

BEHAVIORAL PEDIATRICS FEEDING ASSESSMENT SCALE- (BPFAS)



Special Learning

Directions: Below are a series of phrases that describe children's eating and parental behaviors. Please (1) circle the number describing how often the behavior currently occurs, and (2) circle "Yes" or "No" to indicate whether the behavior is currently a problem for you.

My Child	Never		Sometimes		Always		Problem for you	
1. Eats fruit	1	2	3	4	5		Yes	No
2. Has problems chewing food	1	2	3	4	5		Yes	No
3. Enjoys eating	1	2	3	4	5		Yes	No
4. Chokes or gags at mealtimes	1	2	3	4	5		Yes	No
5. Will try new foods	1	2	3	4	5		Yes	No
6. Eats meats and/or fish	1	2	3	4	5		Yes	No
7. Takes longer than 20 minutes to finish a meal	1	2	3	4	5		Yes	No
8. Drinks milk	1	2	3	4	5		Yes	No
9. Comes readily to mealtime	1	2	3	4	5		Yes	No
10. Eats junky snack foods but will not eat at mealtime	1	2	3	4	5		Yes	No
11. Vomits just before, at, or just after mealtime	1	2	3	4	5		Yes	No
12. Eats only ground, strained or soft food	1	2	3	4	5		Yes	No
13. Gets up from table during meal	1	2	3	4	5		Yes	No
14. Lets food sit in his/her mouth & does not swallow it	1	2	3	4	5		Yes	No

My Child	Never	Sometimes			Always	Problem for you	
15. Whines or cries at feeding time	1	2	3	4	5	Yes	No
16. Eats vegetables	1	2	3	4	5	Yes	No
17. Tantrums at meal-times	1	2	3	4	5	Yes	No
18. Eats starches (example, potato, noodles)	1	2	3	4	5	Yes	No
19. Has a poor appetite	1	2	3	4	5	Yes	No
20. Spits out food	1	2	3	4	5	Yes	No
21. Delays eating by talking	1	2	3	4	5	Yes	No
23. Refuses to eat but requests food immediately after the meal	1	2	3	4	5	Yes	No
24. Tries to negotiate what he/she will eat and what he/she will not eat	1	2	3	4	5	Yes	No
25. Has required nasal-gastric feeds	1	2	3	4	5	Yes	No

My Child	Never		Sometimes		Always		Problem for you	
PARENT								
26. I get frustrated &/or anxious when feeding my child	1	2	3	4	5		Yes	No
27. I coax my child to get him/her to take a bite	1	2	3	4	5		Yes	No
28. I use threats to get my child to eat	1	2	3	4	5		Yes	No
29. I feel confident my child gets enough to eat	1	2	3	4	5		Yes	No
30. I feel confident in my ability to manage my child's behavior at mealtime	1	2	3	4	5		Yes	No
31. If my child does not like what is being served, I make something else	1	2	3	4	5		Yes	No
32. When my child refuses to eat, I put the food in his/ her mouth by force if necessary	1	2	3	4	5		Yes	No
33. I disagree with other adults (example, my spouse, the child's grandparents) about how to feed my child	1	2	3	4	5		Yes	No
34. I feel that my child's eating pattern hurts his/ her general health	1	2	3	4	5		Yes	No
35. I get so angry with my child at mealtimes that it takes me a while to calm down after the meal	1	2	3	4	5		Yes	No