

Version 2.1: Self 14+

PARDI

The Pica, ARFID, and Rumination Disorder Interview

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The PARDI (Pica, ARFID, and 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:	Parents of 2-3 year olds
Parent/Carer 4+:	Parents of 4 year olds and over
Self 8-13:	8-13 year olds
Self 14+:	14 year olds and over

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). 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 where the individual is unable to participate to a sufficient level, it is advised to use the parent/carer version.

If the rater has any doubt, the item 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

The 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, have you restricted or limited what you eat in order to control your 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, have you been dieting? Have you been avoiding eating certain foods because you worry they will make you gain weight/get bigger or get fat? **(Yes/No)**

2. Over the past 3 months, has your weight or body shape been very important to how you feel about yourself 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, has there been a time when you felt as if you couldn't stop eating, even if you wanted to? If so, was it a large amount of food? **(Yes/No)**

4. Over the past 3 months, have you exercised a lot to lose weight? Or to make up for food that you've eaten? **(Yes/No)**

5. Over the past 3 months, have you done anything else to lose weight or to prevent weight gain? **(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 over:

- 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 individuals whether they have ever experienced or received a diagnosis for the medical problems listed below. The following stem question structure is suggested:

Have you 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 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: a) Autism Spectrum Disorder (ASD) b) Attention Deficit Hyperactivity Disorder (ADHD) c) Anxiety disorder (e.g., panic disorder, phobias, PTSD, OCD etc.) d) Other feeding and 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"/> Self <input type="checkbox"/> Medical record <input type="checkbox"/>		

8. Are you currently pregnant? (Yes/No/Not asked)

Note: The interviewer should use their own judgement in deciding whether to ask this question.

9. Do you currently take any medications? (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 have 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 mental health 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 Is your eating a problem for you? **Yes/No**

11b How much of a problem is it?

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. Starting with when you wake up, can you tell me about what you typically eat and drink throughout the day? Are there other days when this hasn't been your eating/drinking pattern?

Note: Include 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. Are you currently receiving any 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. Are you currently taking any nutritional supplement drinks, liquids, pills, or drops to make sure you get enough **vitamins and minerals**? If so, what type and how much are you taking? **(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 meant to provide calories as well as vitamins and minerals, count for both items 14 and 15.

15. Are you currently taking any high-energy supplement drinks or other products to help you to maintain or gain weight? If so, what type and how much do you 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 meant to provide calories as well as vitamins and minerals, count for both items 14 and 15.

16. Over the past month, have you experienced any difficulties managing food in your mouth, such as:

- holding food in your mouth without swallowing it
- eating slower than others due to difficulty managing food in your mouth
- difficulty keeping food in your 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. Postive ratings should be separated into:*

Yes – Known oral-motor difficulties (e.g., poor oral-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/oral-motor or psychological cause

17 Have you 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, have you eaten anything that isn't food—like soil, paper, chalk or other things—not just chewing on these things, but actually eating and swallowing them? **(Yes/No)**
(If no, move on to ARFID section.)

18a. What did you 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 have you 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 you have eaten [non-nutritive/non-food item(s)], how many times have you done this?

Number 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 you've 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 were you when you first started eating things that aren't food?

Age of onset of Pica: _____

Pica

Severity

Item:

24. Over the past month, have you had 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)

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

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

26. Over the past month, have you eaten things that aren't food to try to harm yourself on purpose, to make yourself 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 you at home, at school/college/work, or with your 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 concentrating at school/college/work because he/she is thinking about 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 school/college/work because requires constant one-to-one supervision to avoid engaging in pica eating)

Pica Severity Item:

28. Over the past month, have you 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 you have an eating problem that involves avoidance or restriction of food? Has this meant that you have had difficulty eating enough food overall or you have had difficulty eating a wide enough range of foods? **(Yes/No)**

If no, Have other people (for example, doctors, family members, significant others) said that you have a problem with eating that involves avoidance or restriction of food? Do other people say your eating means that you 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 they have 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, have you 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, have you 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, have you 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, have you been eating a range of dairy or calcium-enriched dairy substitute foods (e.g., milk, cheese, soya milk)? 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 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, have you 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, have you eaten exactly the same food (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 the 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 (not applicable).

