

# TOTAL *Kids* PEDIATRIC THERAPY

Please answer these questions about your child's eating behaviors.

Coughs during or after eating:: \_\_\_\_\_

Sounds different during or after a meal (for example, voice becomes hoarse, high pitched, or quiet):: \_\_\_\_\_

Chokes or coughs on water or other thin liquids:: \_\_\_\_\_

Gets tired from eating and is not able to finish:: \_\_\_\_\_

Gags, coughs, or vomits when brushing teeth or with items in their mouth (if your child does not have teeth, select Never. If your child will not allow you to brush his/her teeth, select Always):: \_\_\_\_\_

Shows more stress during meals than during non-meal times (whines, cries, gets angry, tantrums):: \_\_\_\_\_

Inisists 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):: \_\_\_\_\_

Eats a variety of foods (fruit, vegetables, proteins, etc.): \_\_\_\_\_

Will eat mixed textured foods:: \_\_\_\_\_

Stores food in their cheek or roof of their mouth:: \_\_\_\_\_

Puts too much food in mouth at one time:: \_\_\_\_\_

Chews on toys, clothes, or other objects:: \_\_\_\_\_

Sucks on food to soften or moisten it, rather than chewing it:: \_\_\_\_\_