

CHILD'S NAME:

ARFID Intervention Monitoring Sheet –Parent/carer (AIMS-P v1.2)

DATE:

Since _____ the following has happened:

Things my child is working towards	This isn't an agreed goal for my child	Yes - once	Yes - a few times	Yes – some-times	Yes – most times	Yes – all the time	My child hasn't been able to do this	Comments
1. Being able to eat a bit more/ increase their Intake (food/fluid)								
2. Being able to eat three meals a day/spacing								
3. Introducing snacks								
4. Trying new foods/drinks/supplement								
5. Having more of things they sometimes have, that are good for them								
6. Having something every day from each of the 4 main EatWell plate sections								
7. Being able to eat together with the family								
8. Being able to eat some of the same meals as the family								
9. Being able to eat with their friends								
10. Being able to eat at school								
11. Being able to go out to eat/eat when out								
12. Not having arguments at home about eating								
13. Not letting their feelings affect their eating								
14. Reducing their intake of supplement(s)								

Please also rate how you think your child has been feeling about things:

1. Their eating affects their mood/makes them sad
2. They worry/ are scared about food and mealtimes
3. Their eating makes it hard for them to be with others
4. They have felt pleased with how they are changing things to do with eating

Never	Once or twice	Sometimes	Very often	All the time