

Version 2.1: Parent/Carer 2-3

PARDI

The Pica, ARFID, and Rumination Disorder Interview

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The PARDI (Pica, ARFID, Rumination Disorder Interview)

ORIENTATION TO THE MEASURE

The Pica, ARFID, and Rumination Disorder Interview (PARDI) is a semi-structured multi-informant clinical assessment designed to assess and diagnose Pica, Avoidant/Restrictive Food Intake Disorder (ARFID), and Rumination Disorder according to *DSM-5* criteria. The PARDI also provides severity scales for all three disorders, and profile scores across three domains of ARFID features including Sensory Sensitivity, Lack of Interest in Food or Eating, and Concern about Aversive Consequences.

The PARDI is appropriate for use with children (aged 2 and over), adolescents, and adults.

There are four versions available:

Parent/Carer 2-3:	Parent of 2-3 year olds
Parent/Carer 4+:	Parent of 4 year olds and up
Self 8-13:	8-13 year olds
Self 14+:	14 year olds and up

A suggested guideline for determining whom to interview and which version of the interview to use based on respondent age is set out below:

Ages 2-3:	Parent/Carer 2-3
Ages 4-7:	Parent/Carer 4+
Ages 8-13:	Parent/Carer 4+ and Self 8-13
Ages 14 and up:	Self 14+ plus Parent/Carer 4+ if required

These are guidelines only, and assessors are encouraged to use their own judgement based on respondent intellectual ability, maturity, insight, comprehension, and level of co-operation.

Note: When two versions of the interview are used, separate administration is recommended.

The PARDI begins with an explanation of the nature and purpose of the interview. This should be conveyed in an age-appropriate manner in the interviewer's own words but should include:

- Informing the respondent that the interview is about the individual's eating behaviour and attitudes to food and eating as well as questions about general health and functional impairment
- Informing the respondent that the interview will focus primarily on the last four weeks to three months so that the rater can get a picture of the current problem
- Clarifying that there are no right or wrong answers
- Stating that this is a standard interview with all respondents being asked the same questions; some may therefore not seem relevant to the individual
- Explaining the reason why the interview is being conducted and how the responses will be used (e.g., clinical assessment, to make a diagnosis, research, etc.)
- Informing the respondent of the approximate length of the interview (typically 45-60 minutes). It may be shorter for respondents not affected by feeding or eating problems. The PARDI should not last longer than 90 minutes.
- Making clear that the respondent can ask for further explanation if anything is unclear

The interview proceeds with a screen to consider the possible presence of current anorexia nervosa, bulimia nervosa, binge eating disorder or related disorders (e.g., atypical anorexia nervosa). Interviewers should note that in very young children, these disorders are unlikely to be present. Additional introductory items cover growth and development, current pattern of feeding or eating,

and medical history, to provide important context for potential diagnoses of pica, ARFID, and rumination disorder, including the ascertainment of potential exclusion criteria. The PARDI then assesses the specific diagnostic criteria for pica, ARFID, and rumination disorder, as well as associated functional impairment. The ARFID section of the PARDI includes questions relating to three factors underlying the rationale for the limited diet seen in individuals with ARFID: Sensory Sensitivity, Lack of Interest in Food or Eating, and Concern about Aversive Consequences. These are not mutually exclusive, given that individuals with ARFID may have more than one rationale for their limited diets, and can therefore have high scores on one, two, or all three ARFID profiles.

Because some individuals with clinically significant pica, ARFID, or rumination symptoms may also experience clinically significant symptoms of the other feeding and eating disorders, it may be appropriate to use the PARDI without the screen if the interviewer would like to maximize the information obtained. However, the interviewer should keep in mind that only one feeding or eating disorder diagnosis can ultimately be conferred at the conclusion of the interview, with the exception of pica, which may co-occur with other feeding or eating disorders.

Note: Individuals with intellectual disability may experience difficulty comprehending and responding to some of the questions. Under the circumstances of intellectual disability it is advised to use an additional informant.

If the rater has any doubt, response should be rated downwards (e.g., if the rater is deciding between a 4 and a 5, a 4 should be selected).

It is advisable to obtain weight and height measurements prior to commencing the PARDI.

SCREEN

For parents/carers of 2-3 year olds, go straight to INTRODUCTION (item 6 onwards)

This screen sets out to consider the possible presence of current anorexia nervosa, bulimia nervosa, binge eating disorder, or related disorders (e.g., atypical anorexia nervosa):

1. Over the past 3 months, has your child restricted or limited what he/she eats in order to control his/her weight or body shape? **(Yes/No)** *(If yes, go straight to item 2)*

1a. *If the response to item 1 is no:*

Over the past 3 months, to your knowledge, has your child been dieting? Has he/she been avoiding eating certain foods because he/she worries they will make him/her gain weight / get bigger or get fat? **(Yes/No)**

2. Over the past 3 months, to your knowledge, has your child's weight or body shape been very important to how he/she feels about himself/herself as a person? **(Yes/No)**

Note: This is intended to pick up weight/shape concerns characteristic of AN/BN. It does not include being concerned about being too thin. Confirm that thinness/muscularity is not an important positive contributor to his/her self-evaluation.

3. Over the past 3 months, to your knowledge, has there been a time when your child couldn't stop eating even when he/she may have wanted to? If so, was it a large amount of food? **(Yes/No)**

4. Over the past 3 months, to your knowledge, has your child exercised a lot to lose weight? Or to make up for food that he/she has eaten? **(Yes/No)**

5. Over the past 3 months, to your knowledge, has your child done anything else to lose weight or to keep from gaining weight? **(Yes/No)**

Note: Examples include self-induced vomiting, misuse of laxatives, diuretics, other medications (e.g., appetite suppressants) for weight control without a prescription, using pills or other medication (e.g., insulin for a person with diabetes) in a greater amount or at a higher frequency than suggested.

If any of 1-5 are "Yes," the respondent may have one of the feeding and eating disorders mentioned above. The PARDI can still be conducted if an individual screens positive, but only one feeding and eating disorder diagnosis can be conferred at the end (except pica, which can co-occur with any of the other feeding and eating disorders).

INTRODUCTION

Growth and Development

6. Please provide the following information:

Age (years, months):

Height (indicate whether cm or inches):

Height Centile (under 20 years only):

Height of biological mother (indicate whether cm or inches):

Height of biological father (indicate whether cm or inches):

Weight (indicate whether kg or lbs):

Weight Centile (under 20 years only):

BMI:

BMI Centile (under 20 years only):

% of Median BMI (where median is BMI at 50% centile):

BMI category

Scoring for children and adolescents aged 4 to 19 years:

- 2 — severe thinness (BMI centile $< 0.4^{\text{th}}$)
- 1 — thinness ($0.4^{\text{th}} \geq \text{BMI Centile} < 5^{\text{th}}$)
- 0 — normal weight ($5^{\text{th}} \geq \text{BMI centile} < 85^{\text{th}}$)
- 1 — overweight ($85^{\text{th}} \geq \text{BMI Centile} < 95^{\text{th}}$)
- 2 — obese (BMI centile $\geq 95^{\text{th}}$)

Scoring for adults 20 years and up:

- 2 — moderate to severe thinness (BMI < 17.0)
- 1 — thinness ($17.0 \geq \text{BMI} < 18.5$)
- 0 — normal ($18.5 \geq \text{BMI} < 25.0$)
- 1 — overweight ($25 \geq \text{BMI} < 30.0$)
- 2 — obese (BMI > 30.0)

Note: National charts should be used to plot height and weight centiles (e.g., CDC, WHO, UK growth charts). The significance of height centile needs to be understood in reference to previous growth parameters if available and assessment of expected centiles based on parental parameters.

