

## RATING SHEET v2.1

# PARDI

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## The Pica, ARFID, and Rumination Disorder Interview

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**The PARDI (Pica, ARFID, and Rumination Disorder Interview)  
Rating Sheet**

**Note:** Throughout and unless otherwise specified, ratings should be made according to the rating guidelines. In general **Yes** responses should be coded as 1 and **No** responses coded as 0. A rating of 888 should be used when the interviewer is unable to ascertain a rating despite questioning. A rating of 999 should be used if the question is not asked or not applicable, or for missing data. 888 and 999 ratings should be avoided if at all possible.

<b>Date of interview (DD/MM/YYYYY)</b>	
<b>Assessor Name/ID</b>	
<b>Patient/client name/ID</b>	
<b>Patient/client age (in years/months)</b>	
<b>Patient/client gender</b>	<input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Other– please specify:
<b>PARDI version administered</b>	<input type="checkbox"/> Parent/Carer (2-3) <input type="checkbox"/> Parent/Carer (4+) <input type="checkbox"/> Child (age 8-13 years) <input type="checkbox"/> Young person/Adult (14 years+)
<b>If parent version, respondent(s):</b>	<input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Other carer(s) – please specify:

SUMMARY	Yes/No	Severity score
<b>Screen: Eating Disorder</b> <i>(Yes to any of questions 1-5)</i>		
<b>Criteria met for diagnosis of Pica</b> <i>Response pattern:</i> <i>(Item 18-yes; Item 18b-yes; Item 19-yes; Item 21-yes; Item 22-no; Item 23-yes)</i>		
<b>Criteria met for diagnosis of ARFID</b> <i>Response pattern:</i> <i>Item 29 – Yes</i> <b>AND</b> <i>Significant weight loss or failure to grow/gain weight (Item 34 or 35 <math>\geq 4</math>)</i> <b>OR</b> <i>Significant nutritional deficiency (Item 36 – Yes (1))</i> <b>OR</b> <i>Dependence on enteral feeding or nutritional supplements (Item 37 – Yes (1) OR Item 38 <math>\geq 4</math> OR Item 39 <math>\geq 4</math>)</i> <b>OR</b> <i>Psychosocial impairment (Item 42 <math>\geq 4</math> OR Item 47 <math>\geq 4</math> OR Item 48 <math>\geq 4</math>)</i> <b>AND</b> <i>Age of onset: &gt; 1 month prior to date of interview</i> <b>AND</b> <i>Item 81 – No, Item 82 – No, Item 83 – Yes</i>		
<b>Criteria met for diagnosis of Rumination Disorder</b> <i>Response pattern:</i> <i>(Item 84-yes; Item 85-yes; item 89 – 4 or greater; Item 92-yes to one or more; Item 95-no; Item 96-no, Item 97-yes)</i>		

**SCREEN**

**To consider the possible presence of current anorexia nervosa, bulimia nervosa, binge eating disorder, or related disorders (e.g. atypical anorexia nervosa):**

<b>1.</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>1a.</b>	<i>Only if the response to item 1 is no:</i> <input type="checkbox"/> Yes <input type="checkbox"/> No
<b>2.</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>3.</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>4.</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>5.</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>Are any of items 1-5 yes?</b>	<input type="checkbox"/> <b>Yes</b> — 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). If preferred, continue with the Introduction (6-17) and pica items (18-28) only. <input type="checkbox"/> <b>No</b>

