

## 6.12 Eating

The ability to eat and drink by finger feeding or using routine or adaptive utensils. The ability to swallow sufficiently to obtain adequate intake. Does not include cooking food or preparing it for consumption (cutting food into bite size pieces or pureeing if needed).

0-6 mos	6-12 mos	12-18 mos	18-24 mos	24-36 mos	36 mos-4 yrs	4-6 yrs	6-9 yrs	9-12 yrs	12-14 yrs	14-18 yrs	18 yrs +	
												<input checked="" type="checkbox"/> Indicates that the item on the functional screen should be checked. <input type="checkbox"/> Indicates that the item on the functional screen should NOT be checked.
												<b>Receives tube feedings or TPN.</b>
												<b>Needs help with tube feedings or TPN.</b> <input type="checkbox"/> A teen independently self-administers tube feedings. In this case, the screener would check “Receives tube feedings or TPN,” but not “receives help with” them.
												<b>Requires more than three hours per day for feeding or eating.</b> <input checked="" type="checkbox"/> Can feed self but is so resistant or slow that the child is at risk of tube feedings to obtain adequate nutrition. <input type="checkbox"/> Toddlers who nibble all day long. <input type="checkbox"/> Children who are picky eaters or eat “junk food” all day. <input type="checkbox"/> Food preparation time for special diets.
												<b>Requires more than one hour per feeding.</b> <input checked="" type="checkbox"/> Takes a great deal of time to feed orally (nurse or bottle fed). <input type="checkbox"/> Is tube fed.

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												<b>Needs to be fed.</b> <input checked="" type="checkbox"/> Cannot feed self enough (orally) to obtain adequate nutrition. <input type="checkbox"/> Is tube fed. Instead, check “Receives tube feedings or TPN,” and, if true, "Needs help with tube feedings or TPN.” <input type="checkbox"/> Able to feed self but makes a mess or doesn’t use utensils so the parent prefers to feed child. <input type="checkbox"/> Able to feed self but parent prefers to feed the child.
												<b>Needs one-on-one monitoring to prevent choking, aspiration, or other serious complications.</b> <input checked="" type="checkbox"/> Needs to be monitored for life-threatening choking incidents. <input checked="" type="checkbox"/> Has Prader-Willi Syndrome and all food access must be controlled. <input type="checkbox"/> Is monitored because of concerns the child will choke but the child has no history of choking while eating. <input type="checkbox"/> Will stuff mouth with food often resulting in gagging or vomiting. <input type="checkbox"/> Has current eating disorder requiring one-on-one monitoring at meals. <input type="checkbox"/> Avoids certain foods, gags or spits out foods due to oral sensitivities. <input type="checkbox"/> Parents/caregivers thicken liquids for the child and then they can be left to drink without one-on-one monitoring. <input type="checkbox"/> Has food cut into bite size pieces but does not require monitoring during the meal.

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