Physical and Mental Health Checklist

Please evaluate the known presence or absence of problems on the Physical and Mental Health Checklist to determine whether the eating problem may be secondary to a medical problem. If so, a diagnosis can only be made if the eating problem warrants independent clinical attention.

7. Note: Please enquire about each of the following areas. For all questions in this section note diagnosis and treatment received. The interviewer should ask parent/carers whether their child has ever experienced or received a diagnosis for the medical problems listed below. The stem question structure is suggested:

Has your child ever experienced or received a diagnosis of any [neurological problems]?

The interviewer should probe with examples given.

7a.	Neurological problems (e.g., epilepsy, cerebral palsy, Down's syndrome, brain abnormalities, bulbar palsy)	(Yes/No)
7b.	Respiratory problems (e.g., chronic lung disease, recurrent chest infections [more than 3 per year], assisted ventilation)	(Yes/No)
7c.	Cardiac problems (e.g. previous cardiac surgery, on-going cardiac abnormality)	(Yes/No)
7d.	Structural abnormalities of the head and neck (e.g., cleft palate, vocal fold palsy, tracheostomy, tracheomalacia, tongue tie)	(Yes/No)
7e.	Gastroenterological problems (e.g., gastroesophageal reflux, chronic vomiting, cyclic vomiting syndrome, gastroparesis, inflammatory bowel disease, appendicitis, cystic fibrosis, constipation)	(Yes/No)
7f.	Birth-related medical problems (e.g., prematurity — born at less than 37 weeks gestation, low birth weight)	(Yes/No)
7g.	Diabetes, coeliac disease , or any other medical condition that specifically affects your child's eating?	(Yes/No)
7h.	Food allergies/intolerances? <i>Note: If possible, determine how the food allergy/intolerance was diagnosed. Blood tests and/or supervised elimination diets are typically more reliable than self-diagnosis.</i>	(Yes/No)
7i.	Mental health problems: (only ask where appropriate to age of child) a) Autism Spectrum Disorder (ASD) b) Attention Deficit Hyperactivity Disorder (ADHD) c) Anxiety disorder (e.g., panic disorder, phobias, PTSD, OCD etc.) d) Eating disorder e) Depression or other mood disorder f) Others (e.g. schizophrenia)	(Yes/No) (Yes/No) (Yes/No) (Yes/No) (Yes/No) (Yes/No)
7j.	Intellectual disability	(Yes/No)
	INFORMANT (Please tick as relevant) Parent <input type="checkbox"/> Child <input type="checkbox"/> Medical record <input type="checkbox"/>	

Go straight to Question 9

8. To your knowledge, is your child currently pregnant? (Yes/No/Not asked)

Note: Interviewer to use judgement as to whether to ask this question.

9. Does your child currently take any medication? (Yes/No)

If so, which ones?

Note: List all the medications that the individual is currently taking. Commonly used medications that may affect feeding or eating include those that increase appetite (e.g., cyproheptadine, mirtazapine) and those that decrease appetite (e.g., dextroamphetamine, amphetamine, methylphenidate, and lisdexamfetamine). Each of these drugs may go by a different brand name that varies by region.

10. Summary of medical and mental health problems (for the interviewer to rate based on judgement): Is there a medical problem or medication that could at least partially explain the difficulty in feeding or eating? **(Yes/No)**

If **Yes**, please explain below

Note: The respondent can still meet criteria for pica, ARFID, or rumination disorder as long as the medical problem, mental health problem, or medication does not fully account for the feeding or eating difficulty.

CURRENT FEEDING AND EATING PATTERN

11a. Do you think that your child experiences his or her eating as a problem? **(Yes/No)**

11b. How much of a problem do you think it is to your child?

Rating:

- 0 — No problem
- 1 —
- 2 —
- 3 — a moderate problem
- 4 —
- 5 —
- 6 — a very serious problem

12. I would like to ask you about a typical day of eating and drinking for your child. Starting with when he/she wakes up, can you tell me about what he/she typically eats and drinks throughout the day? Are there days when this is not his/her eating/drinking pattern?

Note: Include both drink, food and non-nutritive, non-food substances. If the individual is tube-fed or taking nutritional supplement drinks, check the pattern of tube-feeding and/or intake of supplement drinks.

13. Is your child currently being fed by tube feeding? **(Yes/No)**

If yes, specify method of tube feeding, type of feed and total amount over 24 hours

Note: There are several methods of tube feeding. The most common are nasogastric (NG tube), percutaneous endoscopic gastrostomy [PEG tube], and percutaneous endoscopic gastro-jejunostomy [PEG-J tube]. In NG feeding, a tube is inserted through the nose into the stomach; NG tubes can be inserted each time for a one-time feeding, or kept in place for short-term use (e.g., 4-6 weeks). In contrast, PEG and PEG-J tubes require surgical insertion and can be kept in place for as long as they are needed. In PEG feeding, a tube is placed through the abdominal wall directly into the stomach. In PEG-J feeding, a tube is placed through the abdominal wall through the stomach directly into the small intestine.

14. Is your child currently taking any nutritional supplement drinks, liquids, pills, or drops to make

sure he/she is getting enough **vitamins and minerals**? If so, what type and how much does he/she have? **(Yes/No)**

If yes, specify type of supplement and total amount over 24 hours

Note: Do not count supplements meant to support weight gain or weight maintenance only. If the respondent is taking a single supplement mean to provide calories as well as vitamins and minerals, count for both items 14 and 15.

15. Is your child currently taking any high-energy nutritional supplement drinks to help him/her to maintain or gain weight? If so, what type and how much does he/she have? (Yes/No)

If yes, specify type of supplement and total amount over 24 hours

Note: Do not count supplements meant to provide vitamins and minerals only. If the respondent is taking a single supplement mean to provide calories as well as vitamins and minerals, count for both items 14 and 15.

16. Over the past month, has your child experienced any difficulties managing food in his/her mouth, such as:

- holding food in his/her mouth without swallowing it
- eating slower than others due to difficulty managing food in his/her mouth
- difficulty keeping food in his/her mouth while chewing
- difficulty with chewing or swallowing
- frequent gagging or choking

*Note: If **Yes to any of the above** note the type of difficulty and the respondent's understanding of its cause. Positive ratings should be separated into:*

Yes – Known oro-motor difficulties (e.g., poor oro-motor co-ordination, oral dyspraxia, low muscle tone, protruding tongue)

Yes – Thought to be due to psychological factors (e.g., concern about choking, fear of ingesting specific foods) [this is returned to later in the schedule]

Yes – But not known whether primarily due to structural/oro-motor or psychological cause

17. Has your child ever had any tests for swallowing difficulties (e.g., videofluoroscopy study, investigation for requirement for thickened fluids etc.)? (Yes/No)

What was the result of these?

PICA DIAGNOSTIC ITEMS

DSM-5 Criterion A:

18. Over the past month, has your child eaten anything that isn't food — like soil, paper, chalk or other things— not just chewing on them, but actually eating and swallowing them? **(Yes/No)**
(If no, move on to ARFID section.)

18a. What did your child eat that wasn't food?

Note: 18a is intended to allow the interviewer to clarify whether the ingested item is BOTH non-nutritive AND non-food. Ice does NOT count. Examples from DSM-5 include paper, soap, cloth, hair, string, wool, soil, chalk, talcum powder, paint, gum, metal, pebbles, charcoal/coal, ash, clay, and starch.

18b. Assessor: confirm that items consumed are non-food, non-nutritive **(Yes/No)**

Pica Severity Item:

Note: DSM-5 indicates that behaviour must be "persistent," but provides no minimum frequency.

19. Assessor: Is pica 'persistent'? (i.e., has it occurred on more than two days in the past month?) **(Yes/No)**

19a. In the past month, on how many days has your child eaten [non-nutritive/non-food item(s)]?

