Warm

Room Temperature

Cool

Cold

**Check ALL foods/liquids your child currently eats.**

**Please indicate if your child only accepts a specific brand of food/liquid.**

**Preferences**

Texture

Taste

Temperature

crunchy

salty

hot

crispy

sweet

warm

smooth

spicy

cold

lumpy

tart

cool

hard

flavored

chewy

bland

uniform lumpy (cottage

cheese) missed consistencies

**Overall description:**

- Poor
- Fair
- Good
- Varies Day to Day

**Current # of Accepted Foods:**

**# of Preferred Liquids:**

**Breads**

- |   |   |
|---|---|
| <input type="checkbox"/> Crackers   | <input type="checkbox"/> Taco Shells                        |
| <input type="checkbox"/> Chips  | <input type="checkbox"/> Hamburger/hot dog buns             |
| <input type="checkbox"/> Flour tortillas                                      | <input type="checkbox"/> Texas toast/garlic bread           |
| <input type="checkbox"/> Pretzels   | <input type="checkbox"/> Rolls                              |
| <input type="checkbox"/> Cheese puffs   | <input type="checkbox"/> Hot rolls, baked bread, croissants |
| <input type="checkbox"/> Pizza crusts   | <input type="checkbox"/> Muffins                            |
| <input type="checkbox"/> Bagels   | <input type="checkbox"/> Doughnuts                          |
| <input type="checkbox"/> Biscuits   | <input type="checkbox"/> Banana/apple/pumpkin bread         |
| <input type="checkbox"/> Cinnamon rolls                                       | <input type="checkbox"/> Cupcakes                           |
| <input type="checkbox"/> Cornbread  | <input type="checkbox"/> Cake                               |
| <input type="checkbox"/> Pies   | <input type="checkbox"/> Pastries                           |
| <input type="checkbox"/> Pop tarts  |   |
| <input type="checkbox"/> Bread (white, wheat, rye, rice, gluten free, French) |   |

**Meats**

- |   |  |
|---|--|
| <input type="checkbox"/> Baked chicken  | <input type="checkbox"/> Fried chicken           |
| <input type="checkbox"/> Chicken strips | <input type="checkbox"/> Chicken nuggets         |
| <input type="checkbox"/> Turkey         | <input type="checkbox"/> Fowl                    |
| <input type="checkbox"/> Fish (fried)   | <input type="checkbox"/> Fish (baked or broiled) |
| <input type="checkbox"/> Tuna           | <input type="checkbox"/> Beef                    |
| <input type="checkbox"/> Roast          | <input type="checkbox"/> Hamburger               |
| <input type="checkbox"/> Steak          | <input type="checkbox"/> Ham                     |
| <input type="checkbox"/> Veal           | <input type="checkbox"/> Pork                    |
| <input type="checkbox"/> Bacon          | <input type="checkbox"/> Sausage                 |
| <input type="checkbox"/> Meatballs      | <input type="checkbox"/> Hot dogs                |
| <input type="checkbox"/> Lil Smokies    | <input type="checkbox"/> Baby food meat sticks   |

### Nuts

- |  |                                  |
|--|----------------------------------|
| <input type="checkbox"/> Peanut butter           | <input type="checkbox"/> Cashews |
| <input type="checkbox"/> Peanuts                 | <input type="checkbox"/> Pecans  |
| <input type="checkbox"/> Walnuts                 | <input type="checkbox"/> Almonds |
| <input type="checkbox"/> Other nut (soy, almond) | <input type="checkbox"/> Other:  |

### Potato Products

- |   |   |
|---|---|
| <input type="checkbox"/> French fries         | <input type="checkbox"/> Tater Tots                   |
| <input type="checkbox"/> Tater Rounds         | <input type="checkbox"/> Hash Browns                  |
| <input type="checkbox"/> Baked potatoes       | <input type="checkbox"/> Potato chips                 |
| <input type="checkbox"/> Potato wedges        | <input type="checkbox"/> Mashed potatoes              |
| <input type="checkbox"/> Baked sweet potatoes | <input type="checkbox"/> Candied sweet potatoes       |
| <input type="checkbox"/> Sweet potato chips   | <input type="checkbox"/> Scalloped/Au Gratin Potatoes |

