



Pediatric Eating Assessment Tool (PediEAT)

Intended Use: The PediEAT is intended to assess observable symptoms of problematic feeding in children between the ages of 6 months and 7 years old who are being offered some solid foods. The PediEAT is intended to be completed by a caregiver that is familiar with the child's typical eating. This is most often a parent, but may be another primary care provider.

Disclosure: The PediEAT does not replace a healthcare provider's clinical assessment. The PediEAT is also not intended to provide a diagnosis, but instead may provide the healthcare provider with an objective assessment of the child's eating in order to facilitate diagnosis and treatment decisions.

Terms of Use: Please give appropriate credit to the authors when presenting, publishing, or otherwise referencing the Pediatric Eating Assessment Tool (PediEAT). You may use the PediEAT for clinical practice or research, but you may not alter, distribute, share, or adapt the PediEAT for electronic medical charting or other digital use without permission from the authors. The PediEAT is protected by U.S. copyright law.

Referencing Information:

Thoyre, S., Pados, B., Park, J., Estrem, H., Hodges, E., McComish, C., Van Riper, M., and Murdoch, K. (2014). Development and content validation of the Pediatric Eating Assessment Tool (Pedi-EAT). *American Journal of Speech-Language Pathology*, 23, 1-14. doi: 10.1044/1058-0360(2013/12-0069)

Thoyre, S., Pados, B., Park, J., Estrem, H., McComish, C., Hodges, E. (2018). The Pediatric Eating Assessment Tool: Factor structure and psychometric properties. *Journal of Pediatric Gastroenterology and Nutrition*, 66(2), 299-305. doi: 10.1097/MPG.0000000000001765 PMID: 28953526

Pados, B.F., Thoyre, S.M., & Park, J. (2018). Age-based norm-reference values for the Pediatric Eating Assessment Tool. *Pediatric Research*. Online ahead of print. doi: 10.1038/s41390-018-0067-z

** Please check the Feeding Flock website for updates to references: www.feedingflock.com

Note: The PediEAT is not in any way associated with the PEDI-EAT-10 by Soyer and colleagues (2017).



PEDIATRIC EATING ASSESSMENT TOOL (PediEAT)

Directions: We are interested in learning about the eating behaviors of your child. The items below may not apply to every child. When filling this out, think about what is typical for your child at this time.

PHYSIOLOGIC SYMPTOMS

My child...	0	1	2	3	4	5	Score
	Never	Almost Never	Sometimes	Often	Almost Always	Always	
1. gets watery eyes when eating	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
2. gets red color around eyes or face when eating	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
3. coughs during or after eating	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
4. sounds gurgly or like they need to cough or clear their throat during or after eating	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
5. sounds different during or after a meal (for example, voice becomes hoarse, high-pitched, or quiet)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
6. chokes or coughs on water or other thin liquids	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
7. moves head down toward chest when swallowing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
8. has food or liquid come out of nose when eating	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
9. gets pale or blue color around his/her lips during meals	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
10. breathes faster or harder when eating	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
11. needs to take a break during the meal to rest or catch their breath	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
12. gets tired from eating and is not able to finish	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
13. sweats/gets clammy during meals	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
14. tilts head back while eating	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
15. burps more than usual while eating	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
16. throws up during mealtime	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
17. throws up between meals (from 30 minutes after the last meal until the next meal)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
18. arches back during or after meals	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

My child...	0	1	2	3	4	5	Score
	Never	Almost Never	Sometimes	Often	Almost Always	Always	
19. gags when it is time to eat (for example, when they see food or when placed in high chair)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
20. gags with smooth foods like pudding	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
21. gags with textured food like coarse oatmeal	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
22. gags, coughs, or vomits when brushing teeth (if your child does not have teeth, select Never. If your child will not allow you to brush his/her teeth, select Always)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
23. gets a bloated tummy after eating	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
24. turns red in face, may cry with stooling	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
25. has gas	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
26. drools when eating	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
27. has a hard time eating due to stuffy nose	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Physiologic Symptoms Subscale Score							
If you would like to explain any of your responses, please do so here:							

PROBLEMATIC MEALTIME BEHAVIORS

My child...	0	1	2	3	4	5	Score
	Never	Almost Never	Sometimes	Often	Almost Always	Always	
28. avoids eating by playing or talking	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
29. has to be told to start eating	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
30. has to be reminded to keep eating	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
31. won't eat at meals, but wants food later	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
32. stops eating after a few bites	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
33. refuses to eat	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
34. shows more stress during meals than during non-meal times (whines, cries, gets angry, tantrums)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
35. likes something one day and not the next	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