Rating:

- 0 — No pica behaviour
- 1 — Pica behaviour on 1 to 5 days
- 2 — Pica behaviour on less than half the days (6 to 12 days)
- 3 — Pica behaviour on half the days (13 to 15 days)
- 4 — Pica behaviour on more than half the days (16 to 22 days)
- 5 — Pica behaviour almost every day (23 to 27 days)
- 6 — Pica behaviour every day

20. In the past month, on the days your child has eaten [non-nutritive/non-food item(s)], how many times has he/she done this?

No of episodes per day _____

Note: Do not count each separate bite of non-nutritive/non-food item(s). Instead, consider each period of continuous eating followed by a pause or break to be a separate episode.

21. DSM-5 Criterion B (Assessor uses judgement): Need to determine if pica behaviour is inappropriate for developmental stage. Is the respondent at least 2 years old or functioning at a similar developmental level [SCREEN]? **(Yes/No)**

DSM-5 Criterion C:

22. Some people believe that eating things like.....[that aren't food] is good for them. Do people in your family believe that? If yes: What do they believe? Is that the only reason why your child has eaten things that aren't food in the past month? **(Yes/No)**

23. DSM-5 Criterion D (Assessor uses judgement): Need to check in the case that an intellectual disability [SCREEN], autism spectrum disorder [SCREEN], schizophrenia [SCREEN], or pregnancy

[SCREEN] is present, whether pica symptoms require additional clinical attention (see below for impairment). Do pica symptoms require additional attention? **(Yes/No)**

How old was your child when he/she first started eating things that aren't food?

Age of onset Pica: _____

Pica Severity Item:

24. Over the past month, has your child seemed to have cravings or a very strong desire to eat things that aren't food?

Rating:

- 0 — No desire
- 1 —
- 2 — Mild desire
- 3 —
- 4 — Marked desire
- 5 —
- 6 — Extreme or uncontrollable desire (e.g., individual cannot be left unsupervised without engaging in pica behaviour)

Under 4s go straight to question 26 and rate 999 for 25

25. Over the past month, has your child eaten things that aren't food because he/she thought it might decrease appetite or otherwise help control his/her shape or weight? **(Yes/No)**

Note: Assessor uses this item to rule out eating disorder motivation for pica behaviour which might suggest AN or BN.

26. Over the past month, has your child eaten things that aren't food to try to harm himself/herself on purpose, to make himself/herself sick, or to get special attention? **(Yes/No)**

Note: Assessor uses this item to assess for self-harm motivation for pica behaviour.

Pica Severity Item:

27. Over the past month, has eating things that aren't food caused any serious problems for your child at home, at preschool/nursery/childminder, or with his/her family/friends?

Note: Examples include experiencing teasing or name calling, contributing to relationship difficulties, inability to eat with others, etc.

Rating:

- 0 — No psychosocial impairment
- 1 —
- 2 — Mild problem in one psychosocial domain (e.g., difficulty participating in activities at preschool/nursery/childminder because he/she is focussing on how to procure pica items)
- 3 —
- 4 — Moderate problem in one domain (e.g., does not socialize with friends because spends most free time engaging in pica eating)
- 5 —
- 6 — Extreme psychosocial impairment (e.g., cannot attend preschool/nursery/childminder because requires constant one-to-one supervision to avoid engaging in pica eating)

Pica Severity Item:

28. Over the past month, has your child experienced any medical problems from eating things that aren't food?

Note: Example medical complications of pica from DSM-5: mechanical bowel problems, intestinal obstruction, bezoar, intestinal perforation, infection, poisoning.

Rating:

- 0 — No medical problems
- 1 —
- 2 — One mild medical problem (e.g., possibly related gastrointestinal upset)
- 3 —
- 4 — One moderate medical problem or multiple mild medical problems (e.g., mechanical bowel problems)
- 5 —
- 6 — At least one severe medical problem (e.g., lead poisoning that requires treatment or bezoar that requires surgical removal)

Criteria Met for diagnosis of Pica? (Yes/No)

(Assessor evaluates based on judgement, but a diagnosis of pica is likely given the following response pattern: 18-yes; 18b-yes; 19-yes; 21-yes; 22-no; 23-yes)

Pica Severity Scale: Add ratings for 19a, 24, 27, and 28 and divide by 4. Higher scores indicate greater pica severity.

Specify as Current or In Remission (i.e., "After full criteria for pica were previously met, the criteria have not been met for a sustained period of time."): _____

ARFID DIAGNOSTIC ITEMS

DSM-5 Criterion A

29. Do you think your child has an eating or feeding problem that involves avoidance or restriction of food? Has this meant that your child has had difficulty eating enough food overall or has had difficulty eating a wide enough range of foods? **(Yes/No)**

If no, Have other people (for example, doctors, family members, significant others) said you're your child has a problem with eating that involves avoidance or restriction of food? Do other people say your child's eating means that they don't get enough overall in terms of amount and/or range? (Yes/No)

FINAL RATING: Yes (to either) or No (to both)

Note: If the interviewer has evidence that the person has been seen in a clinical context and there has been reference to an ARFID-like presentation or a working diagnosis of an eating or feeding problem of this type (e.g. behavioural feeding disorder; selective eating disorder; food phobia), the interviewer can still rate. The participant may not endorse thinking their child has a problem, but if there is evidence that others do, then the interviewer can use that to rate the item.

ARFID severity items:

29a. Over the past month, has your child been eating a range of fruits? Which ones?

Note: Different preparations of the same food count as a single food. For example, an individual who is consuming orange slices and orange juice—and no other fruit items—would score a 5 (i.e., eats just one fruit) because these are both forms of oranges. The same basic logic applies to all of the other questions of the same type. However, if the person is eating tangerines as well, the person would score a 4. Similarly, different fruit juices count as different fruits.

Rating:

- 0 — Eats 6 or more types of fruit
- 1 — Eats 5 types of fruit
- 2 — Eats 4 types of fruit
- 3 — Eats 3 types of fruit
- 4 — Eats 2 types of fruit
- 5 — Eats just one type or form of fruits (e.g., orange juice only)
- 6 — Eats no fruits

29b. Over the past month, has your child been eating a range of vegetables? Which ones?

Rating:

- 0 — Eats 6 or more types of vegetable
- 1 — Eats 5 types of vegetable
- 2 — Eats 4 types of vegetable
- 3 — Eats 3 types of vegetable
- 4 — Eats 2 types of vegetable
- 5 — Eats just one type or form of vegetable (e.g., carrot sticks only)
- 6 — Eats no vegetables

29c. Over the past month, has your child been eating a range of protein foods (e.g., meat, fish, eggs, beans, meat substitutes, e.g., tofu, quorn)? Which ones?

Rating:

- 0 — Eats 6 or more types of protein
- 1 — Eats 5 types of protein
- 2 — Eats 4 types of protein

- 3 — Eats 3 types of protein
- 4 — Eats 2 types of protein
- 5 — Eats just one type or form of protein (e.g., chicken nuggets only)
- 6 — Eats no protein

29d. Over the past month, has your child been eating a range of dairy or calcium-enriched dairy substitute foods (e.g., milk, cheese, soymilk)? Which ones?

Rating:

- 0 — Eats 6 or more types of dairy foods
- 1 — Eats 5 types of dairy foods
- 2 — Eats 4 types of dairy foods
- 3 — Eats 3 types of dairy foods
- 4 — Eats 2 types of dairy foods
- 5 — Eats just one type or form of dairy foods (e.g., milk only)
- 6 — Eats no dairy foods

29e. Over the past month, has your child been eating a range of starchy/carbohydrate foods (e.g., rice, pasta, bread, cereal)? Which ones?

Note: All forms of potatoes (e.g., French fries, chips/crisps, mashed potatoes, baked potatoes) count as a starchy/carbohydrate food, not a vegetable.

