Appendix C
ARFID Supplemental Intake

Developmental Questions Regarding Food
Was your child able to eat typically at birth (e.g., could take a bottle or breast)?
Any medical concerns that prevented typical feeding? If so, what and for how long?
What was nursing/bottle feeding like?
At what age did you begin feeding your child orally?
Did your child have early food sensitivities (need to change formula)?
When did your child begin taking solids?
When did your child begin drinking from a cup?

Early Food Introduction
Rate of introduction of foods:
What was introduced first?
How often did you introduce new foods?
Rate of uptake of new foods (how many foods could you introduce at a time?):
How long until foods were no longer novel or were taken easily (days, weeks, never)?
Any challenges in introducing foods?
Any foods regularly rejected?
Any foods regularly accepted?

Number of foods eaten
By 1 year?
2 years?
3 years?
5 years?
7 years?
Developmental Concerns

Any developmental concerns for your child (e.g., autism, early motor or medial difficulties)?
Estimated cognitive functioning per parents/school documents:
Early failure to thrive?
Periods of decreased/increased height/weight changes?
Therapist concerns for the child:
Therapist evaluation of cognitive functioning/developmental level:

Physiological Symptoms

What is your child’s weight?
How has your child’s growth been (steady, delayed, always advanced)?
Does your child have sensitivities to any foods/food additives?
Has your child ever been tested for allergies? Other GI symptoms?
Frequency of urination:
Presence of nocturnal or diurnal enuresis?

Parental Report of Textural Sensitivities to (circle all that apply)
- Clothing: tightness, itchiness/scratchiness, labels/tags
- Food texture: mushy, soft, pudding textured, liquid, wet, crispy, dry, chewy, sweet, salty, spicy, mixed food, or mixed textures
- Food smells: during cooking, greasy, spicy/strong, tomato
- Food colors: greens/vegetables, beige foods/carbohydrates

Child Report of Textural Sensitivities to (circle all that apply)
- Clothing: tightness, itchiness/scratchiness, labels/tags
- Food texture: mushy, soft, pudding textured, liquid, wet, crispy, dry, chewy, sweet, salty, sour, spicy, mixed food, mixed textures, other
- Food smells: during cooking, greasy, spicy/strong, tomato, other
- Food colors: greens/vegetables, beige foods/carbohydrates, other

Eating Behaviors

Does your child have a quick gag reflex to foods?
Does your child take small bites or “nibble”? 

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Does your child have excessive or insufficient saliva production?
Has your child ever been dependent upon enteral feeds?
If so, through what mechanism (NG, GJ tubes):
Diurnal or nocturnal feeds (or both):
Any complications from feeding tubes (infections, liver dysfunction)?
Has your child used supplements to replace meals or nutritional supplement (e.g., Ensure)?
Are you concerned about your child’s specific vitamin/micronutrient needs (e.g., calcium)?
If so, which ones?
Have you used prescription or over-the-counter supplements?
If so, which ones (please mark current or past)?

Current Eating

Does your child have phase or “glut” foods that are strongly preferred?
Does your child lose interest in these foods after several weeks/months/years?
How are replacements for these foods found?
Current preferred foods:
Frequency of eating preferred foods (every meal, 2–3 times per day, once per day, number of days a week):
24-hour recall (including estimates of size of portions):

- Breakfast
- Snack
- Lunch
- Snack
- Dinner
- Snack

In-between or other additions, including liquids?
Are weekends different in terms of eating patterns, habits, or intake?
Is holiday/vacation eating different?
Does anyone in your family diet to lose weight?
If so, who?
Has your child dieted?
If so, which diets?

Anxiety Symptoms as They Relate to Eating

- How does your child respond when told they cannot have their preferred food item?
• How does your child respond when given a nonpreferred food item?
• How do you as parents respond to these behaviors/reactions?

**Anxiety Symptoms Outside of Eating**

• Does your child tend to engage in negative thinking?
• Do your child tend to “obsess” or “go on and on” about certain topics?
• Is your child difficult to soothe?
• When faced with a new situation, how does your child typically react?
• How long does it take your child to adjust to a new situation? What helps this transition? What makes it more difficult?

**What have you as parents tried in order to get your child to change their eating habits?**

• Previous therapy/treatment?
• Rewards/consequences?
• How do others in the family respond to your child’s eating behaviors?
• Do parents/caregivers respond differently to eating behaviors?

Foods your child will ALWAYS (or almost always) eat when offered*:

Foods your child will SOMETIMES (but not always) eat when offered.

Foods you can get your child to eat even if they are not preferred:

Foods your child will NEVER eat that would be beneficial or easier for the family if they did eat:

* Can also provide this as a take-home assignment to parents.

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