### Condiments

- |  |  |
|--|--|
| <input type="checkbox"/> Ketchup             | <input type="checkbox"/> Mayo            |
| <input type="checkbox"/> Miracle whip        | <input type="checkbox"/> Mustard         |
| <input type="checkbox"/> Dijon/Spicy mustard | <input type="checkbox"/> Honey mustard   |
| <input type="checkbox"/> BBQ sauce           | <input type="checkbox"/> Chili sauce     |
| <input type="checkbox"/> Ranch dressing      | <input type="checkbox"/> Butter/Migraine |
| <input type="checkbox"/> Chip Dip            |  |

### Breakfast Foods

- |   |   |
|---|---|
| <input type="checkbox"/> Oatmeal              | <input type="checkbox"/> Cream of Wheat   |
| <input type="checkbox"/> Pop Tarts            | <input type="checkbox"/> Dry cereal       |
| <input type="checkbox"/> Pancakes             | <input type="checkbox"/> Waffles          |
| <input type="checkbox"/> French toast         | <input type="checkbox"/> Yogurt           |
| <input type="checkbox"/> Scrambled eggs       | <input type="checkbox"/> Omelet           |
| <input type="checkbox"/> Fried eggs           | <input type="checkbox"/> Boiled eggs      |
| <input type="checkbox"/> Poached eggs         | <input type="checkbox"/> Eggs with cheese |
| <input type="checkbox"/> Eggs with vegetables | <input type="checkbox"/> Go-Gurt          |
| <input type="checkbox"/> Fresh fruit          | <input type="checkbox"/> Bacon            |

- |  |   |
|--|---|
| <input type="checkbox"/> Sausage               | <input type="checkbox"/> Ham                      |
| <input type="checkbox"/> Grits                 | <input type="checkbox"/> Oatmeal Bites            |
| <input type="checkbox"/> Toast                 | <input type="checkbox"/> Toast with jelly         |
| <input type="checkbox"/> Toast with butter     | <input type="checkbox"/> Toast with peanut butter |
| <input type="checkbox"/> Breakfast shakes      | <input type="checkbox"/> Granola bars             |
| <input type="checkbox"/> Cinnamon Raisin bread |   |

**Vegetables**

- |  |   |
|--|---|
| <input type="checkbox"/> Green beans     | <input type="checkbox"/> Broccoli       |
| <input type="checkbox"/> Cauliflower     | <input type="checkbox"/> Corn           |
| <input type="checkbox"/> Squash          | <input type="checkbox"/> Cucumber       |
| <input type="checkbox"/> Zucchini        | <input type="checkbox"/> Spinach        |
| <input type="checkbox"/> Carrots         | <input type="checkbox"/> Lettuces       |
| <input type="checkbox"/> Cabbage         | <input type="checkbox"/> Sweet Potatoes |
| <input type="checkbox"/> Tomatoes        | <input type="checkbox"/> Asparagus      |
| <input type="checkbox"/> Brussel Sprouts | <input type="checkbox"/> Green Pepper   |
| <input type="checkbox"/> Onion           | <input type="checkbox"/> Salsa          |
| <input type="checkbox"/> Baby food       |   |

**Fruits**

- |                                     |                                     |
|-------------------------------------|-------------------------------------|
| <input type="checkbox"/> Apple      | <input type="checkbox"/> Banana     |
| <input type="checkbox"/> Blueberry  | <input type="checkbox"/> Cantaloupe |
| <input type="checkbox"/> Cherry     | <input type="checkbox"/> Grapes     |
| <input type="checkbox"/> Kiwi       | <input type="checkbox"/> Lemon      |
| <input type="checkbox"/> Lime       | <input type="checkbox"/> Orange     |
| <input type="checkbox"/> Pears      | <input type="checkbox"/> Pumpkin    |
| <input type="checkbox"/> Watermelon | <input type="checkbox"/> Raisins    |
| <input type="checkbox"/> Raspberry  | <input type="checkbox"/> Mango      |
| <input type="checkbox"/> Strawberry | <input type="checkbox"/> Tangerine  |
| <input type="checkbox"/> Tomato     | <input type="checkbox"/> Pineapple  |



