

Version 1.3: Parent/Carer (4+)

PARDI

The Pica, ARFID & Rumination Disorder Interview

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ORIENTATION TO THE MEASURE

The Pica, ARFID, 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 in three domains of ARFID symptoms including Sensory Features, Lack of Interest in Food or Eating, and Fear of 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
Child:	8-13 year olds
Young person/Adult:	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+) plus Child
Ages 14 and up:	Young person/Adult plus Parent/Carer (4+) if appropriate

These are guidelines rather than strict cut-offs, and assessors are encouraged to use their own clinical judgment based on respondent intellectual ability, maturity, insight, comprehension, and level of cooperation.

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 behavior and attitudes to food as well as questions about general health and functional impairment
- 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.)
- Approximate length of the interview (45-60 minutes)
- Making clear that the respondent can ask for further explanation if anything is unclear

The interview proceeds with a screen to rule out the presence of anorexia nervosa, bulimia nervosa, binge eating disorder and related subthreshold disorders. 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 Fear of 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.

Note: The assessor must rule out an intellectual disability (in the respondent) prior to using this measure as a diagnostic tool. Under these circumstances it is advised to use an additional informant.

SCREEN

To rule out presence of current anorexia nervosa, bulimia nervosa, binge eating disorder, or related subthreshold disorders:

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 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: 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., diet pills] for weight control without a prescription, using pills or other medication (e.g. insulin for a diabetic) in a greater amount or at a higher frequency than suggested. Interviewers should exercise caution in using these examples with 8-13 year olds.

If any of 1-5 are "Yes," the respondent may have an eating disorder, which is an exclusion criterion for ARFID and rumination disorder. Continue with the Introduction (6-17) and Pica items (18-28) only.

INTRODUCTION

Growth and Development

6. Please provide the following information:

Age (Years, months):

Height (cm or inches):

Height Centile (under 20 years only):

Height of biological mother (cm or inches):

Height of biological father (cm or inches):

Weight (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 <0.5)
- 1 - thinness ($0.5 \geq$ BMI Centile, < 5th);
- 0 - normal weight; ($5^{\text{th}} \geq$ BMI centile < 85th)
- 1 - overweight ($85^{\text{th}} \geq$ BMI Centile >95th)
- 2 - obese (BMI centile $\geq 95^{\text{th}}$)

Scoring for adults 20 years and up:

- 2 - moderate to severe thinness (BMI < 17),
- 1 - thinness ($17.0 \geq$ BMI <18.5),
- 0 - normal ($18.5 \geq$ BMI <25.0),
- 1 - overweight ($25 \geq$ 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? 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.	(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) Eating disorder e) Depression f) Others (e.g. schizophrenia)	(Yes/No) (Yes/No) (Yes/No) (Yes/No) (Yes/No) (Yes/No)
INFORMANT (Please tick one) Parent <input type="checkbox"/> Child <input type="checkbox"/> Medical record <input type="checkbox"/>		

8. To your knowledge, is your child currently pregnant? (Yes/No)

Note: Interviewer use discretion/clinical judgement as to whether to ask this question. If not asked, please use score of 999)

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 problems (for the interviewer to rate based on clinical judgment): 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:

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 (e.g. nasogastric, PEG [percutaneous endoscopic gastrostomy], or PEG-J [percutaneous endoscopic gastro-jejunostomy]) **(Yes/No)**

If yes, please specify 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 containing **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

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

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 **(Yes/No)**
- eating slower than others **(Yes/No)**
- food dribbling out of his/her mouth while chewing **(Yes/No)**
- difficulty with chewing or swallowing **(Yes/No)**
- frequent gagging or choking **(Yes/No)**

*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 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 been evaluated for oro-pharyngeal dysphagia at any time (e.g. videofluroscopy study, investigation for requirement for thickened fluids etc.)? **(Yes/No)**

What was the outcome of that evaluation?

PICA DIAGNOSTIC ITEMS

DSM-5 Criterion A:

18. Over the past month, has your child eaten anything that isn't food — like dirt, paper, or chalk — not just chewing on these things, but actually swallowing and eating 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 _____

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 clinical judgment): 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 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 clinical judgment): 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)**

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)

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.

