University of Glasgow | College of Medical, Veterinary & Life Sciences

Name
Date of Birth
CHI

Glasgow Feeding Clinic: Eating and feeding Questionnaire

Date: ___/___/____ Age: _____

Please tell us how well each of the phrases below apply to your child at present and in the last 2-4 weeks. Please tick one answer for each item and add any comments you feel will be helpful.

1: HOW YOUR CHILD EATS

My child:	Not at all	Rarely	Some-times	Most of the time	All the time	Comment
Likes food a lot	☐	☐	☐	☐	☐	
Is interested in food	☐	☐	☐	☐	☐	
Enjoys eating	☐	☐	☐	☐	☐	
Enjoys a wide variety of food	☐	☐	☐	☐	☐	
Eats quickly	☐	☐	☐	☐	☐	
Finishes his/her meals	☐	☐	☐	☐	☐	

How often does your child do the following when offered food?	Not at all	Rarely	Some-times	Most of the time	All the time	Comment
Turns head away	☐	☐	☐	☐	☐	
Pushes food away	☐	☐	☐	☐	☐	
Cries/ screams	☐	☐	☐	☐	☐	
Spits out food	☐	☐	☐	☐	☐	
Meals last more than an hour	☐	☐	☐	☐	☐	

2: HOW YOU FEED YOUR CHILD

Does your child feed him/herself?	Self feeds only	Mostly self feeds	Both	Carer mostly	Carer always	No solid food	Comment
Meals (foods that are served on a plate and usually eaten with a spoon/fork)	☐	☐	☐	☐	☐	☐	
Snacks (can be eaten with fingers e.g. crisps, biscuits, fruit)	☐	☐	☐	☐	☐	☐	

What sort of things do you do if your child refuses to eat?	Not at all	Rarely	Some-times	Most of the time	All the time	Comment
Encourage him/her to eat	☐	☐	☐	☐	☐	
Offer something else	☐	☐	☐	☐	☐	
Leave him/her alone	☐	☐	☐	☐	☐	
Restrain him by holding his/her hands	☐	☐	☐	☐	☐	
Try to force open his/her mouth	☐	☐	☐	☐	☐	
Pour food in to his/her mouth	☐	☐	☐	☐	☐	

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3: HOW YOU FEEL ABOUT HOW YOUR CHILD EATS

	Not at all	Rarely	Some-times	Most of the time	All the time	Comment
I worry that my child is not eating enough	☐	☐	☐	☐	☐	
My child's feeding causes significant anxiety to me	☐	☐	☐	☐	☐	
I am concerned about the variety of foods my child eats	☐	☐	☐	☐	☐	
I am concerned about my child's behaviour at mealtimes	☐	☐	☐	☐	☐	
I am concerned about my child's lack of interest and/or enjoyment of food	☐	☐	☐	☐	☐	
I am concerned about my child's eating speed	☐	☐	☐	☐	☐	

5: WHAT SORT OF FOOD TEXTURES YOUR CHILD EATS

How often does the child eat following types of food? (*please tick one answer for each*):	Never/ rarely	Once a month or more	Once a week or more	Once daily	More than once daily
Semi liquid pureed foods	☐	☐	☐	☐	☐
Soft mashed foods	☐	☐	☐	☐	☐
Lumpy soft foods	☐	☐	☐	☐	☐
Crisp solid foods	☐	☐	☐	☐	☐
Chewy solids foods	☐	☐	☐	☐	☐

6: WHAT YOUR CHILD DRINKS

Does your child ever drink any of the following: *If so, approximately how much?*	How much at time?	How many times per day?
Formula milk: specify Brand / type		
Cow's milk: full fat / semi skimmed/ skimmed		
Diluting **juice**, fruit juice, fruit shoots or fizzy drinks? (not sugar free)		
Water, sugar free drinks		
Any **other kind of milk** (e.g. breast milk, soya milk, high energy milk) specify:		
Tube feeds specify brand / type Via NG / Gastrostomy / other specify:		

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7: WHAT FOOD YOUR CHILD EATS

Does you child have any dietary restrictions?
(please circle any that apply) vegetarian / vegan / dairy free / gluten free / other (please specify:

How often does the child eat following? (*please tick one answer for each*):	Never/ rarely	Once a month or more	Once a week or more	Once daily	More than once daily
Bread (toast, pitta, flat breads)	☐	☐	☐	☐	☐
Potatoes (boiled, mashed)	☐	☐	☐	☐	☐
Fried potato products (chips, waffles)	☐	☐	☐	☐	☐
Rice or pasta	☐	☐	☐	☐	☐
Processed meat (sausages, chicken nuggets)	☐	☐	☐	☐	☐
Other meat/fish/chicken	☐	☐	☐	☐	☐
Eggs	☐	☐	☐	☐	☐
Cheese	☐	☐	☐	☐	☐
Sweet dairy products (yoghurt, ice cream, custard)	☐	☐	☐	☐	☐
Pulses (lentils, daal, beans, peas, chick peas)	☐	☐	☐	☐	☐
Nuts (including peanut butter, humus, Nutella)	☐	☐	☐	☐	☐
Sour Fruits (oranges, apple, grape)	☐	☐	☐	☐	☐
Sweet fruits (bananas, melon, pineapple, pear, mango, cherries, strawberries, peach)	☐	☐	☐	☐	☐
Green / leafy Vegetables (lettuce, cucumber, spinach, cabbage, cauliflower)	☐	☐	☐	☐	☐
Sweet vegetables (carrot, squash, sweet potato, sweet pepper)	☐	☐	☐	☐	☐
Savoury snack foods (crisps, chips, popcorn, savoury biscuits,)	☐	☐	☐	☐	☐
sweet snack foods (chocolates, sweets, sweet biscuits)	☐	☐	☐	☐	☐

Please record below all food offered for <u>3 days</u> before attending clinic

Day 1	time	Food and drinks offered	Amount eaten
Early morning			
Mid-morning			
Midday meal			
Mid Afternoon			
Evening			

Day 1	**time**	**Food and drinks offered**	**Foods eaten**
Early morning			
Mid-morning			
Midday meal			
Mid Afternoon			
Evening			

Day 2	time	Food and drinks offered	Foods eaten
Early morning			
Mid-morning			
Midday meal			
Mid Afternoon			
Evening			