

# OCCUPATIONAL THERAPY: FEEDING

## SCREENING FORM

Occupational therapists can use the form to screen children aged 3+ years on their feeding skills. The form can be used to screen for services and provide additional information for evaluations. The completion of the form is meant to be used in-person, both by observing the child and gathering parent report.

*\*There may be precautions and contraindications that may impact a client's feeding. You should include the precautions and contraindications in the designated comments section.\**

**Child's Name:** \_\_\_\_\_ **Date of Birth:** \_\_\_\_\_ **Age:** \_\_\_\_\_

**Therapist:** \_\_\_\_\_ **Relationship to child:** \_\_\_\_\_ **Date:** \_\_\_\_\_

### Background/Medical Information

Please share your child's current health information, such as medical diagnosis, ear infections, constipations, and tooth decay.

Does your child currently take medications, such as prescriptions, vitamins, and over-the-counter medications?

Do any of the medication impact appetite?    YES    NO    If so, please explain.

Is your child on a special diet, such as gluten free and vegetarians?    YES    NO    If so, please explain.

Does your child have allergies?    YES    NO    If so, please explain.

Has your child had any surgeries?	YES	NO	If so,	Type of Surgery	Age of Child

Has your child had any medical procedures?	YES	NO	If so,	Procedure	Date

Has your child had any significant illnesses?	YES	NO	If so,	Reason for Illnesses	Date/Age

Please describe your family history:

Family member	Relationship to child	Diagnosis	Medical Problems	Developmental Delay	Feeding Difficulties

What are your concerns regarding your child's feeding?



## Eating Utensils

Questions	Yes	No
Does your child use his/her fingers to eat foods?	<input type="checkbox"/>	<input type="checkbox"/>
Does your child use a spoon to scoop food and bring to his/ her mouth?	<input type="checkbox"/>	<input type="checkbox"/>
If so, are there a lot or little spillage?      A LOT      LITTLE		
Does your child use a fork to spear food and bring to his/ her mouth?	<input type="checkbox"/>	<input type="checkbox"/>
If so, are there a lot or little spillage?      A LOT      LITTLE		

**Comments:** .....

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## Meal Routine

Questions	Yes	No
Does your child sit in a high chair?	<input type="checkbox"/>	<input type="checkbox"/>
Does your child sit in a regular chair?	<input type="checkbox"/>	<input type="checkbox"/>
Does your child sit still and upright in a chair at a table during meals?	<input type="checkbox"/>	<input type="checkbox"/>
Does your child eat meals with the family?	<input type="checkbox"/>	<input type="checkbox"/>

**Comments:** .....

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## Sensory Behaviors

Questions	Yes	No
Does your child become upset when he/she looks at certain types of foods?	<input type="checkbox"/>	<input type="checkbox"/>
Does your child eat food of different colors?	<input type="checkbox"/>	<input type="checkbox"/>
Does your child become upset when he/she smells certain types of food?	<input type="checkbox"/>	<input type="checkbox"/>
Does your child smell food before eating it?	<input type="checkbox"/>	<input type="checkbox"/>
Does your child avoid touching certain foods?	<input type="checkbox"/>	<input type="checkbox"/>
Does your child avoid touching food by preferring to be fed or use eating utensils?	<input type="checkbox"/>	<input type="checkbox"/>
Does your child eat foods of different textures? The following are examples: smooth, crunchy, and firm.	<input type="checkbox"/>	<input type="checkbox"/>
Does your child eat foods of different temperatures? The following are examples: warm and cold.	<input type="checkbox"/>	<input type="checkbox"/>
Does your child gag when certain foods are in his/her mouth?	<input type="checkbox"/>	<input type="checkbox"/>
Does your child 'stuff' their mouth with food and not notice there's too much food in their mouth?	<input type="checkbox"/>	<input type="checkbox"/>
Does your child lick, bite, and/or chew on non-edible objects or toys for majority of the day?	<input type="checkbox"/>	<input type="checkbox"/>

**Comments:** .....

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### Biting Food

Questions	Yes	No
Does your child take bites of soft foods? The following are examples: banana and avocado.	<input type="checkbox"/>	<input type="checkbox"/>
Does your child take bites of firm foods? The following are example: toast and crackers.	<input type="checkbox"/>	<input type="checkbox"/>
Does your child take bites of very hard foods? The following are examples: apple slices and carrots.	<input type="checkbox"/>	<input type="checkbox"/>
Does your child use a fork to spear food and bring to his/her mouth?	<input type="checkbox"/>	<input type="checkbox"/>

**Comments:** .....

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### Chewing Food

Questions	Yes	No
Does your child chew foods with his/her jaw moving up and down?	<input type="checkbox"/>	<input type="checkbox"/>
Does your child chew foods with his/her jaw in a diagonal manner (side to side)?	<input type="checkbox"/>	<input type="checkbox"/>
Does your child chew foods with his/her jaw moving in a circular manner?	<input type="checkbox"/>	<input type="checkbox"/>
Does your child keep most of the food in the mouth when chewing?	<input type="checkbox"/>	<input type="checkbox"/>

**Comments:** .....

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### Swallowing Food

Questions	Yes	No
Does your child cough or gag when swallowing liquids?	<input type="checkbox"/>	<input type="checkbox"/>
Does your child cough or gag when swallowing foods?	<input type="checkbox"/>	<input type="checkbox"/>
Does your child drool?	<input type="checkbox"/>	<input type="checkbox"/>

**Comments:** .....

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#### The design of the screening checklist was influenced by:

- American Occupational Therapy Association. (2014). Occupational therapy practice framework: Domain & process (3rd ed.). *American Journal of Occupational Therapy*, 68(Suppl. 1), S1-S48. <http://dx.doi.org/10.5014/ajot.2014.682006>
- Carruth, B. R., Ziegler, P. J., Gordon, A., & Hendricks, K. (2004). Developmental milestones and self-feeding behaviors in infants and toddlers. *Journal of American Dietetic Association*, 104(1), 51-56. <https://doi.org/10.1016/j.jada.2003.10.019>
- English, L. K., Obbagy, J. E., Wong, Y. P., Butte, N. F., Dewey, K. G., Fox, M. K., Greer, F. R., Krebs, N. F., Scanlon, K. S., & Stoody, E. E. (2019). Complementary feeding and developmental milestones: A systematic review. *American Journal of Clinical Nutrition*, 109(7), 879-889. <https://doi.org/10.1093/ajcn/nqy321>
- Morris, S.E. & Dunn-Klein, M. (2000). *Pre-feeding skills: A comprehensive resource for mealtime development (2nd ed.)*. Austin, TX: PRO-ED, Inc.
- Overland, L. L., & Merkel-Walsh, R. (2013). *A sensory motor approach to feeding*. Charleston, SC: TalkTools.
- Pighetti, D., Hirschwald, J., & Gilheaney, O. (2020). Developmental feeding milestones in the transition from non-oral feeding to oral feeding in premature infants: A scoping review. *Speech, Language and Hearing*, 25(1), 82-97. <https://doi.org/10.1080/2050571X.2021.1985894>