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 rule out 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 school/work, 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 concentrating at school b/c 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 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 clinical judgment, but a diagnosis of Pica is likely given the following response pattern: Item 18-yes; Item 18b-yes; Item 19-yes; Item 21-yes; Item 22-no; Item 23-yes)

Pica Severity Scale: Add ratings for items 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."): _____

Age of onset of Pica: _____

ARFID DIAGNOSTIC ITEMS**DSM-V Criterion A**

29. Do you think your child has an eating or feeding disturbance characterized by avoidance or restriction of food intake?

Yes/No

ARFID severity items:

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

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., onion rings 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)?

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 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)?

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, has your child been eating a range of starchy/carbohydrate foods (e.g. rice, pasta, bread, cereal)?

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 at specific meals? 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
- 3 —
- 4 — Has eaten the almost the same food for breakfast, lunch, or dinner every day
- 5 —
- 6 — Has eaten exactly the same foods for breakfast, lunch and dinner every day

ARFID descriptive item:

31. Over the past month, has your child eaten a specific food so many times that he/she has become tired of it? Has this meant he/she has stopped eating it? Can you give me examples?

Rating:

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

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 would he/she feel about trying it?

Rating:

- 0 — Would eagerly try the new food
- 1 —
- 2 — Would cautiously try the new food
- 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 [by eating]?

Note: Do NOT count calories that come from tube-feeding, nutritional supplement drinks, or other high energy drinks. If the respondent has difficulty answering, the interviewer can take examples from pattern of eating above.

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 there been concern (e.g. from doctors, family etc.) that your child is not putting on weight or that he/she is losing weight? Has your child lost weight recently? If so, how much?

Rating:

- 0 — No difficulty; adult maintaining healthy weight or child 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 child 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 child 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 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.

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?

Note: Only ask if under 20 years of age

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

If the answers to items 13 and 14 were 'No', then enter '0' for the next two items 36 and 37

ARFID diagnostic criterion A2

36. Has your child been identified by a health professional as having any nutritional deficiency? How and by whom has this/have these been identified (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: Has your child been prescribed special supplements (e.g. in the form of pills, capsules, drinks, **containing vitamins and or minerals and other micronutrients**) to help with his/her nutrition?

(Yes/No) If so what? How much does he/she take?

If yes, please provide more specific details below:

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 drink is taken

1 — A small amount of nutritional supplement or other high-energy drink is taken

2 — Less than half of energy requirements comes from nutritional supplement or other high-energy drink

3 — About half of energy requirements comes from nutritional supplement or other high-energy drink

4 — Over half of energy requirements comes from nutritional supplement or other high-energy drink

5 Nearly all of energy requirements comes from nutritional supplement or other high-energy drink

6 — All of energy requirements comes from nutritional supplement or other high-energy drink

ARFID diagnostic criterion A3

39. If your child is currently receiving tube feeding, what sort of tube (e.g., nasogastric, PEG [percutaneous endoscopic gastrostomy], and PEG-J [percutaneous endoscopic gastro-jejunostomy])? What is administered via the 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. Does your child's eating affect family members? If so, how? Are family members worried about his/her eating?

Rating:

- 0 — No impact
- 1 —
- 2 — Mild impact (e.g. family members/significant others are somewhat concerned)
- 3 —
- 4 — Marked impact (e.g. family members/ significant others are seriously concerned and this occasionally impacts family functioning)
- 5 —
- 6 — Extreme impact (e.g. family members/significant others are seriously concerned and this greatly impacts family functioning)

ARFID severity item:

41. Does your child's eating cause difficulties at home in terms of disputes or difficult behaviour?

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?

Note: Examples of mealtime difficulties include: getting up from the table, distress/whining/crying at mealtimes, getting angry or upset /having tantrums during meals, being unable or refusing to eat.

Rating:

- 0 — No impairment; child able to join the family eating together comfortably with minimal difficulties/tensions
- 1 —
- 2 — Mild impairment (e.g. cannot sit at the table for duration of the meal, frequent complaints)
- 3 —
- 4 — Moderate impairment (e.g. frequent tantrums/disputes at mealtimes)
- 5 —

6 — Severe impairment (e.g. refuses to eat with others, considerable disruption, behavioural difficulties, distress)

ARFID severity item:

43. When your child eat meals with others (e.g., family, friends), does he/she typically eat something different than they do?

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 use distraction in order to get your child 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): _____

ARFID severity item:

46. Does your child have to be rewarded, prompted, or coaxed in order to take a bite/eat?

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

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 go out with friends, eat at preschool/school/college, or stay away from home?

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)

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 school/work?

