



## **Pediatric Eating Assessment Tool (PediEAT)**

Intended Use: The PediEAT is intended to assess observable symptoms of problematic feeding in children between the ages of 6 months and 7 years old who are being offered some solid foods. The PediEAT 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 caregiver.

Disclosure: The PediEAT does not replace a healthcare provider's clinical assessment. The PediEAT is also not intended to provide a diagnosis, but instead may provide the healthcare provider with an objective assessment of the child's eating in order to facilitate diagnosis and treatment decisions.

### Referencing Information:

Please give appropriate credit to the authors when presenting, publishing, or otherwise referencing the Pediatric Eating Assessment Tool (PediEAT).

Thoyre, S., Pados, B., Park, J., Estrem, H., Hodges, E., McComish, C., Van Riper, M., and Murdoch, K. (2014). Development and content validation of the Pediatric Eating Assessment Tool (Pedi-EAT). *American Journal of Speech-Language Pathology*, 23, 1-14. doi: 10.1044/1058-0360(2013/12-0069)

Thoyre, S., Pados, B., Park, J., Estrem, H., McComish, C., Hodges, E. (2018). The Pediatric Eating Assessment Tool: Factor structure and psychometric properties. *Journal of Pediatric Gastroenterology and Nutrition*, 66(2), 299-305. doi: 10.1097/MPG.0000000000001765 PMID: 28953526

Pados, B.F., Thoyre, S.M., & Park, J. (2018). Age-based norm-reference values for the Pediatric Eating Assessment Tool. *Pediatric Research*, 84(2), 233-239. doi: 10.1038/s41390-018-0067-z

**Note: The PediEAT is not in any way associated with the PEDI-EAT-10 by Soyer and colleagues (2017).**

## Terms of Use of this Assessment Tool

By using this assessment tool, you agree to these terms of use.

This assessment tool is protected by copyright. Your right to use this assessment tool is limited to the right to use the tool for your personal, non-commercial use in accordance with the terms and conditions below.

- I acknowledge and agree that I may not reproduce, publish, share, distribute, or sell this assessment tool to anyone without prior written approval from an author and an appropriate license agreement executed by the author(s) of the tools.
- I agree that I will reference the tool by its correct name and credit the specific authors of the tool in my own presentations, publications, or any other work that I may generate using the tool. Reference information is available on the front page of the assessment tool.
- I acknowledge and agree that I may not alter the assessment tool in any way or create any derivative work from the assessment tool, including translating the tool into other languages, without the prior written approval from an author.
- I agree to use the assessment tool solely as intended (as set forth on the front page of each assessment tool).
- I acknowledge and agree that this assessment tool is not intended to be or to be considered or used as medical advice and/or a diagnostic tool and it does not replace a healthcare provider's assessment or care.
- I agree that the assessment tool is being provided "as is" and that neither the authors of the tool or their institutional or business affiliations make any warranty with respect to the tool.
- I acknowledge and agree that neither the authors of the tool, their institutional affiliations, or business affiliations shall have any liability with respect to the tool or the use of the tool, including without limitation ANY DIRECT, INDIRECT, SPECIAL, INCIDENTAL, PUNITIVE, CONSEQUENTIAL, OR OTHER DAMAGES.
- I hereby waive and agree to release the authors of the tool, their institutional affiliations, and business affiliations from and against all claims, liabilities, and damages of any kind arising out of my use of the tool.



## PEDIATRIC EATING ASSESSMENT TOOL (PediEAT)

Directions: We are interested in learning about the eating behaviors of your child. The items below may not apply to every child. When filling this out, think about what is typical for your child at this time.

### PHYSIOLOGIC SYMPTOMS

My child...	0	1	2	3	4	5	Score
	Never	Almost Never	Sometimes	Often	Almost Always	Always	
1. gets watery eyes when eating	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
2. gets red color around eyes or face when eating	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
3. coughs during or after eating	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
4. 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"/>	
5. sounds different during or after a meal (for example, voice becomes hoarse, high-pitched, or quiet)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
6. chokes or coughs on water or other thin liquids	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
7. moves head down toward chest when swallowing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
8. has food or liquid come out of nose when eating	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
9. gets pale or blue color around his/her lips during meals	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
10. breathes faster or harder when eating	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
11. needs to take a break during the meal to rest or catch their breath	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
12. gets tired from 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"/>	
13. sweats/gets clammy during meals	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
14. tilts head back while eating	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
15. burps more than usual while eating	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
16. throws up during mealtime	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
17. throws up between meals (from 30 minutes after the last meal until the next meal)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
18. arches back during or after meals	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

My child...	0	1	2	3	4	5	Score
	Never	Almost Never	Sometimes	Often	Almost Always	Always	
19. gags when it is time to eat (for example, when they see food or when placed in high chair)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
20. gags with smooth foods like pudding	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
21. gags with textured food like coarse oatmeal	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
22. gags, coughs, or vomits when brushing teeth (if your child does not have teeth, select Never. If your child will not allow you to brush his/her teeth, select Always)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
23. gets a bloated tummy after eating	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
24. turns red in face, may cry with stooling	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
25. has gas	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
26. drools when eating	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
27. has a hard time eating due to stuffy nose	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<b>Physiologic Symptoms Subscale Score</b>							
If you would like to explain any of your responses, please do so here:							

### PROBLEMATIC MEALTIME BEHAVIORS

My child...	0	1	2	3	4	5	Score
	Never	Almost Never	Sometimes	Often	Almost Always	Always	
28. avoids eating by playing or talking	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
29. has to be told to start eating	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
30. has to be reminded to keep eating	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
31. won't eat at meals, but wants food later	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
32. stops eating after a few bites	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
33. refuses to eat	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
34. shows more stress during meals than during non-meal times (whines, cries, gets angry, tantrums)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
35. likes something one day and not the next	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

My child...	0	1	2	3	4	5	Score
	Never	Almost Never	Sometimes	Often	Almost Always	Always	
36. insists 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)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
37. insists on being fed by the same person(s)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
38. becomes upset by the smell of food	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
39. throws food or pushes food away	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
40. prefers to drink instead of eat	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
41. prefers crunchy foods	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
42. eats better when entertained	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
43. takes more than 30 minutes to eat	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
44. needs mealtime to be calm	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
45. wants the same food for more than two weeks in a row	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Items below are scored according to the numbers at right							
	5	4	3	2	1	0	
	Never	Almost Never	Sometimes	Often	Almost Always	Always	
46. likes to eat	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
47. eats a variety of foods (fruits, vegetables, proteins, etc.)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
48. is willing to stay seated during mealtime	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
49. opens their mouth when food is offered	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
50. is willing to touch food with their hands	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<b>Problematic Mealtime Behaviors Subscale Score</b>							
If you would like to explain any of your answers, please do so here:							