## FEEDING YOUR CHILD

Below are 14 statements about feeding. Think about each one, then circle the letter that tells how often you do, think or feel that way.

## $\label{eq:Please circle your response} \textbf{A} = \textbf{Almost always} \quad \textbf{O} = \textbf{Often S} = \textbf{Sometimes R} = \textbf{Rarely} \quad \textbf{N} = \textbf{Never}$

| 1  | I make sure my child's meals and snacks are at about the same times every day. | A | o | S | R | N |
|----|--|---|---|---|---|---|
| 2  | I make my child eat what is on his or her plate.                               | A | O | S | R | N |
| 3  | I give my child water when he or she is thirsty between meals.                 | A | o | S | R | N |
| 4  | I let my child have drinks (like juice, milk, soda or iced tea) between meals. | A | o | S | R | N |
| 5  | I make my child taste everything I make for a meal.                            | A | O | S | R | N |
| 6  | If my child won't eat, I make something different.                             | A | O | S | R | N |
| 7  | I only cook foods I know my child will eat.                                    | A | O | S | R | N |
| 8  | To get my child to eat, I offer something like dessert or a toy.               | A | o | S | R | N |
| 9  | I enjoy family meals.  | A | O | S | R | N |
| 10 | I sit down and eat meals with my child.  | A | O | S | R | N |
| 11 | I feel my child is growing well.   | A | o | S | R | N |
| 12 | My child eats off and on all day.  | A | O | S | R | N |
| 13 | If I don't set limits, my child eats too much.                                 | A | o | S | R | N |
| 14 | I feel good about my child's eating.   | A | o | S | R | N |

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## FEEDING YOUR CHILD SCORING SHEET

Add up the numbers that correspond to the responses on the first page.  $A = Almost \ always \ O = Often \ S = Sometimes \ R = Rarely \ N = Never$ 

70 is the maximum score (14 times 5). Until the scale is normed, assume that parent is doing well if they get a score of 56 (14 times 4). Also note that certain questions have asterisks to indicate they may be used as qualifying for WIC risk factors.

| 1  | I make sure my child's meals and snacks are at about the same times every day.* | 5 | 4 | 3 | 2 | 1 |
|----|---|---|---|---|---|---|
| 2  | I make my child eat what is on his or her plate.*                               | 1 | 2 | 3 | 4 | 5 |
| 3  | I give my child water when he or she is thirsty between meals.                  | 5 | 4 | 3 | 2 | 1 |
| 4  | I let my child have drinks (like juice, milk, soda or iced tea) between meals.* | 1 | 2 | 3 | 4 | 5 |
| 5  | I make my child taste everything I make for a meal.*                            | 1 | 2 | 3 | 4 | 5 |
| 6  | If my child won't eat, I make something different.*                             | 1 | 2 | 3 | 4 | 5 |
| 7  | I only cook foods I know my child will eat.*                                    | 1 | 2 | 3 | 4 | 5 |
| 8  | To get my child to eat, I offer something like dessert or a toy.*               | 1 | 2 | 3 | 4 | 5 |
| 9  | I enjoy family meals.   | 5 | 4 | 3 | 2 | 1 |
| 10 | I sit down and eat meals with my child.   | 5 | 4 | 3 | 2 | 1 |
| 11 | I feel my child is growing well.  | 5 | 4 | 3 | 2 | 1 |
| 12 | My child eats off and on all day.*  | 1 | 2 | 3 | 4 | 5 |
| 13 | If I don't set limits, my child eats too much.*                                 | 1 | 2 | 3 | 4 | 5 |
| 14 | I feel good about my child's eating.  | 5 | 4 | 3 | 2 | 1 |

<sup>\*</sup>Statements marked with an asterisk that score 1 or 2 automatically qualify the respondent for WIC.

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