Note: Examples of difficulties include - missing out on break time/ recess; special arrangements for mealtimes causing the individual distress or to miss out; difficulty in managing food provided at meetings/ in staff cafeteria, etc.

Rating:

0 — No impairment and no interference with functioning

1 —

2 — Mild difficulty

3 —

4 — Marked difficulty

5 —

6 — Extreme difficulty and marked interference with functioning

ARFID descriptive item

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

Please describe

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 were to get 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

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 complete avoidance

53. Over the past month, has your child demonstrated any sensitivity to variation in taste?

E.g. rejecting one type of orange juice because it tastes slightly different to their preferred type

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 complete avoidance

54. Over the past month, has your child demonstrated any particular sensitivity to food temperature?

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 complete avoidance

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?

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)?

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 all food

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

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

59. Over the past month, has your child preferred to eat food of a preferred 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

ARFID Profile: Lack of Interest in Food or Eating

60. Some people avoid foods or restrict their intake because they find it hard to know when they are hungry. Over the past month, has this applied to 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, has your child forgotten to eat or found it difficult to make time to eat when left to his/her own devices?

Rating:

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

62. Over the past month, has your child 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, has your child had a good appetite (i.e. when food is in front of your child he/she feels 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 needed prompting or reminding to eat?

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 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 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, has your child 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, has your child complained of being 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, 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: Fear of Aversive Consequences

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 the type of food they eat?

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 diarrhea that has made him/her more careful about eating? **(Yes/No)**

72b. To your knowledge, over the past 4 weeks, has your child been concerned that eating will make him or her vomit (i.e., involuntarily) or cause diarrhea to the extent that it has restricted the amount or the type of food he/she eats? (Note: Do not count self-induced vomiting.)

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 to the extent that it has restricted the amount or the type of food they eat? (e.g., that his/her food might contain an allergen, even though he/she has been reassured that it does not)?

Rating

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

74a. Has your child ever had severe stomach or GI pain 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 to the extent that it has restricted the amount or the type of food they eat? (e.g., stomach pain)?

Rating

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

75. Over the past month, would you say that your child felt afraid of eating in general and if so, to what extent? (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, has your child worried that something bad might happen if he or 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.)? (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. To summarise, 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 accouterments.

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 that he/she was 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 behaviors
- 1 —
- 2 — mild safety behaviors or infrequent use of safety behaviors
- 3 —
- 4 — moderate safety behaviors or frequent use of safety behaviors
- 5 —
- 6 — severe safety behaviors that must be repeated at every single eating opportunity

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

82. DSM 5 Criterion C: (assessor uses clinical 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 clinical judgment): 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 continuous 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 continuous 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.

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

ARFID Severity Scale: 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 (if under 20) or 16 (if over 20)

The higher the score, the greater the ARFID severity.

NB: 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."): _____

ARFID diagnostic criterion A

Age of onset of ARFID: _____

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)**

If no: Do you have the impression that it usually hurts your child when the food comes back up into his/her mouth? For example, do you think he/she has a burning sensation in the chest?

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

RD Severity Item

89. In the past month, how often [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. In the past month, on the days that your child has ruminated, how many episodes of rumination has he/she had?

Rating: Average number of episodes on days when rumination has occurred _____

Note: An episode is a continuous sequence of regurgitation with rechewing and swallowing or spitting out, i.e. individual times that happened all in a row are combined, e.g., for 30 minutes after dinner.

91. Finally, let’s think about it in terms of number of individual times per episode, where we separately count each time the food comes back up into your child’s mouth, even if they happened all in a row (e.g., 10 times after dinner). In the past month, during the episodes of rumination, how many times has food come back up into your child’s mouth?

Rating: Specify average number of times food is regurgitated during a typical episode of rumination, in the past month _____

Note: Some individuals may be unable to specify a number as it is too high. In this instance a rating of 999 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 out it out?

- 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):

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

97. DSM-5 Criterion D (Assessor uses clinical judgment): 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)**

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 school/work, or with his/her family/friends?

Note: Examples include experiencing bullying, teasing or name calling, contributing to relationship difficulties, inability to eat with 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 behavior)

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 clinical judgment, but a diagnosis of Rumination Disorder is likely given the following response pattern: Item 84=yes; Item 85=yes; Item 92=yes to one or more; Item 95=no; Item 96 no, Item 97- yes)

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

90, 91 (no of occasions), 93 and 94 are additional severity measures but do not have a 0-6 scale. 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.”): _____

Age of onset of Rumination Disorder: _____