

## UNC Feeding Team questions

Welcome! Please answer the following questions to help us get started with your child.

1. What are your feeding concerns (circle all that apply)
  - Mouth skills/ Sucking or Chewing
  - Swallowing/ Choking
  - Stomach Discomfort – Constipation, Vomiting, Gagging, other:
  - Poor weight gain
2. Food Availability). In the last six month, were there times when it was not possible to feed your family a healthy meal (including formula) because there was not enough money?
  - Yes
  - No
3. Have you been seen anywhere else for feeding?
  - Yes
  - No
4. Is your child in feeding therapy?
  - Yes
  - No
5. If this is your first appointment, how old was your child when you first had feeding concerns?  
\_\_\_\_\_
6. Does you child have any food allergies/intolerances?  
If so to what? \_\_\_\_\_

Do you avoid any foods even though your child has not been diagnosed with an allergy? If so , please list

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**History of Daily Intake:** Please tell us what a typical day of **eating and drinking** is for your child? Please tell us how give quantity of each. Please include all fluids.

Breakfast

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Snack

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Lunch

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Snack

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Dinner

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Snack

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**G- Tube Feedings:** If your child has a feeding tube, please tell us the tube feeding schedule including what is going into the tube, the rate, and how much.

Formula: \_\_\_\_\_

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Day Tube Feeding Schedule:

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Night Tube Schedule Feeding: