SAS-P v1.1

For office use - ID:

Short ARFID Screen – parent/carer (SAS-P)

PLEASE ENTER THE INFORMATION REQUESTED IN THIS BOX, THEN ANSWER QUESTIONS 1-7 BELOW. **YOUR CHILD'S NAME:**

Today's date _____/_____/_____ (day/month/year)

Age of your child _____/____ (years/months)

Your relationship to child (e.g. mother, carer) _____

Is your child? Male ☐ Female ☐ Other ☐ _____

		Yes definitely	To some extent	Not at all	Unsure	Office use
1	Does your child have difficulties with eating - involving avoidance or restriction of certain foods or of overall amount eaten - that are NOT explained by a diagnosed medical condition?					
2	Are your child's eating habits related to them thinking they are too big or too heavy?					
3	Over the past 3 months, has your child's eating led to difficulty maintaining a healthy weight, or if they are still growing, difficulty gaining enough weight to grow as expected?					
4	Does your child have any nutritional deficiencies or inadequacies as a result of limited eating (e.g. low iron, low vitamin B12, low vitamin C)?					
5	Does your child depend on tube feeding or nutritional supplements to maintain their nutrition, weight or growth (i.e. without these they would have nutritional deficiencies or lose weight)?					
6	Does your child's eating have a negative effect on their day to day life or their ability to participate in a full range of age-appropriate activities?					
7	Does your child's eating have a negative effect on family relationships or other aspects of your family life (e.g. going out together, on holiday, etc.)?					

Further comment:

MCAED Maudsley Centre for Child and Adolescent Eating Disorders

NHS South London and Maudsley NHS Foundation Trust