



## **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 who are being offered some solid foods. The PediEAT 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.

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 health care provider with an objective assessment of the child's eating in order to facilitate diagnosis and treatment decisions.

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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

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](http://www.feedingflockteam.org)



**PEDIATRIC EATING ASSESSMENT TOOL**

# **(PediEAT)**

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**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...	Never	Almost Never	Some times	Often	Almost Always	Always	
1. gets watery eyes when eating	0	1	2	3	4	5	
2. gets red color around eyes or face when eating	0	1	2	3	4	5	
3. coughs during or after eating	0	1	2	3	4	5	
4. sounds gurgly or like they need to cough or clear their throat during or after eating	0	1	2	3	4	5	
5. sounds different during or after a meal (for example, voice becomes hoarse, high-pitched, or quiet)	0	1	2	3	4	5	
6. chokes or coughs on water or other thin liquids	0	1	2	3	4	5	
7. moves head down toward chest when swallowing	0	1	2	3	4	5	
8. has food or liquid come out of nose when eating	0	1	2	3	4	5	
9. gets pale or blue color around his/her lips during meals	0	1	2	3	4	5	
10. breathes faster or harder when eating	0	1	2	3	4	5	
11. needs to take a break during the meal to rest or catch their breath	0	1	2	3	4	5	
12. gets tired from eating and is not able to finish	0	1	2	3	4	5	
13. sweats/gets clammy during meals	0	1	2	3	4	5	
14. tilts head back while eating	0	1	2	3	4	5	
15. burps more than usual while eating	0	1	2	3	4	5	
16. throws up during mealtime	0	1	2	3	4	5	
17. throws up between meals (from 30 minutes after the last meal until the next meal)	0	1	2	3	4	5	
18. arches back during or after meals	0	1	2	3	4	5	
19. gags when it is time to eat (for example, when	0	1	2	3	4	5	

they see food or when placed in high chair)							
20. gags with smooth foods like pudding	0	1	2	3	4	5	



## PEDIATRIC EATING ASSESSMENT TOOL (PediEAT)

My child... Never Almost	0	1	2	3	4	5	Score
	Never	Some times	Often	Almost Always	Always	Always	Score
21. gags with textured food like coarse oatmeal	0	1	2	3	4	5	
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")	0	1	2	3	4	5	
23. gets a bloated tummy after eating	0	1	2	3	4	5	
24. turns red in face, may cry with stooling	0	1	2	3	4	5	
25. has gas	0	1	2	3	4	5	
26. drools when eating	0	1	2	3	4	5	
27. has a hard time eating due to stuffy nose	0	1	2	3	4	5	
<b>PHYSIOLOGIC SYMPTOMS SUBSCALE SCORE</b>							

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

insists on food being offered in a certain way (such as, 36. how food is on the plate or what dish or spoon is used, or where they sit)	0	1	2	3	4	5	
37. insists on being fed by the same person(s)	0	1	2	3	4	5	
38. becomes upset by the smell of food	0	1	2	3	4	5	

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## PEDIATRIC EATING ASSESSMENT TOOL (PediEAT)

My child...	Never	Almost Never	Sometimes	Often	Almost Always	Always	Score
39. throws food or pushes food away	0	1	2	3	4	5	
40. prefers to drink instead of eat	0	1	2	3	4	5	
41. prefers crunchy foods	0	1	2	3	4	5	
42. eats better when entertained	0	1	2	3	4	5	
43. takes more than 30 minutes to eat	0	1	2	3	4	5	
44. needs mealtime to be calm	0	1	2	3	4	5	
45. wants the same food for more than two weeks in a row	0	1	2	3	4	5	
<b>Items below are scored from 5 to 0</b>							
46. likes to eat	5	4	3	2	1	0	
47. eats a variety of foods (fruits, vegetables, proteins, etc.)	5	4	3	2	1	0	
48. is willing to stay seated during mealtime	5	4	3	2	1	0	
49. opens their mouth when food is offered	5	4	3	2	1	0	
50. is willing to touch food with their hands	5	4	3	2	1	0	
<b>PROBLEMATIC MEALTIME BEHAVIORS SUBSCALE SCORE</b>							

