

Feeding Questionnaire

Child's Name _____

Birthdate _____ Today's Date _____

Name of parent completing questionnaire _____

What does your child usually eat for:

Breakfast

Lunch

Dinner

How is the food prepared? (Check all that apply)

_____ Regular liquid

_____ Thick liquid

_____ Commercial strained baby food

_____ Food prepared in the blender

_____ Ground or commercial junior foods

_____ Mashed soft table foods

_____ Regular table food (easy)

_____ Regular table food (hard)

_____ Other: _____

Which of these types of food are easiest for your child?

Which of these types of food are hardest for your child?

(over)

What “utensils” do you usually use when feeding your child? (check all that apply.)

<input type="checkbox"/>	Bottle	<input type="checkbox"/>	Breast
<input type="checkbox"/>	Cup	<input type="checkbox"/>	Straw
<input type="checkbox"/>	Spoon	<input type="checkbox"/>	Fingers
<input type="checkbox"/>	Fork	<input type="checkbox"/>	Other

Does your child have favorite food tastes? What are they?

Does your child have favorite food textures? What are they?

Does your child prefer food at a certain temperature? (cold, warm, hot, room temperature)?

Who usually feeds your child?

Who else can feed your child?

Where is your child fed? (In a chair? On your lap?)

How long does it take to feed your child?

What is the average amount of food and liquid your child takes during that time?

Does your child have any food allergies that you are aware of?

Do any other family members have allergies? (food, chemical, pollens, mold?)