



Impact of Feeding on Parent and Family

This questionnaire is about how your child’s feeding impacts you and your family. Directions: For each statement, please answer each question with your child in mind. Please respond by checking the appropriate box to show how much you agree or disagree with each statement, with 5 being "Strongly Disagree" and 1 being "Strongly Agree".

Impact of Feeding on Family	5 Strongly Disagree	4 Disagree	3 Neutral	2 Agree	1 Strongly Agree
1. We have to plan ahead when eating somewhere other than our home. *	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. We can easily find a babysitter for our child.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Family mealtime is longer because of my child's feeding. *	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Other caregivers (grandparents, babysitters) have difficulty feeding my child. *	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. My extended family understands my child's feeding needs.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. The number of appointments my child has affects our family. *	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. My child's feeding affects his/her siblings. *	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. My child's feeding care affects my family financially. *	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9. My family misses our on social events because of my child's feeding. *	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10. Family members do not want to watch my child because of his/her feeding needs. *	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11. My family avoids social activities due to my child's feeding needs. *	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12. My child needs to be fed separate from the rest of our family. *	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
13. My family enjoys eating in a restaurant.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
14. My child's vomiting impacts our family. *	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
15. Mealtime is pleasant for my family.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
16. My child controls the pace of mealtime for our family. *	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Impact of Feeding on Family Total					
If you would like to explain any of your responses, please do so here:					

Impact of Feeding on Parent	5 Strongly Disagree	4 Disagree	3 Neutral	2 Agree	1 Strongly Agree
17. My child requires more of my effort at mealtime because of the way he/she eats than other children his/her age. *	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
18. I feel other people do not understand my child's feeding needs. *	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
19. I worry about how long it will take for my child's feeding to get better. *	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
20. Feeding my child requires extra patience. *	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
21. I have to prepare a special meal for my child because of his/her feeding needs. *	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
22. Meeting my child's nutritional requirements is a daily concern. *	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
23. I worry daily about my child's feeding. *	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
24. I worry that my child's feeding affects his/her health. *	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
25. Feeding my child takes more than 20 minutes. *	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
26. I worry the way my child eats will affect his/her development. *	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
27. I spend my mealtime trying to help my child eat. *	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
28. I feel frustrated that medical professionals do not understand the care my child requires for feeding. *	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
29. Feeding my child makes me tired. *	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
30. I worry that my child will choke (have difficulty breathing) while eating.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
31. I feel frustrated that I do not know how much my child will eat.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
32. I enjoy feeding my child.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Impact of Feeding on Parent total					
If you would like to explain any of your responses, please do so here:					



SCORING SUMMARY

Scores are assigned to Impact of Feeding items with higher scores indicating higher impact of feeding. In scoring the items, take note of whether there is an asterisk, as these items need to be reverse-scored. You may use the right margin to record the score for each item using the values below.

1. Items without an asterisk (*) in the right column should be assigned the following values:
 - Strongly Disagree = 5
 - Disagree = 4
 - Neutral = 3
 - Agree = 2
 - Strongly Agree = 1

2. Items with an asterisk (*) need to be reverse-scored and should be assigned the following values:
 - Strongly Disagree = 1
 - Disagree = 2
 - Neutral = 3
 - Agree = 4
 - Strongly Agree = 5

3. Add the scores for each item within each item range. A box is provided at the end of each area to record the total score for that area.

Scale Score

Family

Parent