Rating:

- 0 — Eats 6 or more types of carbohydrates
- 1 — Eats 5 types of carbohydrates
- 2 — Eats 4 types of carbohydrates
- 3 — Eats 3 types of carbohydrates
- 4 — Eats 2 types of carbohydrates
- 5 — Eats just one type or form of carbohydrates (e.g., plain spaghetti only)
- 6 — Eats no carbohydrates

ARFID severity item:

30. Over the past month, has your child eaten exactly the same foods (for example eating the same brand of a particular food or the same flavour food) at meals or snacks? Can you give me examples?

Rating:

- 0 — Has eaten a wide variety of breakfasts, lunches, and dinners
- 1 —
- 2 — Has eaten a limited variety of foods at breakfast, lunch, and dinner; or eats the same food everyday at one meal (e.g., breakfast) but has multiple options at other meals (e.g., lunch, dinner)
- 3 —
- 4 — Has eaten almost the same food for breakfast, lunch, or dinner every day or eats the same food everyday at two meals (e.g., breakfast and lunch) but has multiple options at a third meal (e.g., dinner)
- 5 —
- 6 — Has eaten exactly the same foods for breakfast, lunch and dinner every day

If respondent is entirely tube-fed, rate as 888.

ARFID descriptive item:

31. Over the past month, is your child no longer eating some foods that he/she used to like in the past, because he/she has become tired or bored of them? Can you give me examples?

Rating:

- 0 — Has not become tired or bored of any foods and has not dropped any in the past month
- 1 —
- 2 — Seems to have become tired or bored of one or two foods, but has not stopped eating them
- 3 —
- 4 — Has become tired or bored of a few foods and is eating less of them in the past month or has become tired or bored of one food and has not been eating it in the past month
- 5 —
- 6 — Has become tired or bored of many foods and has stopped eating them in the past month

If respondent is completely tube-fed, mark as 888 (not applicable)

ARFID severity item:

32. If someone asked your child to try a new food that is not something he/she has ever eaten before, how likely would he/she be to try it? How do you think he/she would feel about trying it?

Rating:

- 0 — Would eagerly try the new food
- 1 — Would try the new food without distress
- 2 — Would try the new food with caution
- 3 — Would consider trying the new food, but may only lick or taste it
- 4 — Would not consider trying the new food, but could tolerate the new food being present on the plate
- 5 — Would not even consider trying the new food, but could tolerate the new food being present in the room
- 6 — Would not even consider trying the new food, and would be distressed by the new food being present

ARFID severity item:

33. Over the past month, has there been concern (e.g., from doctors, family etc.) that your child is having difficulty meeting his/her calorie needs [due to avoidance or restriction of food intake]?

Note: Do NOT count calories that come from tube-feeding, nutritional supplement drinks, or other high energy drinks.

Rating:

- 0 — No difficulty meeting calorie needs
- 1 — Nearly meeting calorie needs
- 2 — Mild difficulty meeting calorie needs
- 3 — Mostly meeting calorie needs
- 4 — Moderate difficulty meeting calorie needs
- 5 — Major difficulties meeting calorie needs
- 6 — Not meeting calorie needs at all

ARFID diagnostic criterion A1 and ARFID severity item:

34. Over the past 3 months, has your child not put on weight or has he/she been losing weight? Has your child lost weight recently? If so, how much? Have others (e.g., doctors, family) been concerned about this?

Note: Difficulty maintaining weight should be related to the avoidance and restriction of food intake and not due to a medical illness or other reason.

Rating:

- 0 — No difficulty; child gaining weight as expected along his/her individual weight curve and BMI centile

- 1 —
- 2 — Mild difficulty; child has fallen off his/her individual weight curve but not crossed a standard centile line for BMI
- 3 —
- 4 — Moderate difficulty; child has lost weight and crossed one standard centile line below his/her individual BMI curve
- 5 —
- 6 — Extreme difficulty; child has lost weight and crossed multiple standard centile lines below his/her individual BMI curve

Note: Percentile lines on a specific growth chart refer to standard cut-offs to assess weight, height and body size; each centile line represents the percentage of individuals of that age and gender who fall below that line. For example the 25th centile indicates that 25% of normally developing children or adults of that age and gender fall below that line; the 50th centile line indicates that the average child/adult at that age and gender falls on that line.

If the interviewer has evidence that the person has been seen in a clinical context and there has been concern about their weight, the interviewer can still rate. The participant may not have been concerned, but if there is evidence of concern from others, then the interviewer can use that to rate the item.

ARFID diagnostic criterion A1 and ARFID severity item:

35. Over the past 3 months has there been concern (e.g., from doctors, family etc.) that your child is not growing taller as he/she should because of their eating habits?

Note: Difficulty reaching expected height should be related to the avoidance or restriction of food intake and not due to another reason such as growth hormone deficiency.

Rating:

- 0 — No difficulty; child growing as expected along his/her individual height growth curve
- 1 —
- 2 — Mild difficulty; child has fallen off his/her individual height growth curve without crossing a standard centile line
- 3 —
- 4 — Moderate difficulty; child has crossed one standard centile line below his/her individual height growth curve
- 5 —
- 6 — Extreme difficulty; child has crossed multiple standard centile lines below his/her individual height growth curve

ARFID diagnostic criterion A2

36. In the last few months, has your child been identified by a health professional as having any nutritional deficiency due to their eating habits(for example, low iron, low vitamin B12, low vitamin C)? Who told you this and how did they find out (e.g., blood test)? **(Yes/No)**

*Note: Record a **yes** answer only if a health professional has identified the deficiency*

If yes, please provide more specific details below:

Note: Common nutritional deficiencies observed among individuals with ARFID include iron deficiency (anaemia), low Vitamin D, low Vitamin B12, low calcium, low folate, among others.

ARFID diagnostic criterion A3

37. In the last few months, has your child ever been prescribed special supplements (e.g., pills, medicines, nutritional supplement drinks **containing vitamins and or minerals and other micronutrients**) to help with his/her nutrition? **(Yes/No)**

If yes, please provide details of when prescribed, what is taken and how much:

Note: If prescribed, clarify that the individual is taking the supplement.

ARFID diagnostic criterion A3

38. Does your child take nutritional supplement drinks (or other high-energy drinks) **to help him/her maintain or gain weight**? If so, what does he/she take and how much does he/she take each day?

Note: Rate name and type of supplement. This will allow calculation of percentage of average daily energy requirements that come from nutritional supplement or other high-energy drinks.

Rating:

- 0 — No nutritional supplement or other high-energy product is taken
- 1 — A small amount of nutritional supplement or other high-energy product is taken
- 2 — Less than half of energy requirements comes from nutritional supplement or other high-energy product
- 3 — About half of energy requirements comes from nutritional supplement or other high-energy product
- 4 — Over half of energy requirements comes from nutritional supplement or other high-energy product
- 5 — Nearly all of energy requirements comes from nutritional supplement or other high-energy product
- 6 — All of energy requirements comes from nutritional supplement or other high-energy product

ARFID diagnostic criterion A3

39. If your child is currently receiving tube feeding, what sort of tube (e.g., nasogastric, PEG [percutaneous endoscopic gastrostomy], or PEG-J [percutaneous endoscopic gastro-jejunostomy])? What is administered via the tube and how much each day?

Note: Rate type of tube and name of feed. This will allow calculation of percentage of average daily energy requirements that come from feed administered via the tube.

Rating:

- 0 — No tube feeding
- 1 — A small amount of daily energy requirements are administered via tube feeding
- 2 — Less than half of energy requirements are administered via tube feeding
- 3 — About half of energy requirements are administered via tube feeding
- 4 — Over half of energy requirements are administered via tube feeding
- 5 — Nearly all of energy requirements are administered via tube feeding
- 6 — All of energy requirements are administered via tube feeding

ARFID severity item:

40. Do your child's eating difficulties affect relationships between family members/significant others and everyday family life? If so, how?

