



FEEDING HISTORY

Child's Name: _____ DOB: _____ Date: _____

Premature: Yes No Adopted: Yes No Male: ___ Female: ___

Parent(s) Name(s): _____

Child's Diagnosis: _____

Allergies/Sensitivities: _____

Please complete the following questions to the best of your knowledge.

1. Does your child have: G-tube J-tube NG tube Oral tube
2. Has your child previously had: _ G-tube_ J-tube_ NG tube_ Oral tube
Dates: _____
3. Is the doctor considering placing a feeding tube at this time? Yes No
4. If your child has had any of the below listed tests, please explain the results:
 - A. Swallow study (VFS): _____
 - B. Upper GI study (UGI): _____
 - C. Endoscopy: _____
 - D. Milk Scan: _____
 - E. pH probe: _____
5. If your child is currently on any medications, please list type of medication and reason: _____

6. Are there any foods that your family doesn't eat due to cultural, religious, or personal beliefs? _____

7. If your child has or has ever had, any of the following problems, please explain:
- A. Dental Problems: _____
 - B. Frequent Constipation: _____
 - C. Frequent Diarrhea: _____
 - D. Vomiting: _____
 - E. Choking: _____
 - F. Gagging: _____
 - G. Coughing: _____
8. Has your child lost or gained any weight in the last 6 months? How much? Please describe any concerns you have with your child's weight: _____
9. Does your child have regular bowel movements? Do you need to use anything to stimulate a bowel movement? _____
10. If your child had difficulty with the below-listed skills, please describe:
- A. Breast or bottle feeding: _____
 - B. Drinking from an open cup: _____
 - C. Straw drinking: _____
11. During early feedings, did your child frequently arch his/her back, spit up, gag, cough, vomit or pull away from the nipple? Circle the behaviors observed and describe when they would happen, why, and for how long: _____
12. Does your child have a history of GERD? Please list date of onset, and symptoms associated. _____
13. At what age was your child introduced to the following, and is your child still using these?
- A. Baby cereal: _____
 - B. Baby food: _____
 - C. Finger foods: _____
 - D. Table foods: _____
 - E. Pacifier: _____
 - F. Thumb sucking: _____
13. Concerning your child's current mealtime:
- A. Who typically feeds your child? _____
 - B. Who typically eats with your child? _____
 - C. What type of chair is used? _____
 - D. How long are meals typically? _____

E. Are there any adaptations used to help your child maintain a correct sitting position (e.g., bolster seat, seat insert, chest strap, lap tray, head support, hip strap)? _____

F. Describe any utensils or special cups/bowls your child uses: _____

G. Do you allow your child to get messy during mealtime? Yes No If yes, does your child enjoy being messy? _____

H. Describe any negative reactions associated with hand and face washing?

I. Are there any other activities going on at mealtime? What activities (describe)? _____

14. Please describe any strong preferences to certain food *brands*: (If applicable, please list.) _____

15. What is your child's response when presented with a new food or a food he/she dislikes? _____

16. Describe any problems you may have managing your child's behaviors related to feeding (i.e., refusal to eat, vomiting, eating very slowly, tantrums): _____

17. If the smells of certain foods bother your child, please describe which foods and his/her reaction: _____

18. Describe any strong preferences your child has for food temperature: _____

19. At this time, does your child use any of the following:

A. Bottle: _____

B. Sippy cup: _____

C. Open cup: _____

D. Straw: _____

20. Describe your child's snack routine (e.g., on-the-go, grazing, set time, etc.): _____

21. How do you know if your child is hungry? _____

22. List your child's top three foods (be specific):

1. _____

2. _____

3. _____

23. Does your child have strong preferences for other mealtime items (e.g., a certain seat, a specific spoon, fork, plate, placemat)? _____

24. If your child is tube fed, please answer the following questions.

A. What type of formula is used and exactly how do you mix it? _____

B. Describe where your child is tube fed and what activities are occurring at the same time: _____

C. Describe your child's reaction to tube feedings (i.e., connecting, during, disconnecting): _____

D. Please describe your child's position during typical feeding (sitting on lap, reclined in your arms, highchair, booster seat, adapted chair): _____

Please detail your child's feeding schedule below:

| Time of Feeding | NG, G, Continuous | Amount | Gravity or Pump | Time period/ rate |
|------------------------|--------------------------|---------------|------------------------|--------------------------|
| | | | | |
| | | | | |
| | | | | |
| | | | | |

