

Food Range & Mealtime Assessment

MRN#: _____
FOR OFFICE USE ONLY

Child's Name: _____

Date Form Completed: _____

Instructions:

Please list foods your child consistently eats in the appropriate columns below. Use an additional sheet if you need more space.

	Protein	Carbohydrates/Starches	Fruits & Vegetables
1			
2			
3			
4			
5			
6			
7			
8			
9			
10			
11			
12			
13			
14			
15			
16			
17			
18			
19			
20			

Primary feeding concerns: _____

Please list any particular foods, textures, or tastes that your child will not eat:

Mealtime Assessment

How does your child eat?

- Child feeds self Child is fed by parent/caregiver Uses fork, spoon Uses fingers
- Bottle fed Breast Fed Tube feed Other

Where does your child eat most meals?

- Home Restaurants School

Mealtime seating (select all that apply):

- Regular chair Highchair Booster seat At the table
- Parent/caregiver lap Adapted chair Wheelchair Sits with family
- Other (please state): _____

Distractions present:

- TV Music Toys Other (please state): _____

Mealtime behaviors:

- Refuses to eat Cries or screams Spits or throws food Messy eater
- Arches/pulls back Leaves table before finishing

Mealtime schedule/routines

***** Please indicate foods/liquids typically consumed, as well as estimated quantities; also include nutritional supplements (brand and quantity)**

- No schedule, child grazes throughout day PM Snack: _____
- Breakfast: _____ Dinner: _____
- AM Snack: _____ Bedtime snack: _____
- Lunch: _____ Night feeds: _____

Please check if any of the following occur during food or liquid intake:

- Food/liquid coming out the nose choking Reflux
- Noisy or trouble breathing Change in color Gurgly voice
- Falling asleep Gagging Coughing
- Vomiting Stiffening Hyper-extending

Typical length of meals: _____

Sequence that food/liquid is presented: _____

Is child's weight appropriate for age and height? Yes No

Additional comments about meal schedule/routine: _____

***** IMPORTANT NOTE*****

To ensure a thorough and accurate feeding assessment, please bring your child hungry. It is also recommended that you bring 2 preferred foods and 2 non-preferred foods to the evaluation.