

Food Diary (Complete diary for 3 days) Name of Child:

Completed by:

Day: Date:	Breakfast	Morning Snack	Lunch	Afternoon Snack	Dinner	Evening Snack	Any other Food / Drink
Time (Time feeding started and finished)							
Place (Where and Who was there)							
Food and Drink Offered (Type and amount)							
Amount Take							
Any Problems?							

Food Checklist

Texture Preference	Currently	Previously
Chewy		
Crisp		
Crunchy		
Hard		
Lumpy		
Smooth		
Mixed Consistency		
Uniform Lumpy (eg Cottage Cheese)		
Taste Preference	Currently	Previously
Bland		
Highly Flavoured		
Salty		
Spicy		
Sweet		
Tart		
Temperature Preference	Currently	Previously
Cold		
Cool		
Warm		
Hot		
Appetite	Currently	Previously
Poor		
Fair		
Good		
Variable		
Bread and Cakes	Currently	Previously
White sliced		
Brown sliced		
Wholemeal sliced		
Crusty bread		
Rolls		
Bagels		
Croissants		
Tortilla Wraps		
Garlic Bread		
Bread sticks		

Bread and Cakes	Currently	Previously
Cakes		
Biscuits		
Pies and pastries		
Pizza		
Other.....		
Potatoes and Potato Products	Currently	Previously
Baked potatoes		
Boiled potatoes		
Mashed potatoes		
Roast potatoes		
Chips		
French Fries		
Hash Browns		
Sweet potatoes		
Crisps		
Potato snacks		
Other.....		
Cereals	Currently	Previously
Branflakes		
Cornflakes		
Coco Pops		
Rice Krispies		
Cheerios		
Weetabix		
Porridge		
Other.....		
Pasta / Rice / Noodles / Grains	Currently	Previously
Spaghetti		
Fusilli		
Penne		
Lasagne		
Tinned spaghetti shapes		
Rice		
Noodles		
Couscous		
Other.....		

Meat and Fish	Currently	Previously
Beef		
Minced		
Roast		
Steak		
Veal		
Burgers		
Meatballs		
Cold/cooked		
Other.....		
Chicken and Turkey	Currently	Previously
Roast		
Nuggets		
Goujons		
Cold/cooked		
Other.....		
Pork, Ham, Bacon	Currently	Previously
Roast Pork		
Minced Pork		
Sausages		
Bacon		
Cooked Ham		
Other.....		
Fish	Currently	Previously
Fried fish		
Breaded fish		
Fish fingers or shapes		
Tuna		
Salmon		
Other.....		
Pulses	Currently	Previously
Baked beans		
Chickpeas		
Lentils		
Other.....		
Nut and Nut Products	Currently	Previously
Peanut butter		
Specific brand?		
Peanuts		

Nut and Nut Products	Currently	Previously
Walnuts		
Cashew nuts		
Other.....		
Dairy Products	Currently	Previously
Milk		
Full cream		
Semi-Skimmed		
Milkshakes		
Soya Milk		
Almond Milk		
Other.....		
Cheese	Currently	Previously
Cheddar		
Cottage		
Dairylea or similar		
Mozzarella		
Parmesan		
Other		
Other Dairy	Currently	Previously
Butter		
Margarine		
Fromage Frais		
Yoghurt		
Custard		
Rice pudding		
Cream		
Ice-cream		
Probiotics		
Other.....		
Eggs	Currently	Previously
Boiled		
Fried		
Omelette		
Poached		
Scrambled		
Other.....		
Soups	Currently	Previously
Lentil		
Tomato		
Vegetable		

Soups	Currently	Previously
Chicken		
Other.....		
Fruit	Currently	Previously
Apple		
Banana		
Cherries		
Grapes		
Kiwi		
Mango		
Melon		
Nectarine		
Orange		
Peach		
Pear		
Raspberries		
Rhubarb		
Strawberries		
Dried Fruits		
Tomatoes		
Other		
Vegetables	Currently	Previously
Green Beans		
Broccoli		
Cabbage		
Carrots		
Cauliflower		
Courgettes		
Onion		
Peas		
Peppers		
Spinach		
Turnip		
Other		
Sweets/ Chocolate	Currently	Previously
Gum sweets		
Jelly tots		
Chewing Gum		
Milk chocolate		
Plain chocolate		
Mars Bar		

Snickers		
Twix		
Other.....		
Spreads	Currently	Previously
Honey		
Jam		
Marmalade		
Chocolate spread		
Other.....		
Condiments	Currently	Previously
BBQ sauce		
Brown Sauce		
Ketchup		
Mayonnaise		
Salad cream		
Gravy		
Mustard		
Other.....		

What is the best time of the day to eat?

What was the age of onset of selective eating?

Any other comments to add?

Sensory Differences Checklist

Question	Yes/No	Comments
Do they have a preference for a particular type of texture? E.g. dry, lumpy, crunchy, chewy or sloppy?		
Are they over/under sensitive to particular flavours? E.g. dry/bland (more common) or hot/spicy?		
Do they prefer only hot or cold food?		
Do they prefer food of particular colours or shapes?		
Do they like they like to touch or feel food with their hands or mouth?		
Do they dislike food touching on the plate?		
Do they wipe their hands immediately after touching food?		
Do they only eat or drink from certain plates or cups?		
Do they avoid touching their mouth to the spoon or fork? Especially if it is metal?		
Do they only choose food of certain brands or with certain types of packaging?		
Do they tend to eat 'on the run' or 'graze' through the day?		
Can they recognise when they are hungry / thirsty / full? Do they act contrary to nutritional needs?		
Do they react intensely to food or environmental smells?		
Do they react intensely to specific sounds? (e.g. high pitched, echoing, other people eating)?		
Do they have a preferred sitting position for eating? Do they have a favourite chair or		
Do they excessively fidget, rock or swing on the chair?		
Do they have difficulty 'shutting out' information leading to them getting sensory overload?		
Do they prefer to have sounds in the environment e.g. music or videos on when they are eating?		

Feeding History Questionnaire

Early feeding history

Question	Yes/No	Comments
Was your child tube fed as an infant?		
Were they breast or bottle fed?		
Were there any feeding difficulties in the first few months e.g. fatigue or poor suck?		
Did you ever have to force them to feed?		
Were there any difficulties progressing on to solids?		
Did different textures cause any problems?		

Medical History

Question	Yes/No	Comments
Was your child premature?		
Did your child experience reflux or vomiting after feeding?		
Do they have a problem with constipation?		
Any other medical history including respiratory problems, cardiac, seizures?		
Any diagnosed food intolerance or allergies?		
Any problems with dentition?		

Current Eating, Drinking and Swallowing

Question	Yes/No	Comments
Does your child feed themselves?		
Does your child have any difficulties biting into food?		
* Does your child appear to have any difficulties with chewing?		
* Do they choke on food?		
* Do they ever choke or regurgitate when they drink? Does anything come down their nose?		
How do they take a drink e.g. from an open cup/straw/sipper cup?		
Do they make a mess whilst eating?		
Do they drool when feeding?		
Are there any textures or temperatures which they find difficult?		
Where does your child eat most foods e.g. sitting at a table, running around		
Do you ever have to force them to eat?		
Do they recognise when they are hungry?		