

KIDSENSE THERAPY GROUP
FEEDING QUESTIONNAIRE



INSTRUCTIONS: PLEASE COMPLETE AND RETURN THIS FORM PRIOR TO YOUR FIRST VISIT.

Child's Name: _____

ORAL/FEEDING HABITS AND SENSORY INFORMATION

1. Do you or your child's pediatrician have any concerns with their weight gain/ nutritional intake? Yes No

Please explain:

2. Was your child breastfed bottle-fed? Until what age? _____

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 _____

8. Is your child sensitive to textures? Yes No _____

9. Is your child sensitive to sounds? Yes No _____

10. Is your child sensitive to smell? Yes No _____

11. How is your child's sleeping patterns? _____

12. Does your child have any food aversions? Yes No

Please explain:

Taste (i.e. sweet, salty, spicy): _____

Texture (pureed, soft solids, chewy, crunchy): _____

Temperature (warm, cold, room temperature): _____

Color: _____

Size/Shape: _____

13. Does your child have any unusual food preferences?

14. Is your child on a restrictive diet (Gluten Free, etc.)? Yes No _____

15. 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 forming a bolus

swallowing eating with fingers

16. 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

17. Do you think your child's eating habits are linked with behaviors displayed? Yes No

Please explain.

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

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19. 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

20. At what temperature does your child desire the food? (check all that apply)
 hot cold. room temperature

21. Does/did your child display any of the following habits/problems?

	Problem now	Problem in the past
Difficulty chewing food	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Holds food in mouth or cheeks	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Spitting food out of mouth	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Throwing food	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Tantrums while eating	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Chewing on non-food objects	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Mouthing on non-food objects	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Aversion to smells	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Taking medication	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Eating foods in certain environments	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Unwilling to try new foods	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

List any other difficulties:

FEEDING ENVIRONMENT

1. Where does your child eat during feeding times?

2. Is your child given a choice of what foods he/she can eat? Yes No

3. Are feeding times at the same times each day? Yes No (please explain)

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

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5. Are there any other activities (i.e.- TV/music/distractions) going on during feeding time? Yes No

6. What other individuals are in the area during feeding times? Is this consistent during all feeding times? Yes No

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

8. 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)

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 One	Day Two	Day Three	Day Four	Day Five
Breakfast					
Lunch					
Dinner					
Snacks					

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

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

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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.

FOOD INVENTORY

Breakfast

- | | | | |
|--|---|----------------------------------|---------------------------------------|
| <input type="checkbox"/> cereal, cold | <input type="checkbox"/> English muffin | <input type="checkbox"/> jelly | <input type="checkbox"/> home fries |
| <input type="checkbox"/> cereal, hot | <input type="checkbox"/> bagels | <input type="checkbox"/> eggs | <input type="checkbox"/> Ketchup |
| <input type="checkbox"/> milk | <input type="checkbox"/> muffins | <input type="checkbox"/> bacon | <input type="checkbox"/> pancakes |
| <input type="checkbox"/> juice | <input type="checkbox"/> Danish, donuts | <input type="checkbox"/> sausage | <input type="checkbox"/> waffles |
| <input type="checkbox"/> water | <input type="checkbox"/> cream cheese | <input type="checkbox"/> ham | <input type="checkbox"/> French toast |
| <input type="checkbox"/> breakfast drink | <input type="checkbox"/> jam | <input type="checkbox"/> toast | |

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

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

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

Lunch

- | | | | |
|---|--|---|-----------------------------------|
| <input type="checkbox"/> pasta w/butter | <input type="checkbox"/> sandwich, deli | <input type="checkbox"/> apples | <input type="checkbox"/> carrots |
| <input type="checkbox"/> pasta w/ cheese | <input type="checkbox"/> sandwich, cheese | <input type="checkbox"/> banana | <input type="checkbox"/> celery |
| <input type="checkbox"/> pasta w/tomato sauce | <input type="checkbox"/> peanut butter & jelly | <input type="checkbox"/> orange | <input type="checkbox"/> lettuce |
| <input type="checkbox"/> nachos | <input type="checkbox"/> peanut butter & fluff | <input type="checkbox"/> peaches | <input type="checkbox"/> cucumber |
| <input type="checkbox"/> chili | <input type="checkbox"/> peanut butter | <input type="checkbox"/> fruit rollup | <input type="checkbox"/> peas |
| <input type="checkbox"/> pizza | <input type="checkbox"/> French fries | <input type="checkbox"/> pineapple | <input type="checkbox"/> tomato |
| <input type="checkbox"/> hot dogs | <input type="checkbox"/> potato salad | <input type="checkbox"/> fruit cocktail | <input type="checkbox"/> corn |
| <input type="checkbox"/> hamburgers | <input type="checkbox"/> coleslaw | <input type="checkbox"/> applesauce | <input type="checkbox"/> pickles |
| <input type="checkbox"/> chicken nuggets | <input type="checkbox"/> pretzels | <input type="checkbox"/> yogurt | <input type="checkbox"/> milk |
| <input type="checkbox"/> tuna fish | <input type="checkbox"/> chips | <input type="checkbox"/> cottage cheese | <input type="checkbox"/> juice |
| <input type="checkbox"/> bologna | <input type="checkbox"/> cookies | <input type="checkbox"/> pudding | <input type="checkbox"/> soda |
| <input type="checkbox"/> soups, stews | <input type="checkbox"/> crackers | <input type="checkbox"/> jello | <input type="checkbox"/> water |

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

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

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

Dinner

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

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

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

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

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Snacks

- | | | | |
|---------------------------------------|---|--------------------------------------|--------------------------------|
| <input type="checkbox"/> corn chips | <input type="checkbox"/> popcorn | <input type="checkbox"/> yogurt | <input type="checkbox"/> milk |
| <input type="checkbox"/> potato chips | <input type="checkbox"/> fresh fruit | <input type="checkbox"/> cheese | <input type="checkbox"/> juice |
| <input type="checkbox"/> pretzels | <input type="checkbox"/> fruit rollups | <input type="checkbox"/> ice cream | <input type="checkbox"/> soda |
| <input type="checkbox"/> crackers | <input type="checkbox"/> fresh vegetables | <input type="checkbox"/> sour candy | |
| <input type="checkbox"/> nuts | <input type="checkbox"/> chocolate | <input type="checkbox"/> sweet candy | |

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

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

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

Seasonings and Condiments

- | | | | |
|---|---|-----------------------------------|---|
| <input type="checkbox"/> ketchup | <input type="checkbox"/> lemon juice | <input type="checkbox"/> parsley | <input type="checkbox"/> onion |
| <input type="checkbox"/> spicy mustard | <input type="checkbox"/> lime juice | <input type="checkbox"/> oregano | <input type="checkbox"/> garlic |
| <input type="checkbox"/> soy sauce | <input type="checkbox"/> vinegar | <input type="checkbox"/> paprika | <input type="checkbox"/> black pepper |
| <input type="checkbox"/> barbecue sauce | <input type="checkbox"/> salad dressing | <input type="checkbox"/> basil | <input type="checkbox"/> hot pepper |
| <input type="checkbox"/> salsa | <input type="checkbox"/> mayonnaise | <input type="checkbox"/> curry | <input type="checkbox"/> horseradish |
| <input type="checkbox"/> Worcestershire | <input type="checkbox"/> olives | <input type="checkbox"/> ginger | <input type="checkbox"/> salt |
| <input type="checkbox"/> relish | <input type="checkbox"/> pickles | <input type="checkbox"/> cinnamon | <input type="checkbox"/> yellow mustard |

Others:

Person completing form: _____

Relationship to client: _____ Date: _____