



The MCH Feeding Scale

Children: 6 months (already started on purees) - 6 years

Date: _____

Name of child : _____

Please CIRCLE the corresponding number on each item. Note that the meaning of the numbers vary – they do not all go in the same direction. Please read each question carefully. Thank you.

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|--|-------------------------|--------------|--------------|--------------|--------------|----------------------------------|----------------------|--|
| 1. How do you find mealtimes with your child? | 1 | 2 | 3 | 4 | 5 | 6 | 7 | |
| | <i>Very difficult</i> | | | | | | <i>Easy</i> | |
| 2. How worried are you about your child's eating? | 1 | 2 | 3 | 4 | 5 | 6 | 7 | |
| | <i>Not worried</i> | | | | | | <i>Very worried</i> | |
| 3. How much appetite (hunger) does your child have? | 1 | 2 | 3 | 4 | 5 | 6 | 7 | |
| | <i>Never hungry</i> | | | | | | <i>Good appetite</i> | |
| 4. When does your child start refusing to eat during mealtimes? | 1 | 2 | 3 | 4 | 5 | 6 | 7 | |
| | <i>At the beginning</i> | | | | | | <i>At the end</i> | |
| 5. How long do mealtimes take for your child (in minutes)? | 1 | 2 | 3 | 4 | 5 | 6 | 7 | |
| | <i>1-10</i> | <i>11-20</i> | <i>21-30</i> | <i>31-40</i> | <i>41-50</i> | <i>51-60</i> | <i>>60 min</i> | |
| 6. How does your child behave during mealtimes? | 1 | 2 | 3 | 4 | 5 | 6 | 7 | |
| | <i>Behaves well</i> | | | | | <i>Acts up, makes a big fuss</i> | | |
| 7. Does your child gag or spit or vomit with certain types of food? | 1 | 2 | 3 | 4 | 5 | 6 | 7 | |
| | <i>Never</i> | | | | | <i>Most of the time</i> | | |
| 8. Does your child hold food in his/her mouth without swallowing it? | 1 | 2 | 3 | 4 | 5 | 6 | 7 | |
| | <i>Most of the time</i> | | | | | <i>Never</i> | | |
| 9. Do you have to follow your child around or use distractions (toys, TV) so that your child will eat? | 1 | 2 | 3 | 4 | 5 | 6 | 7 | |
| | <i>Never</i> | | | | | <i>Most of the time</i> | | |
| 10. Do you have to force your child to eat or drink? | 1 | 2 | 3 | 4 | 5 | 6 | 7 | |
| | <i>Most of the time</i> | | | | | <i>Never</i> | | |
| 11. How are your child's chewing (or sucking) abilities? | 1 | 2 | 3 | 4 | 5 | 6 | 7 | |
| | <i>Good</i> | | | | | <i>Very poor</i> | | |
| 12. How do you find your child's growth? | 1 | 2 | 3 | 4 | 5 | 6 | 7 | |
| | <i>Growing poorly</i> | | | | | <i>Growing well</i> | | |
| 13. How does your child's feeding influence your relationship with him/her? | 1 | 2 | 3 | 4 | 5 | 6 | 7 | |
| | <i>Very negatively</i> | | | | | <i>Not at all</i> | | |
| 14. How does your child's feeding influence your family relationships? | 1 | 2 | 3 | 4 | 5 | 6 | 7 | |
| | <i>Not at all</i> | | | | | <i>Very negatively</i> | | |