Rady Children's Hospital San Diego

Children's Hospital and Health Center
3020 Children's Way
San Diego, CA 92123-4282

DTF545

PATIENT INFORMATION

Name: ______________________
MR#: __________ Finance: __________
DOB: ______________________
MD: ______________________

# Feeding History Form, Short version

**Please mark an X next to the feeding problems that currently apply to your child.**

___ Eats too fast
___ Eats too slow
___ Eats too little
___ Eats too much
___ Fails to chew food
___ Vomits or gags
___ Spits food out
___ Pushes food away
___ Fails to suck
___ Refuses to open mouth
___ Throws or drops food
___ Turns away from spoon
___ Pockets food
___ Plays with food
___ Drools
___ Leaves table
___ Eats non-food items
___ Sneaks or steals food
___ Takes food from others
___ Cries or tantrums
___ Messy eater
___ Refuses to swallow
___ Finicky eater
___ Ruminates
___ Other: ______________________
______________________________

**If your child eats by mouth, please answer the following questions…**
**Please mark an X by the food textures your child will accept.**

___ Strained/pureed
___ Blenderized
___ Mashed
___ Chopped
___ Crispy
___ Chewy
___ Crunchy
___ Regular
___ Liquid

**Where is your child during a typical meal and in what position?**
**Please mark an X to all places/positions that apply to your child.**

___ Lap
___ Infant seat
___ High chair
___ Booster seat
___ Table/chair
___ Stand/roam
___ Floor
___ Couch
___ Laying down
___ Other (please explain) ______________________________________________
________________________________________________________________

**What techniques are used during a meal with your child?**
**Please mark an X next to all techniques that apply.**

___ Coax
___ Threaten
___ Offer reward
___Send to room/time out
___ Limit foods
___ Forced feeding
___ Change food offered
___ Distract/play with toys
___Change meal schedule
___ Mini-meals
___ Ignore
___ Model
___ Spank
___ Praise
___ Use TV
___ Other (please explain) ______________________________________________
________________________________________________________________

**How long does a typical meal with your child take?**

___ 2-10 minutes ___ 15-25 minutes ___ 30-45 minutes ___ Over 45 minutes