



Neonatal Eating Assessment Tool - Breastfeeding (NeoEAT-Breastfeeding)

Screening Instrument

Directions: We are interested in learning about your baby's eating and behavior. When filling this out, think about what is typical for your baby at this time (in the past week). This version of the NeoEAT Screening Instrument is intended for infants who have fed at the breast in the past week.

My baby...	Never	Almost Never	Sometimes	Often	Almost Always	Always
1. seems uncomfortable after feeding.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. throws up during feeding.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. sounds gurgly or like they need to cough or clear their throat during or after eating.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. gets exhausted during eating and is not able to finish.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. breathes faster or harder when eating.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. needs to rest during eating to catch his/her breath.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. can only suck a few times before needing to take a break.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. holds breath when eating.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9. gets a bloated (big or hard) tummy after eating.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10. gags in between feedings when there is nothing in his/her mouth.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

SCORING INSTRUCTIONS

If any response falls in the gray zone, further evaluation is needed and the parent should be asked to complete the full version of the NeoEAT - Breastfeeding.