

The Montreal Children's Hospital Feeding Program

For children: 6 months (already started on purees) - 6 years

Date: _____ Name of child: _____

Please CIRCLE the corresponding number on each item. Note that the meaning of the numbers varies – they do not all go in the same direction. Please read each question carefully. Thank you.

1. How do you find mealtimes with your child? 1 2 3 4 5 6 7

Very difficult *Easy*
2. How worried are you about your child's eating? 1 2 3 4 5 6 7

Not worried *Very worried*
3. How much appetite (hunger) does your child have? 1 2 3 4 5 6 7

Never hungry *Good appetite*
4. When does your child start refusing to eat during mealtimes? 1 2 3 4 5 6 7

At the beginning *At the end*
5. How long do mealtimes take for your child (in minutes)? 1 2 3 4 5 6 7

1-10 11-20 21-30 31-40 41-50 51-60
6. How does your child behave during mealtimes? 1 2 3 4 5 6 7

Behaves well *Acts up makes a big fuss*
7. Does your child gag or spit or vomit with certain types of food? 1 2 3 4 5 6 7

Never *Most of the time*
8. Does your child hold food in his/her mouth without swallowing it? 1 2 3 4 5 6 7

Most of the time *Never*
9. Do you have to follow your child around or use distractions (toys, TV) so that your child will eat? 1 2 3 4 5 6 7

Never *Most of the time*
10. Do you have to force your child to eat or drink? 1 2 3 4 5 6 7

Most of the time *Never*
11. How are your child's chewing (or sucking) abilities? 1 2 3 4 5 6 7

Good *Very poor*
12. How do you find your child's growth? 1 2 3 4 5 6 7

Growing poorly *Growing well*
13. How does your child's feeding influence your relationship with him/her.? 1 2 3 4 5 6 7

Very negatively *Not at all*
14. How does your child's feeding influence your family relationships? 1 2 3 4 5 6 7

Not at all *Very negatively*