



Rady Children's Hospital – San Diego  
 3020 Children's Way  
 San Diego, CA 92123-4282

DTF547



PATIENT INFORMATION

Name: \_\_\_\_\_  
 MR#: \_\_\_\_\_ Finance: \_\_\_\_\_  
 DOB: \_\_\_\_\_  
 MD: \_\_\_\_\_

**Feeding Team Data Collection**

Name:		FOOD:												
Date:	Session #:													
Tolerates food in room														
Tolerates food on table AWAY from him/her														
Tolerates food on table IN FRONT of him/her														
Tolerates food on plate														
Touches food with napkin/utensil/other food														
Touches food with one finger														
Touches food with two or more fingers														
Touches food with whole hand														
Picks up food to wave/tap/manipulate														
Places food on hand, arm, shoulder														
Puts food on head, neck or ears														
Brings food/liquid in close proximity to nose/mouth (e.g., to smell, to blow on, to blow bubbles in)														
Puts food on chin, cheek or nose														
Touches food to lips														
Licks lips														
Holds food in lips														
Taps food on teeth														
Touches food with tip of tongue														
Full tongue lick														
Holds food in mouth														
Bite pressure/gnawing on food														
Bites food, spits or drools out														
Bites food, chews/manipulates it in mouth, spits														
Bites food, chews/manipulates it in mouth, swallows some														
Bites food, chews it, swallows all OR takes puree/liquid in mouth and swallows														

KEY: 1 = initial contact; 2 = final step achieved

Notes: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_  
 Therapist Date

\_\_\_\_\_  
 Therapist Date