25. If your child is being followed by a feeding clinic, nutritionist, please list: _____

26. What are your goals for your child during feeding therapy? _____

27. Please note any other information you think is applicable: _____

FOOD INVENTORY

| Proteins/ Meats | Types/Specifics (Circle each one your child will eat OR write in additional proteins/ meats | Brands | A= Always eats S= Sometimes eats N= Never eats NA= Has not been given the opportunity | Comments/ Other Information |
|----------------------|--|---------------------------|---|---|
| Ex: Fish | Fillet, patty, sticks | Gorton's Crunchy | S - He only eats at Grandma's | Will only eat at Grandma's house |
| Ex: Nuts | Peanuts and cashews | | A | Favorite snack after school |
| Ex: Peanut Butter | Creamy, chunky | Only eats Skippy brand | S | Eats with cracker; does not like with other foods |
| Bacon | | | | |
| Beans | | | | |
| Beef | Patties, ground, steak, meat loaf | | | |
| Bologna | | | | |
| Chicken | Patties, strips, nuggets, breast, wings | | | |
| Crab (real) | Cakes, legs, cold | | | |
| Eggs | Scrambled, overeat, over medium, hard boiled | | | |
| Fish | Sticks, fillet, patty | | | |
| Ham | Baked, lunch meat | | | |
| Hot Dogs | | | | |
| Lamb | | | | |

| Proteins/ Meats | Types/Specifics (Circle each one your child will eat OR write in additional proteins/ meats | Brands | A= Always eats S= Sometimes eats N= Never eats NA= Has not been given the opportunity | Comments/ Other Information |
|--------------------|--|--------|---|-----------------------------------|
| Lentils | | | | |
| Lima Beans | | | | |
| Lobster | | | | |
| Nuts | | | | |
| Pepperoni | | | | |
| Pork | Ground, roast, pork chops | | | |
| Peanut Butter | Creamy, chunky | | | |
| Roast Beef | | | | |
| Sausage | Breakfast, Italian links, patties | | | |
| Salami | | | | |
| Salmon | | | | |
| Shrimp | | | | |
| Sushi | | | | |
| Tofu | | | | |
| Tuna | Canned, fresh | | | |
| Turkey | Lunch meat, breast | | | |

| Proteins/ Meats | Types/Specifics (Circle each one your child will eat OR write in additional proteins/ meats | Brands | A= Always eats S= Sometimes eats N= Never eats NA= Has not been given the opportunity | Comments/ Other Information |
|--------------------|--|--------|---|-----------------------------------|
| Veggie Burgers | | | | |
| Venison | | | | |
| Other: | | | | |
| Other: | | | | |
| Other: | | | | |
| Other: | | | | |
| Other: | | | | |
| Other: | | | | |

| Fruits | Types/Specifics (Circle each one your child will eat OR write in additional proteins/ meats | Brands | A= Always eats S= Sometimes eats N= Never eats NA= Has not been given the opportunity | Comments/ Other Information |
|--------------------|--|--------|--|--------------------------------|
| Ex: Banana | Can't be mushy or soft | Any | S - Rejects over ripe/ soft | Sometimes stuffs mouth |
| Apples | Red, green, yellow | | | |
| Apricots | | | | |
| Avocado | | | | |
| Banana | | | | |
| Blackberry | | | | |
| Blueberry | | | | |
| Cantaloupe | | | | |
| Cherries | Fresh, canned | | | |
| Coconut | | | | |
| Cranberry | | | | |
| Figs | Raw, dried | | | |
| Grapes | Red, green | | | |
| Grapefruit | | | | |
| Honey Dew Melon | | | | |

| Fruits | Types/Specifics (Circle each one your child will eat OR write in additional proteins/ meats | Brands | A= Always eats S= Sometimes eats N= Never eats NA= Has not been given the opportunity | Comments/ Other Information |
|-------------|--|--------|--|--------------------------------|
| Kiwi | | | | |
| Lemon | | | | |
| Lime | | | | |
| Mango | | | | |
| Melon | | | | |
| Nectarine | | | | |
| Oranges | Fresh, canned | | | |
| Papaya | | | | |
| Peaches | Fresh, canned | | | |
| Pear | Fresh, canned | | | |
| Pineapple | Fresh, canned | | | |
| Plum | | | | |
| Pomegranate | | | | |
| Raisins | | | | |
| Strawberry | | | | |

