



PEDIATRIC EATING ASSESSMENT TOOL (PEDI EAT)

10-ITEM SCREENER

15-30 months old

Intended Use: This version of the PediEAT is a 10-item screening instrument intended to assess observable symptoms of problematic feeding in children between the ages of 15 and 30 months old who are being offered some solid foods. The PediEAT 10-item Screener is intended to be completed by a caregiver who is familiar with the child's typical eating. This is most often a parent, but may be another primary care provider. The 10-item Screener is intended to identify young children in need of more thorough feeding assessment.

Disclosure: The PediEAT 10-item Screener does not replace a healthcare provider's clinical assessment. The PediEAT full version 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.

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

Thoyre, S. M., Pados, B. F., Park, J., Estrem, H., Hodges, E. A., McComish, C., Van Riper, M., & 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. M., Pados, B. F., Park, J., Estrem, H., McComish, C., & Hodges, E. A. (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

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 and the PediEAT 10-item Screeners are not in any way associated with the PEDI-EAT-10 by Soyer et al., 2017 or Arsian et al., 2018.

PLEASE CHECK THE FEEDING FLOCK TEAM WEBSITE FOR UPDATES:

www.feedingflockteam.org



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Directions: We are interested in learning about the eating behaviors of your child. When filling this out, think about what is typical for your child at this time.

My child...	Never	Almost Never	Some times	Often	Almost Always	Always
1. gags with smooth foods like pudding	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. 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"/>
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. burps more than usual while eating	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. gets watery eyes when eating	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. 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"/>
7. throws up during mealtime	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. aches back during or after meals	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9. 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"/>
10. 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"/>

SCORING INSTRUCTIONS

If any response falls in the shaded zone, the child requires further evaluation and the parent or caregiver should be asked to complete the full version of the Pediatric Eating Assessment Tool (PediEAT).