

Parent ARFID Assessment

By Amy Boyers, Ph.D.

Please rate how much the statements below describe your experience using the following rating scale:

1-Not at all true **2**-A little true **3**-Somewhat true **4**-Very true **5**-Extremely true

1. My child has always considered herself to be a "picky eater". _____
2. I consider my child to be a "picky eater." _____
3. I am aware that my child eats far fewer foods than her peers do. _____
4. I notice that my child expresses concern about foods that she has not tried before because she is afraid she won't like them. _____
5. There are many foods she won't eat because she does not like the way they look. _____
6. There are many foods she won't eat because she does like the texture. _____
7. There are many foods she won't eat because of the way they smell. _____
8. There are many foods she won't eat because they taste bad to her, even though others find them appealing. _____
9. My child states has never been that interested in food or in eating. _____
10. Sometimes she won't eat something because she is worried it will make her uncomfortable or sick to her stomach. _____
11. There are foods that will cause her to gag or vomit involuntarily if she tries them. _____
12. I have repeatedly expressed concern to my child over the way she eats. _____
13. The number of foods she willing to eat has decreased over time. _____
14. My child would rather starve than eat a food that she feels unsure about or that is not acceptable to her. _____
15. I find myself dreading meals with my child. _____
16. I have gone to great lengths to get the specific foods my child is willing to eat. _____
17. The foods my child is willing to eat are very specific and she is not willing to eat something that is similar or comparable if we can't get the specific item (i.e., only a specific brand of a food, or only that item when prepared at a specific restaurant). _____
18. Seeing others eat foods that she is not willing to eat does not help her or encourage her to try them. _____
19. My child goes through phases with foods where she will eat a food exclusively for a period of time and then she gets tired of that food and won't eat it again. _____
20. My child's pickiness with food has impaired her ability to socialize. _____
21. My child's pickiness with food has impaired her health. _____
22. My child's pickiness with food has impacted the way we do things as a family, such as travelling, going to restaurants, or going to the homes of others. _____
23. My child's pickiness with food does not seem "normal" to me. _____

See next page for results:

If your son or daughter scores a 4 or 5 on at least 6 items on either scale, there is an increased likelihood that they have ARFID.

If you or a loved one is suffering from ARFID, [contact us for help](#).