



Neonatal Eating Assessment Tool – Bottle-feeding (NeoEAT – Bottle-feeding)

Intended Use: The NeoEAT – Bottle-feeding is intended to assess observable symptoms of problematic feeding in infants less than 7 months old who are bottle-feeding. The NeoEAT – Bottle-feeding is intended to be completed by a caregiver that is familiar with the child’s typical eating. This is most often a parent, but may be another primary care provider.

Disclosure: The NeoEAT – Bottle-feeding does not replace a healthcare provider’s clinical assessment. The NeoEAT – Bottle-feeding is also not intended to provide a diagnosis, but instead may provide the healthcare provider with an objective assessment of the infant’s feeding in order to facilitate diagnosis and treatment decisions.

Referencing Information:

Please give appropriate credit to the authors when presenting, publishing, or otherwise referencing the Neonatal Eating Assessment Tool – Bottle-feeding (NeoEAT – Bottle-feeding).

Pados, B., Estrem, H., Thoyre, S., Park, J., & McComish, C. (2017). The Neonatal Eating Assessment Tool (NeoEAT): Development and content validation. *Neonatal Network: The Journal of Neonatal Nursing*, 36(6), 359-367. doi: 10.1891/0730-0832.36.6.359

Pados, B., Thoyre S., Estrem, H., Park, J., & McComish, C. (2018). Factor structure and psychometric properties of the Neonatal Eating Assessment Tool –Bottle feeding (NeoEAT-Bottle feeding). *Advances in Neonatal Care*, 18(3), 232-242. doi: 10.1097/ANC.0000000000000494

Pados, B.F., Park, J., & Thoyre, S. (2019). The Neonatal Eating Assessment Tool – Bottle-feeding: Norm-reference values for infants less than 7 months old. *Clinical Pediatrics*, 58(8), 857-863. doi: 10.1177/0009922819839234

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Child's Name: _____
 Child's Date of Birth: _____
 Today's Date: _____



Neonatal Eating Assessment Tool - Bottle feeding (NeoEAT-Bottle feeding)

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 is intended for babies who have fed with a bottle in the past week.

Infant Regulation

My baby...	5	4	3	2	1	0	Score
	Never	Almost Never	Sometimes	Often	Almost Always	Always	
1. eats enough to have at least 5 wet diapers per day (24 hours).	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
2. enjoys eating.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
3. is satisfied after eating.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
4. sucks strong enough to get milk from the bottle.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
5. lets me know when he/she is hungry or thirsty.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
6. is calm and relaxed when eating.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
7. opens mouth to accept the bottle.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
8. is easy to console when upset (for example, stops crying when held or offered a pacifier).	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
9. roots when hungry (for example, sucks on fist, smacks lips, looks for breast/bottle)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
10. lets me know when he/she is done eating.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
11. likes to put fingers and/or toys in mouth.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
12. stools/poops at least once per day (24 hours).	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
13. sleeps well lying flat on his/her back.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Infant Regulation Subscale Score							

Energy & Physiologic Stability

My baby...	0	1	2	3	4	5	Score
	Never	Almost Never	Sometimes	Often	Almost Always	Always	
14. 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"/>	
15. breathes faster or harder when eating.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
16. is exhausted after eating.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
17. 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"/>	
18. 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"/>	
19. needs to be encouraged to keep eating (such as, by touching or talking).	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
20. holds breath when eating.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
21. takes more than 30 minutes to eat (including rest/burping periods).	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
22. needs help latching on to the bottle.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
23. wants to eat again within an hour after feeding.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
24. eats more than 12 times per day (24 hours).	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
25. gulps when eating (swallows loudly).	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Energy & Physiologic Stability Subscale Score							

Gastrointestinal Tract Function

My baby...	0	1	2	3	4	5	Score
	Never	Almost Never	Sometimes	Often	Almost Always	Always	
26. spits up in between feedings.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
27. seems uncomfortable after feeding.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
28. throws up in between feedings.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
29. spits up during feeding.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
30. throws up during feeding.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	