| Fruits | Types/Specifics (Circle each one your child will eat OR write in additional proteins/ meats | Brands | A= Always eats S= Sometimes eats N= Never eats NA= Has not been given the opportunity | Comments/ Other Information |
|------------|--|--------|---|-----------------------------------|
| Tangerine | | | | |
| Tomatoes | | | | |
| Watermelon | | | | |
| Other: | | | | |
| Other: | | | | |
| Other: | | | | |
| Other: | | | | |
| Other: | | | | |
| Other: | | | | |

| Vegetables | Types/Specifics (Circle each one your child will eat OR write in additional proteins/ meats | Brands | A= Always eats S= Sometimes eats N= Never eats NA= Has not been given the opportunity | Comments/ Other Information |
|---------------------|--|--------|---|-----------------------------------|
| Ex: French Fries | Home cooked or from restaurant | All | A | McDonalds are preferred brand |
| Artichokes | | | | |
| Asparagus | | | | |
| Avocado | | | | |
| Beets | | | | |
| Black Olives | Fresh, canned | | | |
| Broccoli | Cooked, raw | | | |
| Brussel Sprouts | | | | |
| Cabbage | | | | |
| Carrots | Cooked, raw | | | |
| Cauliflower | | | | |
| Celery | | | | |
| Corn | Canned, on the cob, frozen | | | |
| Cucumber | | | | |
| Eggplant | | | | |

| Vegetables | Types/Specifics (Circle each one your child will eat OR write in additional proteins/ meats | Brands | A= Always eats S= Sometimes eats N= Never eats NA= Has not been given the opportunity | Comments/ Other Information |
|--------------|--|--------|---|-----------------------------------|
| French Fries | | | | |
| Green Beans | | | | |
| Green Olives | Fresh, canned | | | |
| Hash Browns | | | | |
| Kale | | | | |
| Lettuce | | | | |
| Mushrooms | Fresh, canned | | | |
| Onions | | | | |
| Peas | Fresh, canned, frozen | | | |
| Pickles | | | | |
| Potatoes | Hash browns, Tator Tots, baked, mashed | | | |
| Peppers | Green, yellow, red, raw, cooked | | | |
| Radishes | | | | |
| Spinach | | | | |
| Squash | | | | |

| Vegetables | Types/Specifics (Circle each one your child will eat OR write in additional proteins/ meats | Brands | A= Always eats S= Sometimes eats N= Never eats NA= Has not been given the opportunity | Comments/ Other Information |
|----------------|--|--------|--|--------------------------------|
| Sweet Potatoes | | | | |
| Tomato | Cherry, Roma | | | |
| Yams | | | | |
| Zucchini | | | | |
| Other: | | | | |
| Other: | | | | |
| Other: | | | | |
| Other: | | | | |
| Other: | | | | |
| Other: | | | | |

| Beverages | Types/Specifics (Circle each one your child will eat OR write in additional proteins/ meats | Brands | A= Always eats S= Sometimes eats N= Never eats NA= Has not been given the opportunity | Comments/ Other Information |
|---------------|--|--------|--|--------------------------------|
| Ex: Milk | 2%, 1%, skim, chocolate, soy, almond | | A | |
| Cider | | | | |
| Coffee | Caffeinated, decaf | | | |
| Hot Chocolate | | | | |
| Ice Tea | | | | |
| Juice | Orange, grape, apple, fruit, punch | | | |
| Lemonade | | | | |
| Milk | 2%, 1%, skim, chocolate, soy, almond | | | |
| Milk Shake | | | | |
| Soda | | | | |
| Smoothie | | | | |
| Tea | | | | |
| Pediasure | | | | |
| Water | | | | |
| Pop/Soda | | | | |

3-DAY FEEDING LOG

Date: _____

| Time | Food Offered | Amount | Comments |
|------|--------------|--------|----------|
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |

3-DAY FEEDING LOG

Date: _____

| Time | Food Offered | Amount | Comments |
|------|--------------|--------|----------|
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |

3-DAY FEEDING LOG

Date: _____

| Time | Food Offered | Amount | Comments |
|------|--------------|--------|----------|
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |