

NAME:

ARFID Intervention Monitoring Sheet (AIMS v1.2)

DATE:

Since _____ the following has happened:

Things I am working towards	This isn't an agreed goal for me	Yes - once	Yes – a few times	Yes – some-times	Yes – most times	Yes – all the time	I haven't been able to do this	Comments
1. Being able to eat a bit more/ increase my intake (food/fluid)								
2. Being able to eat three meals a day/spacing								
3. Introducing snacks								
4. Trying new things (foods/drinks/supplement)								
5. Having more of things I sometimes have, that I know are good for me								
6. Having something every day from each of the 4 main EatWell plate sections								
7. Being able to eat together with my family								
8. Being able to eat some of the same meals as my family								
9. Being able to eat with my 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 my feelings affect my eating								
14. Reducing my intake of supplement(s)								

Please also rate how you have been feeling about things:

1. My eating affects my mood/makes me sad
2. I worry/ am scared about food and mealtimes
3. My eating makes it hard for me to be with others
4. I have felt pleased with how I am changing things to do with eating

Never	Once or twice	Sometimes	Very often	All the time