**SELECTIVE / RESTRICTIVE EATING**

My Child...	Never	Almost Never	Some times	Often	Almost Always	Always	
51. will eat mixed texture foods	5	4	3	2	1	0	
52. will eat food warmer than room temperature	5	4	3	2	1	0	
53. is willing to feed self (if younger in age, holds cup, feeds self crackers)	5	4	3	2	1	0	
54. keeps food in mouth when eating (food means non liquids)	5	4	3	2	1	0	
55. keeps liquids in mouth when drinking	5	4	3	2	1	0	
56. keeps their tongue inside mouth during eating	5	4	3	2	1	0	

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## PEDIATRIC EATING ASSESSMENT TOOL (PediEAT)

57. acts hungry before meals	5	4	3	2	1	0	
For the following items, if your child is younger than 15 months and is not offered these foods, select "Always." If your child is over 15 months and not offered these foods or refuses to eat these foods, select "Never"							
My child...	Never	Almost Never	Some times	Often	Almost Always	Always	
58. will eat foods that need to be chewed	5	4	3	2	1	0	
59. will eat textured food like coarse oatmeal	5	4	3	2	1	0	
60. will eat frozen food, like ice cream	5	4	3	2	1	0	
61. chews their food enough	5	4	3	2	1	0	
62. moves food in their mouth when chewing without help	5	4	3	2	1	0	
<b>Items below are scored from 0 to 5</b>							
63. sniffs food or objects	0	1	2	3	4	5	
64. spits food out	0	1	2	3	4	5	
65. eats too fast	0	1	2	3	4	5	

# SELECTIVE / RESTRICTIVE EATING SUBSCALE SCORE

## ORAL PROCESSING

My child...	Never	Almost Never	Some times	Often	Almost Always	Always	
66. stores food in their cheek or roof of mouth	0	1	2	3	4	5	
67. gets food stuck in their cheek or roof of mouth	0	1	2	3	4	5	
68. prefers smooth foods like yogurt	0	1	2	3	4	5	
69. puts too much food in mouth at one time	0	1	2	3	4	5	
70. puts fingers in mouth to move food	0	1	2	3	4	5	
71. prefers strong flavors	0	1	2	3	4	5	
72. bites down on the spoon or fork and does not release it easily	0	1	2	3	4	5	
73. grinds teeth when awake (if your child does not have teeth, please select Never.	0	1	2	3	4	5	

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## PEDIATRIC EATING ASSESSMENT TOOL (PediEAT)

74. chews on toys, clothes, or other objects	0	1	2	3	4	5	
For the following items, if your child is younger than 15 months and is not offered chewable foods, select "Never." If your child is over 15 months and not offered these foods or refuses to eat these foods, select "Always"							
My child...	Never	Almost Never	Some times	Often	Almost Always	Always	
75. has to be reminded to chew food	0	1	2	3	4	5	
76. sucks on food to soften or moisten it, rather than chewing it	0	1	2	3	4	5	
77. chews food but doesn't swallow it	0	1	2	3	4	5	



78. chews a bite of food for a long time (~30 seconds or longer)	0	1	2	3	4	5	
<b>ORAL PROCESSING SUBSCALE SCORE</b>							

If you would like to explain any of your responses, please do so here:

### Scoring Summary

Scores are assigned to the PediEAT items with low scores indicating no problems and high scores indicating more problematic behaviors. In each subscale, there are numbers which indicate the score assigned to each response in that subscale. Note that the scores may change between the subscales. For example, the scores assigned to the responses in the Physiologic Symptoms subscale go from 0 (Never) to 5 (Always) while the scores assigned to the responses in the Selective / Restrictive Eating subscale go from 5 (Never) to 0 (Always). Also note that within the Problematic Mealtime Behaviors subscale and the Selective / Restrictive Eating subscale, there are a subset of items at the bottom that are scored differently than the other items in that subscale.

To calculate the subscale score, sum the score from each item in that subscale. Copy the subscale scores to the table below. To calculate the total score, sum all the subscale scores.

#### Subscale Score

Physiologic Symptoms  
Problematic Mealtime Behaviors  
Selective / Restrictive Eating  
Oral Processing  
**Total Score**

**Please see the scoring guidelines for interpretation of the score using percentiles and T-scores.**