**Mealtimes in your home**

There are a lot of reasons that make eating a difficult task for many children and stressful for parents. It may be helpful to think about different factors that contribute to these difficulties before attending the mealtime workshop.

Please read the statements in the table below and rate from 1 to 10 how much these issues affect you or your child. There are no right or wrong answers. Please bring this to the workshop so we can work with you to understand how each of these areas impacts on your child.

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| For some children, **pain with eating or swallowing** has made it hard for them to eat. How much do you think your child has experienced pain with eating in their lifetime? |

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 |
| *Significant pain* |  |  | *No pain at all* |

 |
| Some children don’t **trust the food they’re supposed to eat**. They look through it carefully for any hidden ingredients or to see if it’s different to last time they ate it. How often does your child not trust their food? |

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 |
| *Always worried about what is in the food* |  | *Happy to accept food as presented* |

 |
| Some children have **difficulty biting and chewing**. They might put too much food in their mouth or maybe take a long time to chew and swallow food. How often does your child have trouble biting and chewing? |

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 |
| *Always* |  |  | *Never* |

 |
| Some children have **trouble sitting at the table**. They won’t come to the table, can’t sit still or won’t stay long enough to eat. How regularly is this the case for your child? |

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 |
| *Always* |  |  | *Never* |

 |
| Often **parents get very frustrated at mealtimes**. They might shout or get upset with their child when they won’t eat what the family eats. How often do you get upset with your child at mealtimes? |

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 |
| *Every day* |  |  | *Hardly ever* |

 |
| Sometimes parents or other family members have **different ideas about how to encourage their child to eat**. Some people can be more forceful and others more passive. Do members of your family approach mealtimes differently? |

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 |
| *We often disagree about how to manage it* |  | *We all agree* |

 |
| Many parents refer to mealtimes, often dinner, as a ‘nightmare’ or a ‘battleground’. They **don’t feel like their family can enjoy happy mealtimes**. How often does this happen for your family? |

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 |
| *Always* |  |  | *Never* |

 |
| Sometimes parents try to **coax their child to eat or reward their child if they eat** a meal. How often do you have to coax or reward your child to get them to eat? |

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 |
| *Always have to coax/encourage* |  |  | *Child always eats without rewards* |

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Think about your concerns for your and goals you have for your child. Write these down ready to discuss at the workshop:

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|  |