

Short ARFID Screen – Parent/Carer

This questionnaire is designed to help you identify whether your child’s eating habits are a flag for the possibility that they are experiencing avoidant/restrictive food intake disorder (ARFID). For each question, fill in the checkbox in the column labelled with the response that is most applicable to them.

Questions	Yes, definitely	To some extent	No, not at all	Unsure	Score
Q1. Does your child have difficulties with eating – involving avoidance or restriction of certain foods or of overall amount eaten – that are NOT explained by a diagnosed medical condition?					___
Q2. Are your child’s eating habits related to them thinking that they are too big or too heavy?					___
Q3. Over the past 3 months, has your child’s eating led to difficulty maintaining a healthy weight, OR if they are still growing, difficulty gaining enough weight to grow as expected?					___
Q4. Does your child have any nutritional deficiencies or inadequacies as a result of limited eating (e.g. low iron, low vitamin B12, low vitamin C, etc.)?					___
Q5. Does your child depend on tube feeding or nutritional supplements to maintain their nutrition, weight or growth (i.e. without these they would have nutritional deficiencies or lose weight)?					___
Q6. Does your child’s eating have a negative effect on their day to day life or their ability to participate in a full range of age-appropriate activities?					___
Q7. Does your child’s eating have a negative effect on your family relationships or other aspects of your family life (e.g. going out together, on holiday, etc.)?					___
Total					___

Scoring instructions

In the score column, fill in the numbers that correspond with your response to each question:

Yes, definitely = 2

To some extent = 1

No, not at all = 0

Unsure = 99

Response scores that match the following are positive screens:

Q1 = 2 and Q2 = 0

AND

Q3 = 2 or Q4 = 2 or Q5 = 2 or Q6 = 2 or Q7 = 2

A minimum total score of 4 is required in line with the pattern above.