

Mealtime Behaviour Checklist

Child's Name: _____

These questions are about behaviours that your child may display during mealtimes. Please indicate your answers as always, sometimes or never, depending on how often your child shows these behaviours.

Does your child:	Always	Sometimes	Never
Dislike sitting in the highchair/at the table?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Play with their food?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Throw food?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Dislike food on their face?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Dislike food on their hands?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Stuff their mouth with food?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Need to watch TV/iPad during meals?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Need to be force fed?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

At mealtimes or snack times, does your child:	Always	Sometimes	Never
Become distressed?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Get anxious?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Get frustrated?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Gag?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Spit out lumps?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Vomit?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Choke?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Cough on food or drink?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Have a gurgly voice after eating?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Have difficulty biting and/or chewing?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Have difficulty swallowing?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

How would you describe your child's *state of awareness / level of engagement*? Select all words that apply to your child.

- Over aware
 Sensitive
 Hypervigilant

(eg may dislike eating in noisy or busy environments such as a café or mothers group, may avoid some textures such as playing with sand or playdough, may become upset or distressed by certain loud noises, always very aware of what's happening around them such as noticing tags on their clothing or traffic driving past outside the house)

- Over active
 Under active
 Calm
 Alert
 Just right
 Day dreamer
 Misses information
 Bored

(eg may avoid highchair as prefers to be on the move, may eat better in busy environments or with music playing, enjoys lots of touch information such as rough and tumble play, is not bothered by food on their face or a messy tray, is not bothered by loud noises or strong smells)

Comments: