PEDIATRIC EATING ASSESSMENT TOOL (PediEAT)

Directions: We are interested in learning about the eating behaviors of your child. The items below may not apply to every child. When filling this out, think about what is typical for your child at this time.

PHYSIOLOGIC SYMPTOMS

	0	1	2	3	4	5	
My child…	Never	Almost Never	Sometimes	Often	Almost Always	Always	Score
1. gets watery eyes when eating	☐	☐	☐	☐	☐	☐	
2. gets red color around eyes or face when eating	☐	☐	☐	☐	☐	☐	
3. coughs during or after eating	☐	☐	☐	☐	☐	☐	
4. sounds gurgly or like they need to cough or clear their throat during or after eating	☐	☐	☐	☐	☐	☐	
5. sounds different during or after a meal (for example, voice becomes hoarse, high-pitched, or quiet)	☐	☐	☐	☐	☐	☐	
6. chokes or coughs on water or other thin liquids	☐	☐	☐	☐	☐	☐	
7. moves head down toward chest when swallowing	☐	☐	☐	☐	☐	☐	
8. has food or liquid come out of nose when eating	☐	☐	☐	☐	☐	☐	
9. gets pale or blue color around his/her lips during meals	☐	☐	☐	☐	☐	☐	
10. breathes faster or harder when eating	☐	☐	☐	☐	☐	☐	
11. needs to take a break during the meal to rest or catch their breath	☐	☐	☐	☐	☐	☐	
12. gets tired from eating and is not able to finish	☐	☐	☐	☐	☐	☐	
13. sweats/gets clammy during meals	☐	☐	☐	☐	☐	☐	
14. tilts head back while eating	☐	☐	☐	☐	☐	☐	
15. burps more than usual while eating	☐	☐	☐	☐	☐	☐	
16. throws up during mealtime	☐	☐	☐	☐	☐	☐	
17. throws up between meals (from 30 minutes after the last meal until the next meal)	☐	☐	☐	☐	☐	☐	
18. arches back during or after meals	☐	☐	☐	☐	☐	☐	

	0	1	2	3	4	5	
My child…	Never	Almost Never	Sometimes	Often	Almost Always	Always	Score
19. gags when it is time to eat (for example, when they see food or when placed in high chair)	☐	☐	☐	☐	☐	☐	
20. gags with smooth foods like pudding	☐	☐	☐	☐	☐	☐	
21. gags with textured food like coarse oatmeal	☐	☐	☐	☐	☐	☐	
22. gags, coughs, or vomits when brushing teeth (if your child does not have teeth, select Never. If your child will not allow you to brush his/her teeth, select Always)	☐	☐	☐	☐	☐	☐	
23. gets a bloated tummy after eating	☐	☐	☐	☐	☐	☐	
24. turns red in face, may cry with stooling	☐	☐	☐	☐	☐	☐	
25. has gas	☐	☐	☐	☐	☐	☐	
26. drools when eating	☐	☐	☐	☐	☐	☐	
27. has a hard time eating due to stuffy nose	☐	☐	☐	☐	☐	☐	
						Physiologic Symptoms Subscale Score	
If you would like to explain any of your responses, please do so here:							

PROBLEMATIC MEALTIME BEHAVIORS

	0	1	2	3	4	5	
My child…	Never	Almost Never	Sometimes	Often	Almost Always	Always	Score
28. avoids eating by playing or talking	☐	☐	☐	☐	☐	☐	
29. has to be told to start eating	☐	☐	☐	☐	☐	☐	
30. has to be reminded to keep eating	☐	☐	☐	☐	☐	☐	
31. won't eat at meals, but wants food later	☐	☐	☐	☐	☐	☐	
32. stops eating after a few bites	☐	☐	☐	☐	☐	☐	
33. refuses to eat	☐	☐	☐	☐	☐	☐	
34. shows more stress during meals than during non-meal times (whines, cries, gets angry, tantrums)	☐	☐	☐	☐	☐	☐	
35. likes something one day and not the next	☐	☐	☐	☐	☐	☐	