If the parent/carers does not endorse any impact, "Did it impact your family/significant others in the past? Have they got(ten) used to your child's way of eating and made special accommodations to avoid any difficulties? Have they made these accommodations in the past month?"

Note: Examples of special accommodations include family not going on holiday/vacation without packing special foods, family members not cooking in communal kitchen while the individual is

present, not being able to easily select a mutually agreeable restaurant for entire family. If the individual does not live with family, enquire about what happens when visiting family or with a significant other.

If the individual does not live with family or significant other and is not in contact with family consider rating as 888 (not applicable)

Rating:

- 0 — No impact
- 1 —
- 2 — Mild impact (e.g., family members/significant others are somewhat concerned, or family selects among a handful of restaurants for family outings to avoid difficulties)
- 3 —
- 4 — Marked impact (e.g., family members/significant others are seriously concerned and this occasionally impacts family functioning, or family can only go to social events or on vacation if packing preferred food to avoid difficulties)
- 5 —
- 6 — Extreme impact (e.g., family members/significant others are seriously concerned and this greatly impacts family functioning, behaviour; family does not go to any social events or on any vacations to avoid difficulties)

ARFID severity item:

41. Does your child's eating cause difficulties at home in terms of disputes or difficult behaviour (e.g., arguments with parents/siblings/others)?

Note: Difficulties might include tensions between siblings due to accommodation of idiosyncratic eating behaviour, differences in parental management leading to arguments, etc.

Rating:

- 0 — No difficulty
- 1 —
- 2 — Mild difficulty (e.g., occasional disputes/ difficult behaviour)
- 3 —
- 4 — Marked difficulty (e.g., regular disputes /difficult behaviour)
- 5 —
- 6 — Extreme difficulty (e.g., constant disputes/disrupted relationships /unmanageable behaviour)

ARFID diagnostic criterion A4 and ARFID severity item

42. How does your child manage mealtimes? Are they difficult or stressful for them?

Note: Examples of mealtime difficulties include: being unable to sit at the dining table, distress at mealtimes, getting angry or upset , being unable or refusing to eat, or avoiding family mealtimes altogether by eating alone.

Rating:

- 0 — No impairment; child able to to join the family eating together comfortably with minimal difficulties/tensions or child eats alone for reasons other than difficulty with eating
- 1 —
- 2 — Mild impairment (e.g. cannot sit at the table for duration of the meal, frequent complaints, or child sometimes eats alone due to eating difficulties)
- 3 —
- 4 — Moderate impairment (e.g. frequent tantrums/disputes at mealtimes, or child often eats alone due to eating difficulties)

5 —

6 — Severe impairment (e.g. refuses to eat with others, considerable disruption, behavioural difficulties, distress, or child always eats alone due to eating difficulties)

ARFID severity item

43. When your child eats meals with others (e.g., family, friends), does he/she typically eat something different to everyone else?

Rating:

0 — No, eats the same foods as others

1 —

2 — Eats mostly the same food as others

3 —

4 — May eat some of the same food as others

5 —

6 — Does not eat same food as others; requires carers to prepare separate meal, or brings own food to dinner, parties, etc.

ARFID descriptive item:

44. Does your child need to use distraction (TV, iPad) in order to eat?

Rating:

0 — No distraction required

1 —

2 — Distraction required at some meals or snacks

3 —

4 — Distraction required most meals or snacks

5 —

6 — Distraction required at all meals or snacks; will not eat unless distracted

45. How long do mealtimes take for your child?

Rating: Average mealtime length (in minutes): _____

Note: Rate mode rather than mean of typical mealtimes.

ARFID severity item:

46. During a meal, does your child have to be rewarded, prompted, or coaxed in order to take a bite or to eat?

If this question is developmentally inappropriate or the individual is not eating with others rate as 888 (not applicable)

Rating:

0 — No coaxing required

1 —

2 — Some coaxing required (e.g., after some period of independent eating or only with certain foods)

3 —

4 — Frequent coaxing required (e.g., needs encouragement for each mouthful)

5 —

6 — Extreme coaxing required (e.g., required to be fed every mouthful)

ARFID diagnostic criterion A4 and ARFID severity item:

47. Does your child's eating cause difficulties socially, for example does it make it difficult for him/her to visit friends, eat at preschool/nursery/childminder, or stay away from home? Has he/she avoided social situations because of eating?

Rating:

- 0 — No psychosocial impairment
- 1 —
- 2 — Mild psychosocial impairment (e.g., worries about what he/she will eat in advance of social events, endures social eating situations with distress)
- 3 —
- 4 — Marked psychosocial impairment (e.g., avoids some social eating situations or attends but does not eat)
- 5 —
- 6 — Extreme psychosocial impairment (e.g., avoids all social eating situations)

ARFID diagnostic criterion A4 and ARFID severity item:

48. Does your child's eating cause difficulties in daily functioning at preschool/nursery/childminder? Can you give examples?

Note: Examples of difficulties experienced include missing out on break time/recess; special arrangements for mealtimes causing the individual distress; difficulty in managing food provided by others outside the home (e.g., at cafeteria, at friends' house).

If no, but the interviewer is aware from an earlier item that special accommodations have been made (e.g., special food is provided for camp, adult bring special food to parties, person goes to parties only after they know dinner portion of the evening will be completed), ask "If these accommodations were not in place, would that cause your child difficulties?"

Rating:

- 0 — No impairment
- 1 —
- 2 — Mild difficulty
- 3 —
- 4 — Marked difficulty
- 5 —
- 6 — Extreme difficulty

ARFID Descriptive item:

49. Is your child's eating consistent across all settings (e.g., at nursery/school, when eating out, at relatives, at home)? **(Yes/No)**

Please describe:

If avoidant/restrictive eating is present, ask:

How old was your child when the avoidant or restrictive eating began?

Age of onset of ARFID:

ARFID Profile: Sensory Sensitivity

Note: Negative answers to the following questions may reflect avoidance rather than a lack of sensory sensitivity. Probe if necessary "If your child gets food on his hands or mouth, would it be uncomfortable for him/her?"

50. Over the past month, has your child shown any sensitivity to having food on their hands or around their mouth?

Rating:

- 0 — No sensitivity
- 1 —
- 2 — Mild sensitivity
- 3 —
- 4 — Moderate sensitivity
- 5 —
- 6 — Extreme sensitivity leading to avoidance (e.g., frequent wiping or washing)

51. Over the past month, has your child demonstrated any particular oral sensitivity (e.g., does he/she dislike tooth brushing)?

Rating:

- 0 — No oral sensitivity
- 1 —
- 2 — Mild oral sensitivity
- 3 —
- 4 — Moderate oral sensitivity
- 5 —
- 6 — Extreme oral sensitivity leading to avoidance

Note: Only score if young person/adult does not like to brush teeth because of oral sensitivity. Do not score if oral sensitivity is absent and failing to brush teeth is part of a broader picture of difficult behaviour.

52. Over the past month, has your child demonstrated any particular sensitivity to the smell of food?

Rating:

- 0 — No sensitivity to smell
- 1 —
- 2 — Mild sensitivity to smell
- 3 —
- 4 — Moderate sensitivity to smell
- 5 —
- 6 — Extreme sensitivity to smell leading to avoidance

53. Over the past month, has your child demonstrated any sensitivity to variation in taste? Does he/she notice slight differences in the taste of foods? (e.g., rejecting one type of orange juice because it tastes slightly different to their preferred type; noticing if recipe is prepared slightly differently from before)?

