

Children's Therapy Center

Pediatric Occupational Therapy

Helping children achieve their fullest potential.

7881 Egleberry Street, Gilroy, CA 95020 • 408-842-1121

Questionnaire Regarding Feeding at Home

1. Who feeds your child at home?
 - a. Do different caregivers feed your child in different ways (e.g., different positions?)
 - b. Does your child seem to respond different to different feeders?
 - c. If only one caregiver feeds your child, what is the effect of this total responsibility on this caregiver?

2. Describe your child's problems with feeding?
 - a. Does your child have difficulty with sucking or drinking?
 - b. Does your child have problems biting or chewing?
 - c. Does you child cough or choke? When? How often?
 - d. What do you think is causing your child's problems with eating?

3. How much help does your child need with feeding?
 - a. Do you manually assist your child in chewing and drinking?
 - b. Does your child self feed or do you assist them in self feeding?
 - c. Is your child independent in using a cup or do you have to assist him or her?
4. How do you know when your child is hungry?
5. How do you know when your child has had enough?
 - a. Does your child stop eating when satisfied?
 - b. Can your child's endurance cause them to stop eating before they are full?
6. When and how often is your child fed, and how long does a meal take?
7. How much food/milk/formula does your child consume?
Each meal?

Each day?
8. If your child gets something other than formula, milk or baby food, do you do anything special to prepare the food? i.e. mash or cut up?
9. When your child is fed at home, where does he/she sit? (e.g. in a chair at the table, high chair, or a hair)?
 - a. How do you position your child?
 - b. Is there anything special that you do to adapt the seating?

10. What bottles, nipples, or spoons are used in feeding? (Type or shape)
 - a. If adapted equipment is used in feeding, what is it and how is it used?
 - b. Have you tried special equipment before and decided that it was not working for you and your child?
11. Describe your child's response to feeding. When does your child most enjoy feeding?
12. How does your child react to foods that or that have different textures, tastes or temperatures?
13. Does your child's performance and behavior during feeding differ in the morning, midday, or night?
14. Who is around during most meals, and what else is going on in the room?
15. Has anyone given you suggestions on how to feed your child? How did these work for you?