## INTRODUCTION

## 6. Growth and Development

Date of birth (DD/MM/YYYY)	
Date of wt and ht measurements (DD/MM/YYYY)	
Height (specify cm or inches)	
Height Centile (under 20 years only)	
Height of biological mother (specify cm or inches)	
Height of biological father (specify cm or inches)	
Weight (specify 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)	
<b>BMI category</b>	
<b>Children and adolescents aged 4 to 19 years:</b> <input type="checkbox"/> -2 - severe thinness (BMI centile <0.4th) <input type="checkbox"/> -1 - thinness (0.4th $\geq$ BMI centile < 5th) <input type="checkbox"/> 0 - normal weight (5 <sup>th</sup> $\geq$ BMI centile < 85th) <input type="checkbox"/> 1 - overweight (85 <sup>th</sup> $\geq$ BMI centile < 95th) <input type="checkbox"/> 2 - obese (BMI centile $\geq$ 95 <sup>th</sup> )	<b>Adults 20 years and over:</b> <input type="checkbox"/> -2 - moderate to severe thinness (BMI < 17.0) <input type="checkbox"/> -1 - thinness (17.0 $\geq$ BMI < 18.5) <input type="checkbox"/> 0 - normal (18.5 $\geq$ BMI < 25.0) <input type="checkbox"/> 1 - overweight (25.0 $\geq$ BMI < 30.0) <input type="checkbox"/> 2 - obese (BMI $\geq$ 30.0)

**PHYSICAL AND MENTAL HEALTH CHECKLIST**

<b>7.</b>	<b>FOR 8-13 YEAR OLDS ONLY:</b> <input type="checkbox"/> Yes — If yes, list diagnosis and treatment:  <input type="checkbox"/> No - Go straight to question 8
<b>7a.</b>	<b>Neurological problems</b> <input type="checkbox"/> Yes — If yes, list diagnosis and treatment: <input type="checkbox"/> No
<b>7b.</b>	<b>Respiratory problems</b> <input type="checkbox"/> Yes — If yes, list diagnosis and treatment: <input type="checkbox"/> No
<b>7c.</b>	<b>Cardiac problems</b> <input type="checkbox"/> Yes — If yes, list diagnosis and treatment: <input type="checkbox"/> No
<b>7d.</b>	<b>Structural abnormalities</b> <input type="checkbox"/> Yes — If yes, list diagnosis and treatment: <input type="checkbox"/> No
<b>7e.</b>	<b>Gastroenterological problems</b> <input type="checkbox"/> Yes — If yes, list diagnosis and treatment: <input type="checkbox"/> No
<b>7f.</b>	<b>Birth-related medical problems</b> <input type="checkbox"/> Yes — If yes, list diagnosis and treatment: <input type="checkbox"/> No
<b>7g.</b>	<b>Diabetes, coeliac disease, or other medical problem affecting eating</b> <input type="checkbox"/> Yes — If yes, list diagnosis and treatment: <input type="checkbox"/> No
<b>7h.</b>	<b>Food allergies/intolerances</b> <input type="checkbox"/> Yes — If yes, list diagnosis, how diagnosed (i.e. method), and treatment <input type="checkbox"/> No
<b>7i-a.</b>	<b>Autism Spectrum Disorder (ASD)</b> <input type="checkbox"/> Yes: <input type="checkbox"/> No
<b>7i-b.</b>	<b>Attention Deficit Hyperactivity Disorder (ADHD)</b> <input type="checkbox"/> Yes — If yes, list diagnosis and treatment: <input type="checkbox"/> No
<b>7i-c.</b>	<b>Anxiety Disorder (e.g., panic disorder, phobias, PTSD, OCD etc.)</b> <input type="checkbox"/> Yes — If yes, list diagnosis and treatment: <input type="checkbox"/> No

<b>7i-d.</b>	<b>Feeding and eating disorder</b> <input type="checkbox"/> Yes — If yes, list diagnosis and treatment: <input type="checkbox"/> No
<b>7i-e.</b>	<b>Depression or other mood disorder</b> <input type="checkbox"/> Yes — If yes, list diagnosis and treatment: <input type="checkbox"/> No
<b>7i-f.</b>	<b>Others (e.g., schizophrenia)</b> <input type="checkbox"/> Yes — If yes, list diagnosis and treatment: <input type="checkbox"/> No
<b>7j.</b>	<b>Intellectual disability</b> <input type="checkbox"/> Yes — If yes, list details <input type="checkbox"/> No
	<b>Informant for 7a-j.</b> <input type="checkbox"/> Parent <input type="checkbox"/> Self <input type="checkbox"/> Medical record
<b>8.</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not asked
<b>9.</b>	<input type="checkbox"/> Yes — If so, which ones?  <input type="checkbox"/> No
<b>10.</b>	Is there a medical problem or medication that could at least partially explain the difficulty in feeding or eating? <input type="checkbox"/> Yes — If so, please explain:   <input type="checkbox"/> No

