<table>
<thead>
<tr>
<th>Grains &amp; Starches</th>
<th>Fruits</th>
<th>Vegetables</th>
<th>Meat &amp; Protein</th>
</tr>
</thead>
<tbody>
<tr>
<td>- Waffles</td>
<td>- Peaches</td>
<td>- Cucumber</td>
<td>- Chicken Nuggets</td>
</tr>
<tr>
<td>- Others</td>
<td>- Pears</td>
<td>- Green Beans</td>
<td>- Deli Meats</td>
</tr>
<tr>
<td>Type __________</td>
<td>Canned __ Fresh__</td>
<td>- Lettuce</td>
<td>- Eggs</td>
</tr>
<tr>
<td>- Ethnic breads</td>
<td>- Pears</td>
<td>- Mushrooms</td>
<td>- Type __________</td>
</tr>
<tr>
<td>Type __________</td>
<td>Canned __ Fresh__</td>
<td>- Olives</td>
<td>- Fish</td>
</tr>
<tr>
<td>- Breadsticks</td>
<td>- Pineapple</td>
<td>- Type __________</td>
<td>- Type __________</td>
</tr>
<tr>
<td>- Breads</td>
<td>- Plums</td>
<td>- Type's ______</td>
<td>- Ground</td>
</tr>
<tr>
<td>Type __________</td>
<td>- Raspberries</td>
<td>- Peas</td>
<td>- beef/meats</td>
</tr>
<tr>
<td>- Toasted ______</td>
<td>- Strawberry</td>
<td>- Peppers</td>
<td>- Ham</td>
</tr>
<tr>
<td>Type ________</td>
<td>- Others</td>
<td>- Type ______</td>
<td>- Hamburger</td>
</tr>
<tr>
<td>- Bagels</td>
<td>- Plantains</td>
<td>- Pickles</td>
<td>- Hot Dogs</td>
</tr>
<tr>
<td>- Cereal</td>
<td>- Ethnic Fruit</td>
<td>- Sweet __ Sour ____</td>
<td>- Hummus</td>
</tr>
<tr>
<td>Hot ________</td>
<td>Type __________</td>
<td>- Potatoes</td>
<td>- Lentils/Chick Peas</td>
</tr>
<tr>
<td>Cold ______</td>
<td>- Apples</td>
<td>- Type ______</td>
<td>- Peanut Butter</td>
</tr>
<tr>
<td>- Cereal Bars</td>
<td>- Applesauce</td>
<td>- Peppers</td>
<td>- Pepperoni</td>
</tr>
<tr>
<td>- Chips</td>
<td>Type ______</td>
<td>- Spinach</td>
<td>- Pork Chops/Roast</td>
</tr>
<tr>
<td>Type __________</td>
<td>- Apricots</td>
<td>- Cooked __ Raw ___</td>
<td>- Nuts</td>
</tr>
<tr>
<td>- Crackers</td>
<td>- Bananas</td>
<td>- Squash</td>
<td>- Type __________</td>
</tr>
<tr>
<td>Type __________</td>
<td>- Blueberries</td>
<td>- Sweet Potatoes</td>
<td>- Roast Beef</td>
</tr>
<tr>
<td>- English Muffins</td>
<td>- Cherries</td>
<td>- Tomatoes</td>
<td>- Sausage</td>
</tr>
<tr>
<td>- Muffins</td>
<td>- Dried Fruit</td>
<td>Cooked __ Raw ___</td>
<td>- Shellfish</td>
</tr>
<tr>
<td>Type __________</td>
<td>Type ______</td>
<td>- Cabbage</td>
<td>- Type __________</td>
</tr>
<tr>
<td>- Oatmeal</td>
<td>- Fruits</td>
<td>- Cooked __ Raw ___</td>
<td>- Steak</td>
</tr>
<tr>
<td>- Pancakes</td>
<td>- Fruit</td>
<td>- Carrots</td>
<td>- Tofu</td>
</tr>
<tr>
<td>- Pasta</td>
<td>- Cocktail</td>
<td>- Cooked <strong>Raw</strong>_</td>
<td>- Turkey</td>
</tr>
<tr>
<td>Type __________</td>
<td>- Grapefruit</td>
<td>- Cauliflower</td>
<td>- Venison/Game</td>
</tr>
<tr>
<td>- Popcorn</td>
<td>- Grapes</td>
<td>- Cooked __ Raw ___</td>
<td>- Others ______</td>
</tr>
<tr>
<td>- Pretzels</td>
<td>- Kiwi</td>
<td>- Celery</td>
<td>- Ethnic Meats</td>
</tr>
</tbody>
</table>
| - Rice            | - Lemon | - Raw | -
Dairy Products
☐ Breakfast Drinks
☐ Type _________
☐ Butter
☐ Cheese
☐ Type _________
☐ Cottage Cheese
☐ Cream Cheese
☐ Ice Cream
☐ Milk
☐ Type _________
☐ Pudding
☐ Type _________
☐ Smoothies
☐ Type _________
☐ Sour Cream
☐ Yogurt
☐ Type _________
☐ Yogurt Drinks
☐ Type _________
☐ Others ______