Rating:

- 0 — No sensitivity to variation in taste
- 1 —
- 2 — Mild sensitivity to variation in taste

- 3 —
- 4 — Moderate sensitivity to variation in taste
- 5 —
- 6 — Extreme sensitivity to variation in taste leading to avoidance (even if only one or two foods)

54. Over the past month, has your child had strong temperature preferences? (e.g., all foods must be served cold?)

Rating:

- 0 — No temperature sensitivity
- 1 —
- 2 — Mild temperature sensitivity
- 3 —
- 4 — Moderate temperature sensitivity
- 5 —
- 6 — Extreme temperature sensitivity leading to avoidance (even if only one or two foods)

55. Over the past month, has your child demonstrated any particular sensitivity to the texture or consistency of food? If so, which drinks, foods, or textures/consistencies? Has he/she had difficulty eating foods that have multiple components mixed together (e.g., pasta with sauce; sandwiches)?

Rating:

- 0 — No sensitivity to texture/consistency
- 1 —
- 2 — Some sensitivity to certain textures/consistencies
- 3 —
- 4 — Moderate sensitivity to certain textures/consistencies
- 5 —
- 6 — Extreme sensitivity to certain textures/consistencies (e.g., resulting in gagging/choking or leading to complete avoidance)

56. Over the past month, do you think that sensitivity to the smell of food has been important to your child in deciding whether to eat it?

Rating:

- 0 — Never
- 1 —
- 2 — For some foods
- 3 —
- 4 — For most foods
- 5 —
- 6 — For all foods without exception (smells all foods before eating)

Note: Probe with extra question. For example, does your child have to smell food before he/she decides whether to eat it?

57. Over the past month, has your child been particularly sensitive to the appearance of food that doesn't look "right" (e.g., burnt ends of chips/fries, broken biscuits/cookies)?

- 0 — Not sensitive to the appearance of food
- 1 —
- 2 — Sensitive to the appearance of some foods
- 3 —

- 4 — Sensitive to the appearance of most foods
- 5 —
- 6 — Extremely sensitive to the appearance of food (e.g., it must look “just right” before eating)

58. Over the past month, has your child been sensitive to the colour of food so that only foods of a certain colour will be accepted (e.g., beige, brown)

Rating:

- 0 — Not sensitive to the colour of food
- 1 —
- 2 — Sensitive to the colour of some foods
- 3 —
- 4 — Sensitive to the colour of most foods
- 5 —
- 6 — Only accepts foods of a certain colour group

Note: The respondent need not choose foods specifically for their colour. This item can still be rated positively if the patient primarily eats foods of a certain colour group (e.g., white, beige) but says that he or she prefers those foods for other reasons (e.g., taste, texture, familiarity).

59. Over the past month, has your child preferred to eat food of a specific brand? If the packaging of his/her preferred food changes, has it put him/her off?

Rating:

- 0 — Does not mind about which brand food is
- 1 —
- 2 — Some foods must be of a specific brand
- 3 —
- 4 — Most foods must be of a specific brand
- 5 —
- 6 — Only eats foods of specific brands

Note. This item differs from item 53 (taste variation). Whereas 53 probes whether the person can differentiate between foods after having tasted them, 59 probes whether the person would opt not to eat something, based only on the brand.

ARFID Profile: Lack of Interest in Food or Eating

60. Some people avoid foods or restrict their intake because they find it hard to recognise when they are hungry. Over the past month, how difficult do you think this has been for your child?

Rating:

- 0 — No difficulty recognizing hunger
- 1 —
- 2 — Slight difficulty recognizing hunger
- 3 —
- 4 — Moderate difficult recognizing hunger
- 5 —
- 6 — Does not recognize hunger at all

61. Over the past month, how often has your child forgotten to eat or find it difficult to make time to eat if left to his/her own devices?

Rating:

- 0 — Never forgets or doesn't make time to eat
- 1 —

- 2 — Sometimes forgets or doesn't make time to eat
- 3 —
- 4 — Often forgets or doesn't make time to eat
- 5 —
- 6 — Always forgets or doesn't make time to eat

62. Over the past month, how often do you think that your child has looked forward to eating (even if just preferred food) before mealtimes?

Rating:

- 0 — Always
- 1 —
- 2 — Often
- 3 —
- 4 — Sometimes
- 5 —
- 6 — Never

63. Over the past month, how often has your child had a good appetite (i.e., when food is in front of your child, even if it is his/her preferred food, does he/she feel like they want to eat it)?

Rating:

- 0 — Good appetite at all meals
- 1 —
- 2 — Good appetite at most meals
- 3 —
- 4 — Poor appetite at most meals
- 5 —
- 6 — Poor appetite at all meals

64. Over the past month, has your child ever needed prompting or reminding to eat, even if it is his/her preferred food?

Rating:

- 0 — Never needs prompting to eat
- 1 —
- 2 — Sometimes needs prompting to eat
- 3 —
- 4 — Often needs prompting to eat
- 5 —
- 6 — Always needs prompting to eat

65. Over the past month, has your child ever eaten less when he/she was anxious, upset, or worried?

Rating:

- 0 — Never eats less in response to negative feelings
- 1 —
- 2 — Sometimes eats less in response to negative feelings
- 3 —
- 4 — Often eats less in response to negative feelings
- 5 —
- 6 — Always eats less in response to negative feelings

66. Over the past month, has your child ever eaten less when he/she was happy, excited, or looking forward to something?

Rating:

- 0 — Never eats less in response to positive feelings
- 1 —
- 2 — Sometimes eats less in response to positive feelings
- 3 —
- 4 — Often eats less in response to positive feelings
- 5 —
- 6 — Always eats less in response to positive feelings

67. Over the past month, to what extent has your child found eating to be a chore?

Rating:

- 0 — Not at all
- 1 —
- 2 — Slightly
- 3 —
- 4 — Moderately
- 5 —
- 6 — Totally

68. Over the past month, how often has your child has enjoyed food or eating (even if only a narrow range of foods)?

Rating:

- 0 — Always
- 1 —
- 2 — Often
- 3 —
- 4 — Sometimes
- 5 —
- 6 — Never

69. Over the past month, how often has your child been full before his/her meal is finished or sooner than others?

Rating:

- 0 — Never gets full before meals are finished
- 1 —
- 2 — Sometimes gets full before meals are finished
- 3 —
- 4 — Often gets full before meals are finished
- 5 —
- 6 — Always gets full before meals are finished

70. Over the past month, how often has your child felt uncomfortable when he/she is full?

Rating:

- 0 — Never feels uncomfortable when full
- 1 —
- 2 — Sometimes feels uncomfortable when full
- 3 —
- 4 — Often feels uncomfortable when full
- 5 —

6 — Always feels uncomfortable when full

ARFID Profile: Concern about Aversive Consequences

Note: If the respondent does not endorse the individual expresses worry or concern but instead says that he or she expresses expectancy or certainty that the feared outcome will occur (i.e. "I'm not worried. I just know it's going to happen"), then the rater should still consider this as worry or concern.

71a. To your knowledge, has your child ever had an experience where he/she has thought they might choke that has made him/her more careful about eating (e.g., a choking episode, tube insertion, medical investigation)? **(Yes/No)**

71b. To your knowledge, over the past 4 weeks, has your child been concerned that eating will make him or her choke to the extent that it has restricted the amount or type of food that s/he eats?

Rating:

- 0 — Never
- 1 —
- 2 — Sometimes
- 3 —
- 4 — Often
- 5 —
- 6 — Always

72a. To your knowledge, has your child ever had an episode of vomiting (e.g., norovirus, food poisoning) or diarrhoea that has made him/her more careful about eating? **(Yes/No)**

72b. To your knowledge, over the past 4 weeks, has you child been concerned that eating will make him or her vomit (i.e., involuntarily) or cause diarrhoea to the extent that it has restricted the amount or type of food that s/he eats?