**Additional notes:**

**CURRENT FEEDING AND EATING PATTERN**

<b>11a.</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>11b.</b>	0 — 6 rating:
<b>12.</b>	Notes on typical day of eating and drinking:
<b>13.</b>	<input type="checkbox"/> Yes — If yes, method of tube feeding, type of feed and total amount over 24 hours:  <input type="checkbox"/> No
<b>14.</b>	<input type="checkbox"/> Yes — If yes, type of supplement and total amount over 24 hours:  <input type="checkbox"/> No
<b>15.</b>	<input type="checkbox"/> Yes — If yes, type of supplement and total amount over 24 hours  <input type="checkbox"/> No
<b>16.</b>	<input type="checkbox"/> Yes — Please say which:  <input type="checkbox"/> Yes — Known oral-motor difficulties <input type="checkbox"/> Yes — Thought to be due to psychological factors <input type="checkbox"/> Yes — But not known whether primarily due to structural/oral-motor or psychological cause  <input type="checkbox"/> No
<b>17.</b>	<input type="checkbox"/> Yes — If so, what was the result?  <input type="checkbox"/> No



**PICA DIAGNOSTIC ITEMS**

<b>18.</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No — If no, move on to the ARFID section.	
<b>18a.</b>	<b>List items:</b>	
<b>18b.</b>	<b>Are these items BOTH non-nutritive and non-food?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No (However, the rater can feel free to continue rating if the item consumed might previously have counted as a pica item, e.g., ice)	
<b>19.</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No	
<b>19a.</b>	0 — 6 rating:	
<b>20.</b>	Number of episodes per day:	
<b>21.</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No	
<b>22.</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No	
<b>23.</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No	
<b>24.</b>	0 — 6 rating:	
<b>25.</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No	
<b>26.</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No	
<b>27.</b>	0 — 6 rating:	
<b>28.</b>	0 — 6 rating:	
<b>Are Criteria met for pica?</b>		<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>Pica Severity Scale:</b>		Add ratings for 19a, 24, 27, and 28 and divide by 4
<b>Current or in Remission:</b>		<input type="checkbox"/> Current <input type="checkbox"/> In Remission
<b>Age of onset of Pica:</b>		

**ARFID DIAGNOSTIC ITEMS**

<b>29.</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>29a.</b>	0 — 6 rating:
<b>29b.</b>	0 — 6 rating:
<b>29c.</b>	0 — 6 rating:
<b>29d.</b>	0 — 6 rating:
<b>29e.</b>	0 — 6 rating:
<b>30.</b>	0 — 6 rating:
<b>31.</b>	0 — 6 rating:
<b>32.</b>	0 — 6 rating:
<b>33.</b>	0 — 6 rating:
<b>34.</b>	0 — 6 rating:
<b>35.</b>	0 — 6 rating
<b>36.</b>	<input type="checkbox"/> Yes — <b>If yes, please provide more specific details below:</b>  <input type="checkbox"/> No
<b>37.</b>	<input type="checkbox"/> Yes — <b>If yes, please provide more specific details below:</b>  <input type="checkbox"/> No
<b>38.</b>	0 — 6 rating:
<b>39.</b>	0 — 6 rating:
<b>40.</b>	0 — 6 rating:
<b>41.</b>	0 — 6 rating:
<b>42.</b>	0 — 6 rating:
<b>43.</b>	0 — 6 rating:

44.	0 — 6 rating:
45.	<b>Average (mode not mean) mealtime length (in minutes):</b>
46.	0 — 6 rating:
47.	0 — 6 rating:
48.	0 — 6 rating:
49.	<input type="checkbox"/> Yes <input type="checkbox"/> No Please describe:

### ARFID Profile: Sensory Sensitivity

50.	0 — 6 rating:
51.	0 — 6 rating:
52.	0 — 6 rating:
53.	0 — 6 rating:
54.	0 — 6 rating:
55.	0 — 6 rating:
	<b>Which foods/textures/consistencies/drinks?</b>
56.	0 — 6 rating:
57.	0 — 6 rating:
58.	0 — 6 rating:
59.	0 — 6 rating:
<b>ARFID Profile: Sensory Sensitivity</b>	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.