	0	1	2	3	4	5	
My child…	Never	Almost Never	Sometimes	Often	Almost Always	Always	Score
36. insists on food being offered in a certain way (such as, how food is on the plate or what dish or spoon is used, or where they sit)	☐	☐	☐	☐	☐	☐	
37. insists on being fed by the same person(s)	☐	☐	☐	☐	☐	☐	
38. becomes upset by the smell of food	☐	☐	☐	☐	☐	☐	
39. throws food or pushes food away	☐	☐	☐	☐	☐	☐	
40. prefers to drink instead of eat	☐	☐	☐	☐	☐	☐	
41. prefers crunchy foods	☐	☐	☐	☐	☐	☐	
42. eats better when entertained	☐	☐	☐	☐	☐	☐	
43. takes more than 30 minutes to eat	☐	☐	☐	☐	☐	☐	
44. needs mealtime to be calm	☐	☐	☐	☐	☐	☐	
45. wants the same food for more than two weeks in a row	☐	☐	☐	☐	☐	☐	
Items below are scored according to the numbers at right	5	4	3	2	1	0	
	Never	Almost Never	Sometimes	Often	Almost Always	Always	
46. likes to eat	☐	☐	☐	☐	☐	☐	
47. eats a variety of foods (fruits, vegetables, proteins, etc.)	☐	☐	☐	☐	☐	☐	
48. is willing to stay seated during mealtime	☐	☐	☐	☐	☐	☐	
49. opens their mouth when food is offered	☐	☐	☐	☐	☐	☐	
50. is willing to touch food with their hands	☐	☐	☐	☐	☐	☐	
					Problematic Mealtime Behaviors Subscale Score		

If you would like to explain any of your answers, please do so here:

SELECTIVE / RESTRICTIVE EATING

	5	4	3	2	1	0	
My child…	Never	Almost Never	Sometimes	Often	Almost Always	Always	Score
51. will eat mixed texture foods	☐	☐	☐	☐	☐	☐	
52. will eat food warmer than room temperature	☐	☐	☐	☐	☐	☐	
53. is willing to feed self (if younger in age, holds cup, feeds self crackers)	☐	☐	☐	☐	☐	☐	
54. keeps food in mouth when eating (food means non-liquids)	☐	☐	☐	☐	☐	☐	
55. keeps liquids in mouth when drinking	☐	☐	☐	☐	☐	☐	
56. keeps their tongue inside mouth during eating	☐	☐	☐	☐	☐	☐	
57. acts hungry before meals	☐	☐	☐	☐	☐	☐	
	5	4	3	2	1	0	
For the following items, if your child is younger than 15 months and is not offered these foods, select Always. If your child is over 15 months and not offered these foods or refuses to eat these foods, select Never.	Never	Almost Never	Sometimes	Often	Almost Always	Always	Score
58. will eat foods that need to be chewed	☐	☐	☐	☐	☐	☐	
59. will eat textured food like coarse oatmeal	☐	☐	☐	☐	☐	☐	
60. will eat frozen food, like ice cream	☐	☐	☐	☐	☐	☐	
61. chews their food enough	☐	☐	☐	☐	☐	☐	
62. moves food in their mouth when chewing without help	☐	☐	☐	☐	☐	☐	
Items below are scored according to the numbers at right	0	1	2	3	4	5	
	Never	Almost Never	Sometimes	Often	Almost Always	Always	Score
63. sniffs food or objects	☐	☐	☐	☐	☐	☐	
64. spits food out	☐	☐	☐	☐	☐	☐	
65. eats too fast	☐	☐	☐	☐	☐	☐	
						Selective / Restrictive Eating Subscale Score	

If you would like to explain any of your responses, please do so here:

ORAL PROCESSING

	0	1	2	3	4	5	
My child…	Never	Almost Never	Sometimes	Often	Almost Always	Always	Score
66. stores food in their cheek or roof of mouth	☐	☐	☐	☐	☐	☐	
67. gets food stuck in their cheek or roof of mouth	☐	☐	☐	☐	☐	☐	
68. prefers smooth foods like yogurt	☐	☐	☐	☐	☐	☐	
69. puts too much food in mouth at one time	☐	☐	☐	☐	☐	☐	
70. puts fingers in mouth to move food	☐	☐	☐	☐	☐	☐	
71. prefers strong flavors	☐	☐	☐	☐	☐	☐	
72. bites down on the spoon or fork and does not release it easily	☐	☐	☐	☐	☐	☐	
73. grinds teeth when awake (if your child does not have teeth, please select Never.	☐	☐	☐	☐	☐	☐	
74. chews on toys, clothes, or other objects	☐	☐	☐	☐	☐	☐	
Items below are scored according to the numbers at right	0	1	2	3	4	5	
For the following items, if your child is younger than 15 months and is not offered chewable foods, select Never. If your child is over 15 months and not offered these foods or refuses to eat these foods, select Always.	Never	Almost Never	Sometimes	Often	Almost Always	Always	Score
75. has to be reminded to chew food	☐	☐	☐	☐	☐	☐	
76. sucks on food to soften or moisten it, rather than chewing it	☐	☐	☐	☐	☐	☐	
77. chews food but doesn't swallow it	☐	☐	☐	☐	☐	☐	
78. chews a bite of food for a long time (~30 seconds or longer)	☐	☐	☐	☐	☐	☐	
						Oral Processing Subscale Score	

If you would like to explain any of your responses, please do so here: