



**CURRENT FEEDING INFORMATION:**

1. Current feeding method (check all that apply):

- Breastfeeding     
  Bottle     
  Tube     
  Tube-Oral Combo     
  Sippy Cup  
 Open cup     
  Finger feed     
  Utensils     
  Self-feed     
  Caregiver assist

2. What foods does your child currently accept? \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

3. What foods does your child currently reject? \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

4. Feeding environment:

- a. Length of time for a feeding: \_\_\_\_\_  
 b. Child indicates hunger by: (circle all that apply) WAKING UP / CRYING / FUSSING / POINTING / USING WORDS  
 c. Child eats seated in what positions? (circle all that apply) PARENT LAP / LYING DOWN / HIGH CHAIR / TABLE / AWAY FROM TABLE / OTHER \_\_\_\_\_

5. Feeding Behaviors

| YES                      | NO                       | BEHAVIOR                                  |
|--------------------------|--------------------------|---|
| <input type="checkbox"/> | <input type="checkbox"/> | Messy eater                               |
| <input type="checkbox"/> | <input type="checkbox"/> | Overstuffs mouth                          |
| <input type="checkbox"/> | <input type="checkbox"/> | Pockets or holds food in mouth            |
| <input type="checkbox"/> | <input type="checkbox"/> | Not chewing / Sucks-mashes food           |
| <input type="checkbox"/> | <input type="checkbox"/> | Has difficulty chewing or swallowing food |
| <input type="checkbox"/> | <input type="checkbox"/> | Picky eater                               |
| <input type="checkbox"/> | <input type="checkbox"/> | Avoids certain textures                   |
| <input type="checkbox"/> | <input type="checkbox"/> | Doesn't like teeth brushed                |
| <input type="checkbox"/> | <input type="checkbox"/> | Doesn't like face washed                  |

6. Does your child drink any of the following?:

- a. Juice      NO / YES      How much a day? \_\_\_\_\_  
 b. Milk      NO / YES      How much a day? \_\_\_\_\_  
 c. Water      NO / YES      How much a day? \_\_\_\_\_

**DESCRIBE A TYPICAL DAY OF FEEDING:**

| <b>Time of Day</b> | <b>Time</b> | <b>Food Offered</b> | <b>Brand Information</b> | <b>Amount Eaten</b> |
|--------------------|-------------|---------------------|--------------------------|---------------------|
| Wake up            |             |                     |                          |                     |
| Breakfast          |             |                     |                          |                     |
| Morning<br>Snack   |             |                     |                          |                     |
| Lunch              |             |                     |                          |                     |
| Afternoon<br>Snack |             |                     |                          |                     |
| Dinner             |             |                     |                          |                     |
| Bedtime            |             |                     |                          |                     |