Rating:

- 0 — Never
- 1 —
- 2 — Sometimes
- 3 —
- 4 — Often
- 5 —
- 6 — Always

73a. Has your child ever had an allergic or other adverse physical reaction to a food that has made him/her more careful about eating? **(Yes/No)**

73b. To your knowledge, over the past 4 weeks, has your child been worried that food might be harmful to him/her in any way (e.g., that his/her food might contain an allergen, even though he/she has been reassured that it does not) to the extent that it has restricted the amount or type of food they eat?

Rating:

- 0 — Never
- 1 —
- 2 — Sometimes
- 3 —

- 4 — Often
- 5 —
- 6 — Always

74a. Has your child ever had severe stomach pain or other abdominal discomfort (e.g., bloating, constipation) after eating? **(Yes/No)**

74b. To your knowledge, over the past 4 weeks, has your child been worried that eating might cause him or her pain (e.g., stomach pain) to the extent that it has restricted the amount or type of food they eat?

Rating:

- 0 — Never
- 1 —
- 2 — Sometimes
- 3 —
- 4 — Often
- 5 —
- 6 — Always

75. Over the past month, has your child felt afraid of eating? *(Note: The fear must be of the act of eating itself and any immediate aversive consequences.)*

Rating:

- 0 — No fear
- 1 —
- 2 — Mild fear
- 3 —
- 4 — Marked fear
- 5 —
- 6 — Extreme fear

76. Over the past month, has your child worried that something bad might happen if he /she eats? Has this interfered with his/her ability to concentrate on things they were actively engaged in, for instance, watching television, reading, playing computer games (etc.)?

Rating:

- 0 — No concentration impairment
- 1 —
- 2 — Some concentration impairment
- 3 —
- 4 — Marked concentration impairment
- 5 —
- 6 — Extreme concentration impairment

77. Over the past month and to your knowledge, has your child been avoiding or restricting the amount or type of food that he/she eats because he/she was afraid that something bad might happen, like vomiting, choking, having an allergic reaction, or being in pain?

Note: Individuals with vomiting phobia may avoid foods that they worry are spoiled, or restrict overall amount in order to avoid feeling uncomfortably full. Individuals with choking phobia may avoid eating entirely (in extreme cases), or avoid foods that they perceive as difficult to chew or swallow. For individuals with allergies, only count food restriction that is beyond what would be medically required to avoid an actual allergic reaction.

Rating:

- 0 — no food restriction due to fear of aversive consequences
- 1 —
- 2 — mild food restriction of amount and/or variety due to fear of aversive consequences
- 3 —
- 4 — moderate food restriction of amount and/or variety due to fear of aversive consequences
- 5 —
- 6 — extreme food restriction (e.g., no oral intake at all) due to fear of aversive consequences

78. Over the past month and to your knowledge, has your child experienced physical anxiety symptoms (e.g., racing heart, sweaty palms, nausea) when he/she has seen something that reminded him/her of: vomiting, choking, having an allergic reaction, or being in pain while eating? (Ask according to type of fear)

Note: A trigger for an individual with choking phobia might be witnessing another person choking (e.g., in person or on video) or exposure to a food similar to the one on which they initially choked. A reminder for an individual with vomiting phobia might be seeing actual vomit, witnessing a person vomiting, or being in proximity to someone at risk for vomiting (e.g., a person with the flu). A reminder for someone who has undergone a painful medical procedure might be viewing a feeding tube or related equipment.

Rating:

- 0 — no physical anxiety symptoms
- 1 —
- 2 — mild physical anxiety symptoms
- 3 —
- 4 — moderate physical anxiety symptoms
- 5 —
- 6 — extreme physical anxiety symptoms, or avoids all opportunities for exposure due to fear of physical anxiety symptoms

79. Over the past month and to your knowledge, has your child avoided food or eating situations that he/she is worried might make him/her vomit, choke, have an allergic reaction, or be in pain while eating?

Note: Do not count instances where the fear restricts travel modalities (e.g. air, sea, car) or activities such as riding amusement park rides, for fear of vomiting, as this might be more indicative of specific phobia. Individuals with choking phobia may avoid social eating situations in which they cannot control the type of food that will be presented. For individuals with food allergies, the avoidance must be above and beyond what would be realistically required to manage the allergy (e.g., an individual with coeliac disease must avoid eating gluten, but typically could safely sit at the table with others eating gluten, so avoiding eating with others due to exposure fears would count as problematic avoidance for this item).

Rating:

- 0 — no avoidance
- 1 —
- 2 — avoids some opportunities for exposure
- 3 —
- 4 — avoids most opportunities for exposure; interferes with functioning
- 5 —
- 6 — avoids all opportunities for exposure; greatly interferes with functioning

80. Over the past month and to your knowledge, has your child done anything special before or during eating to prevent himself/herself from vomiting, choking, having an allergic reaction, or being in pain while eating?

Note: Examples might include chewing very slowly, taking long breaks in between bites, drinking more fluids than necessary during the meal.

Rating:

- 0 — no safety behaviours
- 1 —
- 2 — mild safety behaviours or infrequent use of safety behaviours
- 3 —
- 4 — moderate safety behaviours or frequent use of safety behaviours
- 5 —
- 6 — severe safety behaviours that must be repeated at every single eating opportunity

81. DSM-5 Criterion B: (Assessor uses judgement): The disturbance is better explained by a lack of available food or by an associated culturally sanctioned practice. **(Yes/No)**

82. DSM 5 Criterion C: (Assessor uses judgement): The respondent has anorexia nervosa (SCREEN) or bulimia nervosa (SCREEN), or related subthreshold disorder. **(Yes/No/NA)**

83. DSM-5 Criterion D: (Assessor uses judgement): If the respondent has a medical condition [SCREEN], an intellectual disability [SCREEN], other neurodevelopmental disorder [SCREEN], or other mental disorder [SCREEN] that explains the eating disturbance, its severity exceeds that usually associated with the condition and requires additional clinical attention? **(Yes/No/NA)**

Criteria met for ARFID? (Yes/No)

Diagnostic algorithm:

Diagnosis of ARFID should be made on the basis of answers in the following pattern:

Item 29: Yes (1)

AND

Significant weight loss or failure to grow/gain weight (Item 34 or 35 \geq 4)

OR

Significant nutritional deficiency (Item 36 – Yes (1))

OR

Dependence on enteral feeding or nutritional supplements (Item 37 – Yes (1) OR Item 38 \geq 4 OR Item 39 \geq 4)

OR

Psychosocial impairment (Item 42 \geq 4 OR Item 47 \geq 4 OR Item 48 \geq 4)

AND

Age of onset: > 1 month prior to date of interview

AND

Item 81 – No, Item 82 – No, Item 83 – Yes

Sensory Profile: To obtain a score on this profile, add 50, 51, 52, 53, 54, 55, 56, 57, 58, 59, and divide by 10. Higher scores indicate a sensory component to ARFID. Further, if one or more items are scored \geq 4, this indicates a possible sensory component.

Lack of Interest Profile: To obtain a score on this profile, add 60, 61, 62, 63, 64, 65, 66, 67, 68, 69, 70, and divide by 11. Higher scores indicate a lack of interest component to ARFID. Further, if one or more items are scored \geq 4, this indicates a possible 'lack of interest' component.

Concern Profile: To obtain a score on this profile, add 71b, 72b, 73b, 74b, 75, 76, 77, 78, 79, 80, and divide by 10. Higher scores indicate a concern component to ARFID. Further, if one or more items are scored ≥ 4 , this indicates a possible concern component.

