Version: Young Person/Adult

PARDI

The Pica, ARFID & Rumination Disorder Interview

Rachel Bryant-Waugh
Kamryn T. Eddy
Nadia Micali
Lucy Cooke
Jennifer J. Thomas

© Bryant-Waugh R, Eddy KT, Micali N, Cooke L, Thomas JJ.

Please contact r.bryant-waugh@ucl.ac.uk with queries
The PARDI (Pica, ARFID, Rumination Disorder Interview)

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 subscale 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+) and Child**
- Ages 14 and up: Young person/Adult plus Parent/Carer (4+) if required

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 cooperativeness.

*Note: When two versions of the interview are required, 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
- 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.*
To rule out presence of current anorexia nervosa, bulimia nervosa, binge eating disorder, or related subthreshold disorders:

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 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: 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 a loss of control over eating? If so, was it when you ate 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 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.

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 ≥ BMI Centile < 5th)
      0 - normal weight (5th ≥ BMI centile < 85th)
      1 - overweight (85th ≥ BMI Centile > 95th)
      2 - obese (BMI centile ≥ 95th)

   Scoring for adults 20 years and up:
      -2 - moderate to severe thinness (BMI < 17)
      -1 - thinness (17.0 ≥ BMI < 18.5)
      0 - normal (18.5 ≥ BMI < 25.0)
      1 - overweight (25 ≥ 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 is 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 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? 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) |

**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)

| INFORMANT (Please tick one) |
| Parent ☐ Child ☐ Medical record ☐ |

8. Are you currently pregnant? (Yes/No)

9. Do you 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. 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 pattern?

Note: Include both drink, food and non-nutritive, non-food substances. If the patient is tube-fed or taking high energy nutritional supplement drinks, check the pattern of tube-feeding and/or intake of supplement drinks.

13. Are you currently receiving any tube feeding (e.g., nasogastric, PEG [percutaneous endoscopic gastrostomy], or PEG-J [percutaneous endoscopic gastro-jejunostomy]) (Yes/No)
If yes, 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 containing vitamins and minerals? If so, what type and how much are you taking? (Yes/No)
If yes, type of supplement and total amount over 24 hours

15. Are you currently taking any high-energy nutritional supplement drinks 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
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 (Yes/No)
   - eating slower than others (Yes/No)
   - food dribbling out of your 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. Positive 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. Have you ever been evaluated for oro-pharyngeal dysphagia at any time (e.g., videofluoroscopy study, investigation for requirement for thickened fluids)? (Yes/No)
   What was the outcome of that evaluation?
PICA DIAGNOSTIC ITEMS

DSM-5 Criterion A:
18. Over the past month, have you 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 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 behavior 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?

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 behavior 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 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, 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 behavior)

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 eating disorder motivation for pica behavior.

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 rule out self-harm motivation for pica behavior.

**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/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 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, 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, or 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: 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.”):** ______

**Age of onset of Pica:** ______
DSM-V Criterion A
29. Do have an eating or feeding problem that involves avoidance or restriction of food intake? (Yes/No)

ARFID severity item:
29a. Over the past month, have you 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, have you 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, have you 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 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, 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 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)?
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 at mealtimes? 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, have you eaten a specific food so many times that you have become tired of it? Has this meant you have 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 — Has 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 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 —
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
33. Over the past month, has there been concern (e.g., from doctors, family etc.) that you are 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 you are not putting on weight or that you are losing weight? Have you 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. *Note: Skip if respondent is over 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?

**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. In the last few months has any health professional said that you have a nutritional deficiency? 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 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. Have you ever been prescribed special supplements (e.g., pills, capsules or drinks containing vitamins and or minerals and other micronutrients) to help with your nutrition? If so, what? How much do you take? (Yes/No)
If yes, please provide more specific details below:

ARFID diagnostic criterion A3
38. Do you take nutritional supplement drinks (or other high-energy drinks) 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 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 you are currently receiving tube feeding, do you know what sort of tube it is (e.g., nasogastric, PEG [percutaneous endoscopic gastrostomy], and PEG-J [percutaneous endoscopic gastro-jejunostomy])? 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 affects your family members/significant others? If so, how? Are they worried about your 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 eating cause difficulties at home (e.g., arguments with parents/siblings)?
*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 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.*
Rating:
0 — No impairment; family eats 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 you eat meals with others (e.g., family, friends), do you 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 need distractions (iPad, TV) in order 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 you?

Rating: Average mealtime length (in minutes): _________

ARFID severity item:
46. Do you have to be rewarded, prompted, or coaxed, in order to take a bite or to 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 (e.g., required to be force fed)

ARFID diagnostic criterion A4 and ARFID severity item:
47. Does your eating cause you difficulties socially (e.g., does it make it difficult for you to go out with friends, eat at school/college/work, 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 eating cause difficulties in daily functioning at school/college/work?  
*Note: Examples of difficulties experienced include - missing out on break time/recess, special arrangements for mealtimes causing the individual distress or to miss out, difficulty with concentration on work/schoolwork, difficulty in managing food provided at meetings/in staff cafeteria, etc.*

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

**ARFID descriptive item**

49. Do you have difficulties with eating wherever you are: at home, at school, and when you eat out?  
*(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 you were to get your hands messy/dirty, would it be uncomfortable for you?”*

50. Over the past month, has it bothered you, having 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
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 (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, 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 complete avoidance

55. Over the past month, have you been particularly sensitive to the texture or consistency of food or drinks such that they make you cough, choke, or gag on certain types or textures/consistencies of food or drinks? If so, which foods, drinks, 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 resulting in gagging/choking or 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 all food

58. Over the past month, have you preferred foods to be a certain colour (e.g., beige, brown)?
   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, have you preferred to eat food of a preferred 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

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, has this applied to 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, have you forgotten to eat or found it difficult to make time to eat?
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, 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, have you had a good appetite (i.e., when food is in front of you, 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 needed to be prompted or reminded 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, have you 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 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, 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, 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, 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: Fear of Aversive Consequences

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?
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)? (Note: Do not count self-induced vomiting.)
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)?
Rating:
   0 — Never
   1 —
   2 — Sometimes
   3 —
   4 — Often
   5 —
   6 — Always

74a. Have you ever had severe stomach pain or other severe abdominal pain after eating? (Yes/No)

74b. Over the past 4 weeks, have you been worried that eating might cause you pain (e.g., stomach pain)?
Rating:
   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. To summarise what we’ve talked about so far, over the past month, have you been eating less food 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 — mild food restriction of amount and/or variety due to fear of aversive consequences
2 — moderate food restriction of amount and/or variety due to fear of aversive consequences
3 — 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 accouterments.

Rating:

0 — no physical anxiety symptoms
1 — mild physical anxiety symptoms
2 — moderate physical anxiety symptoms
3 — 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 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, or 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.”): ______

Age of onset of ARFID: ______
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)
If no: Does it usually hurt when the food comes back up into your mouth? For example, do you have a burning sensation in your chest?

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

RD Severity Item

89. In the past month, how often [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. In the past month, on the days that you have ruminated, how many episodes of rumination have you 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 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 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 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?
   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?
   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):
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, 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?

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, 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 clinical judgment, but a diagnosis of Rumination Disorder is likely given the following response pattern: 84-yes; 85-yes; 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. 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: ______