**ARFID Profile: Lack of Interest in Food or Eating**

<b>60.</b>	0 — 6 rating:
<b>61.</b>	0 — 6 rating:
<b>62.</b>	0 — 6 rating:
<b>63.</b>	0 — 6 rating:
<b>64.</b>	0 — 6 rating:
<b>65.</b>	0 — 6 rating:
<b>66.</b>	0 — 6 rating:
<b>67.</b>	0 — 6 rating:
<b>68.</b>	0 — 6 rating:
<b>69.</b>	0 — 6 rating:
<b>70.</b>	0 — 6 rating:
<b>ARFID Profile: Lack of Interest in Food or Eating</b>	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.

**ARFID Profile: Concern about Aversive Consequences**

<b>71a.</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>71b.</b>	0 — 6 rating
<b>72a.</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>72b.</b>	0 — 6 rating
<b>73a.</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>73b.</b>	0 — 6 rating
<b>74a.</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>74b.</b>	0 — 6 rating:

<b>75.</b>	0 — 6 rating:
<b>76.</b>	0 — 6 rating:
<b>77.</b>	0 — 6 rating:
<b>78.</b>	0 — 6 rating:
<b>79.</b>	0 — 6 rating:
<b>80.</b>	0 — 6 rating:
<b>ARFID Profile: Concern about Aversive Consequences</b>	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 $\geq 4$ , this indicates a possible concern component.

<b>81. DSM – 5 Criterion B</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>82. DSM – 5 Criterion C</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>83. DSM – 5 Criterion D</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>Criteria met for ARFID?</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>ARFID severity score</b>	Add: items 29a, 29b, 29c, 29d, 29e, 30, 32, 33, 34, 35 (if age 20 or below), 40, 41, 42, 43, 46, 47, 48, and divide by 17
<b>Current or in Remission:</b>	<input type="checkbox"/> Current <input type="checkbox"/> In Remission
<b>Age of onset of eating difficulties:</b>	

**ARFID notes:**

**RUMINATION DISORDER DIAGNOSTIC ITEMS**

<b>84.</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No <b>If no, conclude interview</b>
<b>85.</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>86.</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>87.</b>	<input type="checkbox"/> Yes — <i>If yes, list medication(s) and whether medication made a difference:</i>  <input type="checkbox"/> No
<b>88.</b>	0 — 6 rating:
<b>89.</b>	0 — 6 rating:
<b>90a.</b>	Minimum no. of regurgitations:
<b>90b.</b>	Maximum no. of regurgitations:
<b>91.</b>	Average number of regurgitations :
<b>92.</b>	Re-chew: <input type="checkbox"/> Yes <input type="checkbox"/> No Re-swallow: <input type="checkbox"/> Yes <input type="checkbox"/> No Spit out: <input type="checkbox"/> Yes <input type="checkbox"/> No
<b>93.</b>	Re-chewed on _____% of episodes in past month  Re-swallowed on _____% of episodes in past month  Spat out on _____% of episodes in past month
<b>94.</b>	No. of minutes per day spent ruminating:
<b>95.</b>	DSM – 5 Criterion C <input type="checkbox"/> Yes <input type="checkbox"/> No

<b>96.</b>	DSM – 5 Criterion C <input type="checkbox"/> Yes <input type="checkbox"/> No	
<b>97.</b>	DSM – 5 Criterion D <input type="checkbox"/> Yes <input type="checkbox"/> No	
<b>98.</b>	0 — 6 rating:	
<b>99.</b>	0 — 6 rating:	
<b>100.</b>	0 — 6 rating:	
<b>Criteria met for Rumination Disorder?</b>		<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>Rumination Disorder Severity Scale:</b>		Add ratings for items 88, 89, 98, 99, 100 and divide by 5.
<b>Current or in Remission:</b>		<input type="checkbox"/> Current <input type="checkbox"/> In Remission
<b>Age of onset of Rumination Disorder:</b>		

**Rumination disorder notes:**