

What matters to me?
Parent/carer version 1.3

Your name:
Your relationship to child:
Today's date:

This questionnaire has been developed with parents and carers of children with ARFID and is entirely based on their views and experiences. It includes statements that may or may not be relevant to your own child's eating or your family situation. First, please read each statement on the following pages and circle the number that best describes how things are for you **CURRENTLY**. **When you have done this please turn back to this page and answer the questions below**

Now that you have completed the questions on pages 1-3, please could you look back over your answers and identify three items that best reflect aspects of your child's eating difficulty that you would most like to change:

Please place one item number in each of the boxes below and add any comments you would like to make/say how close you are to achieving each of them

How close are you to achieving this? (Please circle one number)

NOT AT ALL 0 1 2 3 4 5 6 7 8 9 10 GOAL REACHED

How close are you to achieving this? (Please circle one number)

NOT AT ALL 0 1 2 3 4 5 6 7 8 9 10 GOAL REACHED

How close are you to achieving this (Please circle one number)

NOT AT ALL 0 1 2 3 4 5 6 7 8 9 10 GOAL REACHED

Thank you!

MY CONCERNS	Not applicable	Completely disagree			Neither agree nor disagree			Completely agree
1. I am very concerned about the amount my child eats	0	1	2	3	4	5	6	7
2. I am very concerned about the variety of foods my child eats	0	1	2	3	4	5	6	7
3. I am very concerned about my child being tube fed	0	1	2	3	4	5	6	7
4. I am very concerned about my child's willingness to try new foods	0	1	2	3	4	5	6	7
5. I am very concerned about my child's ability to manage solid foods	0	1	2	3	4	5	6	7
6. I am very concerned about the overall nutritional quality of my child's diet	0	1	2	3	4	5	6	7
7. I am very concerned about my child's ability to chew and/or swallow	0	1	2	3	4	5	6	7
8. I am very concerned about my child's fear of food	0	1	2	3	4	5	6	7
9. I am very concerned about my child's behaviour at mealtimes	0	1	2	3	4	5	6	7
10. I am very concerned about my child's lack of interest and/or enjoyment of food	0	1	2	3	4	5	6	7
11. I am very concerned about my child's eating speed	0	1	2	3	4	5	6	7
12. I am very concerned about my child's food allergies/intolerances	0	1	2	3	4	5	6	7
13. Other important concerns that I have (please specify):	0	1	2	3	4	5	6	7

THE IMPACT OF MY CHILD'S EATING DIFFICULTY	Not applicable	Completely disagree			Neither agree nor disagree			Completely agree
14. My child's eating difficulty has a negative effect on their social life	0	1	2	3	4	5	6	7
15. My child's eating difficulty has a negative effect on their growth	0	1	2	3	4	5	6	7
16. My child's eating difficulty has a negative effect on their physical health	0	1	2	3	4	5	6	7
17. My child's eating difficulty has a negative effect on their intake of vitamins and minerals	0	1	2	3	4	5	6	7
18. My child's eating difficulty has a negative effect on their mood	0	1	2	3	4	5	6	7
19. My child's eating difficulty has a negative effect on their other existing medical condition	0	1	2	3	4	5	6	7
20. My child's eating difficulty has a negative effect on family mealtimes	0	1	2	3	4	5	6	7
21. My child's eating difficulty has a negative effect on their energy or stamina	0	1	2	3	4	5	6	7
22. My child's eating difficulty has a negative effect on family life	0	1	2	3	4	5	6	7
23. My child's eating difficulty has a negative effect on their learning at school	0	1	2	3	4	5	6	7
24. My child's eating difficulty causes significant anxiety to me	0	1	2	3	4	5	6	7
25. My child's eating difficulty causes significant anxiety to my partner/my child's other parent	0	1	2	3	4	5	6	7
26. My child's eating difficulty has a negative effect on my mood	0	1	2	3	4	5	6	7
27. My child's eating difficulty has a negative effect on my partner's/my child's other parent's mood	0	1	2	3	4	5	6	7
28. Other impact that my child's eating difficulty has (please specify):	0	1	2	3	4	5	6	7

MY HOPES FOR TREATMENT/MY GOALS	Not applicable	Completely disagree			Neither agree nor disagree			Completely agree
29. I would like my child to eat a greater quantity of food	0	1	2	3	4	5	6	7
30. I would like my child to enjoy food	0	1	2	3	4	5	6	7
31. I would like my child to eat a wider variety of foods	0	1	2	3	4	5	6	7
32. I would like my child to be less anxious around food	0	1	2	3	4	5	6	7
33. I would like my child to be more willing to try new foods	0	1	2	3	4	5	6	7
34. I would like my child to stop needing to be tube-fed	0	1	2	3	4	5	6	7
35. I would like my child not to need to take nutritional supplements	0	1	2	3	4	5	6	7
36. I would like my child to be able to eat different textures of foods	0	1	2	3	4	5	6	7
37. I would like us to be able to eat out as a family	0	1	2	3	4	5	6	7
38. I would like us to have normal family mealtimes	0	1	2	3	4	5	6	7
39. I would like my child to be able to feed themselves	0	1	2	3	4	5	6	7
40. I would like my child to eat more quickly	0	1	2	3	4	5	6	7
41. Other important goals that I have (please specify):	0	1	2	3	4	5	6	7