Combination Foods
☐ Burritos
☐ Type _________
☐ Chili
☐ Crock-Pot Dishes
☐ Type _________
☐ Hot-Dish
☐ Casserole
☐ Empanadas
☐ Nachos
☐ Pasta Dishes
☐ Type _________
☐ Lasagna
☐ Macaroni & Cheese
☐ Spaghetti
☐ Type _________
☐ Pizza
☐ Type _________
☐ Rice Dishes
☐ Type _________
☐ Sandwich
☐ Type _________
☐ Soups
☐ Type _________
☐ Stews
☐ Type _________
☐ Tamales
☐ Type _________
☐ Others
☐ Type _________
☐ Ethnic Dishes
☐ Type _________

Seasoning/Condiment
☐ Barbeque Sauce
☐ Cinnamon
☐ Dips
☐ Type _________
☐ Garlic
☐ Jams/Jelly
☐ Type _________
☐ Ketchup
☐ Lemon Juice
☐ Lime Juice
☐ Mayonnaise
☐ Mustard
☐ Onion
☐ Pepper
☐ Pizza Sauce
☐ Salad Dressing
☐ Type _________
☐ Salsa
☐ Salt
☐ Soy Sauce
☐ Spices
☐ Type _________
☐ Whipped Cream
☐ Syrup
☐ Vinegar
☐ Other
☐ Type _________
☐ Ethnic Spices
☐ Type _________

Nutritional Drinks
☐ Instant/Breakfast
☐ Pedi sure
☐ Boost
☐ Type _________
☐ Other
☐ Type _________
☐ Salsa
☐ Salt
☐ Soy Sauce
☐ Spices
☐ Type _________
☐ Whipped Cream
☐ Syrup
☐ Vinegar
☐ Other
☐ Type _________
☐ Ethnic Spices
☐ Type _________

Other Items
☐ Vitamins
☐ Minerals
☐ Supplements
☐ Type _________
☐ Other
☐ Type _________
☐ Ethnic Treats
☐ Type _________
Are there smells of certain foods that bother your child? ________________
____________________________________________________________
____________________________________________________________
____________________________________________________________

Does your family follow a certain diet? ___________________________
____________________________________________________________
____________________________________________________________
____________________________________________________________

Is your child particular about the brand or the color of food they eat?
____________________________________________________________
____________________________________________________________
____________________________________________________________

Allergies, Food Sensitivities ____________________________________
____________________________________________________________
____________________________________________________________

Concerns about quantity of foods eaten __________________________
____________________________________________________________
____________________________________________________________

Other concerns? ______________________________________________
____________________________________________________________
____________________________________________________________

Why fill out the food Checklist?
The food checklist helps the therapist better understand what foods your child is currently eating. This will help us assess their feeding skills and help us decide what foods to present to them at the assessment. The Occupational Therapist looks at the Food Checklist to find out what foods your child is eating from each food group. They are looking at the food tastes and textures in your child’s likes, and what kind of variety there is. At follow up visits, the therapist can have you indicate additions and changes in what your child is eating on the Food Checklist form. This helps “assess” the progress that is being made with feeding. Parents have also found this checklist helpful in providing them with new ideas of foods to try with their child.

How do I fill out the form?
Place an “x” in front of each food item listed that your child will eat. Under some of the names of foods, you are asked to list the types. For example, under the food “cold cereal” you would list types such as Cheerios, Kix, Frosted Flakes, etc. that your child may eat. At the end of each food category section there is a section listed as “other” where you can add any additional foods your child eats that were not already listed.