ARFID descriptive item:

31. Over the past month, are you currently not eating/have you dropped some foods that you used to like in the past, because you have 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 — Has 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 not been eating them in the past month

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

ARFID severity item:

32. If someone asked you to try a new food that is not something you have ever eaten before, how likely would you be to try it? How would you 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 you are having difficulty meeting your 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, have you not put on weight or are you are losing weight? Have you 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; adult maintaining healthy weight or young person gaining weight as expected along his/her individual weight curve and BMI centile
- 1 —
- 2 — Mild difficulty; adult has lost a slight amount of weight or has been at a slightly low weight (i.e. BMI between 17.00 and 18.49) and has had difficulty gaining weight

appropriately; or young person has fallen off his/her individual weight curve but not crossed a standard centile line for BMI

3 —

4 — Moderate difficulty; adult has lost a significant amount of weight or has been at a significantly low weight (i.e. BMI between 16.00 and 16.99) and has had difficulty gaining weight appropriately; or young person has lost weight and crossed one standard centile line below his/her individual BMI curve

5 —

6 — Extreme difficulty; adult has lost a substantial amount of weight or has been at an extremely low weight (i.e. BMI is less than 16.00) and has had difficulty gaining weight appropriately; or young person 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. If younger than 20 years old: Over the past 3 months has there been concern (e.g. from doctors, family etc.) that you are not growing taller as you should because of your eating habits?

If 20 years or older: Have you ever been told by a healthcare professional that you did not reach your expected height or that your growth was stunted specifically due to your 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; adult reached expected height; or young person growing as expected along his/her individual height growth curve

1 —

2 — Mild difficulty; adult slightly shorter than expected; or young person has fallen off his/her individual height growth curve without crossing a standard centile line

3 —

4 — Moderate difficulty; adult shorter than expected; or young person has crossed one standard centile line below his/her individual height growth curve

5 —

6 — Extreme difficulty; adult much shorter than expected; or young person has crossed multiple standard centile lines below his/her individual height growth curve

ARFID diagnostic criterion A2

36. In the last few months, has any health professional said that you have a nutritional deficiency due to your 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:

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 any health professional prescribed special supplements, for example, pills, capsules, powders, or drinks containing **vitamins and or minerals and other micronutrients**, specifically to make sure your intake of nutrients is sufficient? **(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. Do you take nutritional supplement drinks (or other high-energy products) to help you **maintain or gain weight**? If so, what do you take and how much do you 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 you are currently receiving tube feeding, do you know what sort of tube it is (e.g., nasogastric, PEG [percutaneous endoscopic gastrostomy], or PEG-J [percutaneous endoscopic gastrojejunostomy])? What do you have down 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 you think your eating difficulties affect your relationship with family members/significant others and everyday family life? If so how?

If the young person/adult does not endorse any impact, "Did it impact your family/significant other in the past? Have they got(ten) used to your 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 young person/adult 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 eating cause you difficulties at home (e.g., arguments with parents/siblings/significant others)?

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

If the young person/adult does not live with family or significant other and does not visit family often consider rating as 888 (not applicable)

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 do you get on at mealtimes? Are they difficult or stressful?

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; young person/adult is able to join the family or others eating together comfortably with minimal difficulties/tensions or young person/adult 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 young person/adult sometimes eats alone due to eating difficulties)

3 —

4 — Moderate impairment (e.g., frequent tantrums/disputes/distress at mealtimes, or young person/adult often eats alone due to eating difficulties)

5 —

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

ARFID severity item

43. When you eat meals with others (e.g., family, friends), do you 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. Do you need distractions (TV, iPad) in order to eat? Would you be able to eat without it (i.e., is it more of a preference)?

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 you?

Rating: Average mealtime length (in minutes): _____

Note: Rate mode rather than mean of typical mealtimes.

ARFID severity item:

46. During a meal, do you 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 eating cause you difficulties socially, for example does it make it difficult for you to go out with friends, eat at school/college/work, or stay away from home? Have you avoided or not participated fully in 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 eating cause you difficulties in daily functioning at school/college/work/elsewhere? Can you give me 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 the young person/adult does not endorse difficulties but the interviewer is aware from an earlier item that special accommodations have been made (e.g., young person brings special food to camp, adult bring special food to parties, person goes to parties only after they know the dinner portion of the evening will be completed), ask "If these accommodations were not in place, would that cause you difficulties?"

Rating:

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

ARFID descriptive item

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

Please describe:

If avoidant/restrictive eating is present, ask:

How old were you when the avoidant or restrictive eating began?

Age of onset of eating difficulties: _____

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 you were to get your hands messy/dirty or food around your mouth or hands, would it be uncomfortable for you?"

50. Over the past month has it bothered you to have food around your mouth or on your hands?

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 brushing your teeth bothered you?

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 or poor self-care or self-neglect.

52: Over the past month have strong food smells bothered you?

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, have you been sensitive to variation in taste? Do you 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, have you 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 have you been particularly sensitive to the texture or consistency of food? If so, which foods, drinks or textures/consistencies? Have you 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, has the smell of food been important to you 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, do you have to smell food before you decide whether to eat it?

57. Over the past month, have you been put off food if it doesn't look "right" (e.g., burnt ends of chips/fries, broken biscuits/cookies)?

Rating:

- 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, have you preferred foods to be a certain colour (e.g. beige, brown)?