ARFID Severity Scale: Add: items 29a, 29b, 29c, 29d, 29e, 30, 32, 33, 34, 35, 40, 41, 42, 43, 46, 47, 48, and divide by 17. However, if the respondent did not answer item 30 (because 100% tube-fed) and/or items 40, 41, and/or 46 (because not applicable or not developmentally appropriate), then instead of dividing by 17, divide by the total number of items actually rated. The higher the score, the greater the ARFID severity.

Note: Item 45 is measured in minutes and therefore cannot be included in the rating above

Specify as Current or In Remission (i.e., "After full criteria for ARFID were previously met, the criteria have not been met for a sustained period of time."): _____

RUMINATION DISORDER DIAGNOSTIC ITEMS

DSM-5 Criterion A:

84. In the past month, has food come back up into your child's mouth during or after eating, or has he/she brought food back up into his/her mouth? **(Yes/No)**

If No, conclude interview.

DSM-5 Criterion B:

85. *To differentiate from vomiting:*

Does it look or seem different from "throwing up" or "being sick", and in what way? **(Yes/No)**

Note: In contrast to frank vomiting, rumination-related regurgitation appears effortless and occurs without apparent nausea, retching, or disgust.

86. *To differentiate from gastroesophageal reflux:*

Has your child had any assessments for reflux? If so, were the results positive? **(Yes/No)**

87. Has your child ever received a medication for reflux, and if so did it reduce the regurgitation? **(Yes/No)**

Note: A formal diagnosis of gastroesophageal reflux disease [GORD/GERD] would have been caught earlier on in the screen, but these items may help detect undiagnosed reflux that could better explain regurgitation symptoms. Gastroesophageal reflux is not a rule-out for rumination disorder, but the rumination-related regurgitation must occur in addition to any regurgitation that would normally be associated with reflux. Importantly, whereas GORD/GERD medication should reduce the frequency and severity of reflux in an individual with GORD/GERD, it may have no effect, a partial effect or even an exacerbatory effect on regurgitation in an individual with rumination disorder.

RD Severity Item

88. Does your child appear to have control over whether food comes back up into his/her mouth during these episodes? If yes, how often?

Rating:

- 0 — can control on 100% of occasions
- 1 —
- 2 — can control on more than 50% of occasions
- 3 —
- 4 — can control on less than 50% of occasions
- 5 —
- 6 — cannot control at all (NB: i.e. a habitual response but not due to reflux)

RD Severity Item

89. In the past month, how many days has your child had rumination (i.e., food coming back up into his/her mouth)?

Rating:

- 0 — No rumination
- 1 — Rumination on 1 to 5 days
- 2 — Rumination on less than half the days (6 to 12 days)
- 3 — Rumination on half the days (13 to 15 days)
- 4 — Rumination on more than half the days (16 to 22 days)

5 — Rumination almost every day (23 to 27 days)

6 — Rumination every day

Note: DSM-5 suggests “several times per week, typically daily” for a diagnosis of RD.

90. Now let’s ONLY think about the days over the past month that your child HAS brought food back up into their mouth. Has the number of regurgitations varied much from day to day? ...Over the past month, on the days your child has regurgitated, what is the lowest number of times that food has come back up into their mouth? What is the highest number of times?

90a. Minimum number of regurgitations on days when rumination has occurred_____

90b. Maximum number of regurgitations on days when rumination has occurred_____

Note: Count every single instance of food coming up into the mouth, even if instances were clustered close together in time (e.g., repeated regurgitations over a 30-minute period following a meal). Some individuals may be unable to specify a number as it is too high. In this case a rating of 777 should be made.

91. Over the past month, on the days that your child HAS regurgitated, what would you say is the AVERAGE number of times that food has come back up into their mouth?

Rating: Average number of regurgitations on days when rumination has occurred_____

Note: The average number should fall between the minimum and maximum provided in item 90. Some individuals may be unable to specify a number as it is too high. In this instance a rating of 777 should be made.

DSM-5 Criterion A (continued):

92. What does your child do with the food that comes back up into his/her mouth? For example, does your child re-chew it, re-swallow it, or spit it out?

Rating:

Re-chew	(Yes/No)
Re-swallow	(Yes/No)
Spit out	(Yes/No)

93. Over the past month, after what percentage of eating episodes did your child re-chew, re-swallow, or spit out the food that came back up into his/her mouth?

Re-chewed on	_____ % of eating episodes in past month
Re-swallowed on	_____ % of eating episodes in past month
Spit out on	_____ % of eating episodes in past month

94. On a typical day over the past month when rumination has occurred, how much time has your child spent ruminating?

Rating: Minutes per day_____

(on days when rumination has occurred, to include all episodes): _____

Advise that if all day every day rater should score 777

95. DSM-5 Criterion C: (Assessor uses judgement): The respondent has an eating disorder [SCREEN] or ARFID [ARFID section], which would trump a diagnosis of rumination disorder. **(Yes/No)**

96. DSM-5 Criterion B: (Assessor uses judgement): The respondent has a medical condition [SCREEN], which explains the regurgitation. **(Yes/No)**

97. DSM-5 Criterion D (Assessor uses judgement): If the respondent has an intellectual disability

[SCREEN], other neurodevelopmental disorder [SCREEN], or other mental disorder [SCREEN], do the rumination symptoms require additional clinical attention (see below for impairment)? **(Yes/No)**

How old was your child when the rumination symptoms first began?

Age of onset of Rumination Disorder: _____

Additional RD Severity Items:

98. Over the past month, has your child avoided eating with other people (or eating just before he/she might see other people) because your child was worried that food would come back up into his/her mouth?

Rating:

- 0 — No psychosocial impairment
- 1 —
- 2 — Mild psychosocial impairment (e.g., endures social eating situations with distress)
- 3 —
- 4 — Marked psychosocial impairment (e.g., avoids some social eating situations)
- 5 —
- 6 — Extreme psychosocial impairment (e.g., avoids all social eating situations)

99. Over the past month, has your child's rumination caused any serious problems for him/her at home, at preschool/nursery/childminder, or with his/her family/friends? Have they done anything special to hide their regurgitations from other people?

Note: Examples include experiencing bullying, teasing or name calling, contributing to relationship difficulties, inability to eat with others, attempts to avoid detection of rumination such as turning head away, covering mouth, or walking away from others etc.

Rating:

- 0 — No psychosocial impairment
- 1 —
- 2 — Mild psychosocial impairment (e.g., endures social eating situations with distress)
- 3 —
- 4 — Marked psychosocial impairment (e.g., avoids some social eating situations, friends frequently teasing about smell of vomit)
- 5 —
- 6 — Extreme psychosocial impairment (e.g., avoids all social eating situations, does not spend time with friends due to fear of rejection based on regurgitation behaviour)

100. Over the past month, has your child experienced any medical problems from bringing food back up into his/her mouth (examples include heartburn, dental cavities, weight loss, etc.)?

Rating:

- 0 — No medical problems
- 1 —
- 2 — One mild medical problem (e.g., possibly related dental cavities or mild heartburn)
- 3 —
- 4 — One moderate medical problem or multiple mild medical problems (e.g., moderate weight-loss or heartburn requiring additional medical attention or medication)
- 5 —
- 6 — At least one severe medical problem (e.g., severe weight loss or several obviously related dental cavities requiring dental treatment)

Criteria met for diagnosis of Rumination Disorder?: Assessor evaluates based on judgement, but a diagnosis of Rumination Disorder is likely given the following response pattern: 84=yes; 85=yes; 89—4 or greater; 92=yes to one or more; 95—no; 96 no, 97—yes).

Severity: Add ratings for 88, 89, 98, 99, 100 and divide by 5.

90a, 90b, 91, 93 and 94 are additional severity measures but do not have a 0-6 scale. These might be used when more data are available.

Specify as Current or In Remission (i.e., “After full criteria for rumination disorder were previously met, the criteria have not been met for a sustained period of time.”): _____