### Soups

- |  |  |
|--|--|
| <input type="checkbox"/> Cheese            | <input type="checkbox"/> Chili               |
| <input type="checkbox"/> Stew              | <input type="checkbox"/> Vegetable           |
| <input type="checkbox"/> Egg drop          | <input type="checkbox"/> Beef noodle         |
| <input type="checkbox"/> Chicken noodle    | <input type="checkbox"/> Chicken & Rice      |
| <input type="checkbox"/> Cheese & Broccoli | <input type="checkbox"/> Cheese & Vegetables |

### Pasta/Rice

- |  |  |
|--|--|
| <input type="checkbox"/> Spaghetti       | <input type="checkbox"/> Lasagna       |
| <input type="checkbox"/> Rice            | <input type="checkbox"/> Plain Noodles |
| <input type="checkbox"/> Pizza toppings: |  |

### Cheese

- |   |  |
|---|--|
| <input type="checkbox"/> Cheddar        | <input type="checkbox"/> American      |
| <input type="checkbox"/> Parmesan       | <input type="checkbox"/> Swiss         |
| <input type="checkbox"/> Monterey jack  | <input type="checkbox"/> Colby         |
| <input type="checkbox"/> Cottage cheese | <input type="checkbox"/> Sour cream    |
| <input type="checkbox"/> Cream cheese   | <input type="checkbox"/> String cheese |

### Liquids

- |   |   |
|---|---|
| <input type="checkbox"/> Water                  | <input type="checkbox"/> Flavored milk    |
| <input type="checkbox"/> Milk (whole, 2%, skim) | <input type="checkbox"/> Tea              |
| <input type="checkbox"/> Soda                   | <input type="checkbox"/> Sweet tea        |
| <input type="checkbox"/> Unsweetened tea        | <input type="checkbox"/> Milk shakes      |
| <input type="checkbox"/> Floats                 | <input type="checkbox"/> Drinkable yogurt |
| <input type="checkbox"/> Caloric supplements:   |   |

#### Juice

- |                                      |                                      |
|--------------------------------------|--------------------------------------|
| <input type="checkbox"/> Apple       | <input type="checkbox"/> Orange      |
| <input type="checkbox"/> Berry       | <input type="checkbox"/> Grape       |
| <input type="checkbox"/> Fruit punch | <input type="checkbox"/> White grape |
| <input type="checkbox"/> Pear        | <input type="checkbox"/> Prune       |
| <input type="checkbox"/> Strawberry  | <input type="checkbox"/> Kiwi        |
| <input type="checkbox"/> Cranberry   |                                      |

Comments:

**Please check the characteristics that your child exhibits during meals:**

<b>OBSERVATIONS</b>	<b>FOODS</b>	<b>LIQUIDS</b>
Coughing		
Gagging		
Vomiting		
Choking		
Eyes watering		
Changes in breathing		
Change in color of face (becomes red, pale, etc.)		
Food comes out of nose		
Fatigues/falls asleep		

Head thrown back when eating/swallowing		
Spillage food without chewing		
Swallows food without chewing		
Takes very large bites		
Excessive time to manipulate bites		
Nibbles on food		
Overstuffing		
Storing/holding in mouth (time:            )		
Requires support at chin/lips/jaw for closure/swallow		
Pushes food/utensil away		
Pushes adult away		
Leaves table		
Crying		
Hitting		
Kicking		
Screaming		

Self-injurious behaviors		
Throwing food/utensils/tray		
Spitting		
Prompt dependent to take bites		
Plays with food		
Increased stress/anxiety levels		

**What are your concerns, if any regarding your child's eating/drinking abilities or nutrition?**