Rating:

- 0 — Eats food of a variety of colours
- 1 —
- 2 — Eats foods of most colours
- 3 —
- 4 — Eats foods of a limited range of colours (e.g. a range of beige/brown foods plus one other)
- 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, have you preferred to eat food of a specific brand? If the packaging of your preferred food changes, has it put you 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 realize when they are hungry. Over the past month, how difficult has it been for you?

Rating:

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

61. Over the past month, how often have you forgotten to eat or found it difficult to make time to eat?

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 have you 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 have you had a good appetite (i.e. when food is in front of you, even just preferred foods, do you feel like you 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, have you ever needed prompting or reminding to eat, even if it is your 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, have you ever eaten less when you were 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, have you ever eaten less when you were 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 have you 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 have you 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 have you been full before your 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 have you felt uncomfortable when you are 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 worry or concern but instead says that he or she expects or is certain 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. Have you ever had an experience where you thought you might choke that has made you more careful about eating (e.g., a choking episode, tube insertion, medical investigation)? **(Yes/No)**

71b. Over the past 4 weeks, have you been concerned that eating will make you choke to the extent that it has restricted the amount or the type of food that you eat?

Rating

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

72a. Have you ever had an episode of vomiting (e.g., norovirus, food poisoning) or diarrhoea that has made you more careful about eating? **(Yes/No)**

72b. Over the past 4 weeks, have you been concerned that eating will make you vomit (i.e., involuntarily) or cause diarrhea to the extent that it has restricted the amount or the type of food that you eat?

Rating

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

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

73b. Over the past 4 weeks, have you been worried that food might be harmful to you in any way (e.g., that your food might contain an allergen, even though you has been reassured that it does not) to the extent that it has restricted the amount or the type of food that you eat?

Rating

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

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

74b. Over the past 4 weeks, have you been worried that eating might cause you pain (e.g., stomach pain) to the extent that it has restricted the amount or the type of food that you eat?

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

- 4 — Often
- 5 —
- 6 — Always

75. Over the past month, have you felt afraid of eating? (*Note: The fear must be of the act of eating itself and any immediate aversive consequences. Do not count fear of becoming fat.*)

Rating

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

76. Over the past month, have you spent much time worrying that something bad might happen if you eat? Has worrying about eating interfered with your ability to concentrate on things you were actively engaged in, for instance, watching television, reading, playing computer games (etc.)? (*Note: Do not count fear of becoming fat.*)

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 have you been avoiding or restricting the amount or type of food you eat, because you were afraid that something bad might happen, like being sick, 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 have you experienced physical anxiety symptoms (e.g., racing heart, sweaty palms, nausea) when you have seen something that reminded you 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 have you avoided food or eating situations that you were worried might make you 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 have you done anything special before or during eating to prevent you from gagging, 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 disorder, and there is evidence of a disturbance in the way the individual experiences their body weight or shape. **(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 ≥ 4)

OR

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

OR

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

OR

Psychosocial impairment (Item 42 ≥ 4 OR Item 47 ≥ 4 OR Item 48 ≥ 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 ≥ 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 ≥ 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. Over the past month, has food come back up into your mouth during or after eating, or have you brought food back up into your mouth? **(Yes/No)**

If No, conclude interview

DSM-5 Criterion B:

85. *To differentiate from vomiting:*

Does it feel 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:*

Have you had any assessments for reflux? If so, were the results positive? **(Yes/No)**

87. Have you 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. Can you control whether food comes back up into your 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 have you had rumination (i.e., food coming back up into your 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 you HAVE brought food back up into your mouth. Has the number of regurgitations varied much from day to day? ...Over the past month, on the days you have regurgitated, what is the lowest number of times that food has come back up into your 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 you HAVE regurgitated, what would you say is the AVERAGE number of times that food has come back up into your 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 do you do with the food that comes back up into your mouth? For example, do you chew it again, swallow it again, or spit it out?

Rating:

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

93. Over the past month, how often after eating did you re-chew, re-swallow, or spit out the food that came back up into your mouth?

Rating:

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

94. On a typical day over the past month when rumination has occurred, how much time have you 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 were you when the rumination symptoms first began?

Age of onset of Rumination Disorder: _____

Additional RD Severity Items:

98. Over the past month, have you avoided eating with other people (or eating just before you might see other people) because you were worried that food would come back up into your 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 bringing food back up into your mouth caused any serious problems for you at home, at school/work, or with your family/friends? Have you had to do anything special to hide your 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 situations with distress)
- 3 —
- 4 — Marked psychosocial impairment (e.g., avoids some social situations, friends frequently teasing about smell of vomit)
- 5 —
- 6 — Extreme psychosocial impairment (e.g., avoids all social situations, does not spend time with friends due to fear of rejection based on regurgitation behaviour)

100. Over the past month, have you experienced any medical problems from bringing food back up into your 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.”): _____