My child...	0	1	2	3	4	5	Score
	Never	Almost Never	Sometimes	Often	Almost Always	Always	
36. insists on food being offered in a certain way (such as, how food is on the plate or what dish or spoon is used, or where they sit)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
37. insists on being fed by the same person(s)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
38. becomes upset by the smell of food	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
39. throws food or pushes food away	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
40. prefers to drink instead of eat	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
41. prefers crunchy foods	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
42. eats better when entertained	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
43. takes more than 30 minutes to eat	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
44. needs mealtime to be calm	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
45. wants the same food for more than two weeks in a row	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Items below are scored according to the numbers at right							
	5	4	3	2	1	0	
	Never	Almost Never	Sometimes	Often	Almost Always	Always	
46. likes to eat	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
47. eats a variety of foods (fruits, vegetables, proteins, etc.)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
48. is willing to stay seated during mealtime	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
49. opens their mouth when food is offered	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
50. is willing to touch food with their hands	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Problematic Mealtime Behaviors Subscale Score							
If you would like to explain any of your answers, please do so here:							

SELECTIVE / RESTRICTIVE EATING

My child...	5	4	3	2	1	0	Score
	Never	Almost Never	Sometimes	Often	Almost Always	Always	
51. will eat mixed texture foods	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
52. will eat food warmer than room temperature	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
53. is willing to feed self (if younger in age, holds cup, feeds self crackers)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
54. keeps food in mouth when eating (food means non-liquids)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
55. keeps liquids in mouth when drinking	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
56. keeps their tongue inside mouth during eating	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
57. acts hungry before meals	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
For the following items, if your child is younger than 15 months and is not offered these foods, select Always. If your child is over 15 months and not offered these foods or refuses to eat these foods, select Never.	5	4	3	2	1	0	Score
	Never	Almost Never	Sometimes	Often	Almost Always	Always	
58. will eat foods that need to be chewed	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
59. will eat textured food like coarse oatmeal	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
60. will eat frozen food, like ice cream	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
61. chews their food enough	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
62. moves food in their mouth when chewing without help	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Items below are scored according to the numbers at right	0	1	2	3	4	5	
	Never	Almost Never	Sometimes	Often	Almost Always	Always	Score
63. sniffs food or objects	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
64. spits food out	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
65. eats too fast	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Selective / Restrictive Eating Subscale Score							
If you would like to explain any of your responses, please do so here:							

ORAL PROCESSING

My child...	0	1	2	3	4	5	Score
	Never	Almost Never	Sometimes	Often	Almost Always	Always	
66. stores food in their cheek or roof of mouth	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
67. gets food stuck in their cheek or roof of mouth	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
68. prefers smooth foods like yogurt	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
69. puts too much food in mouth at one time	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
70. puts fingers in mouth to move food	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
71. prefers strong flavors	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
72. bites down on the spoon or fork and does not release it easily	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
73. grinds teeth when awake (if your child does not have teeth, please select Never.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
74. chews on toys, clothes, or other objects	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Items below are scored according to the numbers at right							
	0	1	2	3	4	5	Score
For the following items, if your child is younger than 15 months <u>and</u> is not offered chewable foods, select Never. If your child is over 15 months and not offered these foods or refuses to eat these foods, select Always.	Never	Almost Never	Sometimes	Often	Almost Always	Always	
75. has to be reminded to chew food	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
76. sucks on food to soften or moisten it, rather than chewing it	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
77. chews food but doesn't swallow it	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
78. chews a bite of food for a long time (~30 seconds or longer)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Oral Processing Subscale Score							
If you would like to explain any of your responses, please do so here:							



PEDIATRIC EATING ASSESSMENT TOOL (PediEAT)

SCORING INSTRUCTIONS

1. Scores are assigned to PediEAT items with lower scores indicating fewer symptoms and higher scores indicating more symptoms of problematic feeding. There are numbers above the items indicating the score that each response would receive. Note that the scores may change between the subscales. For example, the Physiologic Symptoms subscale is scored with Never = 0 and Always = 5, while the Selective / Restrictive Eating subscale is scored with Never = 5 and Always = 0. Also note that within the Problematic Mealtime Behaviors subscale and the Selective / Restrictive Eating subscale, there are a subset of items at the bottom that are scored differently than the other items in that subscale. You may use the right column on the PediEAT to record the score for each item.

2. There are some items that may not apply to a child based on the child's age. For example, there are specific instructions to parents above the items pertaining to chewing. If a child is less than 15 months old and not being offered chewable foods, they are to score it as not problematic. If a child is older than 15 months and not yet being offered chewable foods or refuses to eat the types of foods specified, the parent should answer in a way that indicates that is problematic.

3. Add the scores for each item within each area. A box is provided at the end of each area to record the total score for that area. Transfer each area score total to the table below.

4. Use the age-specific reference values on the subsequent pages to determine the level of concern associated with the score the child received. Please note that corrected age should be used when choosing the age-specific reference values if the child is less than 2 years old and he/she was born at less than 37 weeks post-menstrual age (i.e., the child was born more than 3 weeks before their due date).

	Score	Level of Concern (circle)		
Physiologic Symptoms		No Concern	Concern	High Concern
Problematic Mealtime Behaviors		No Concern	Concern	High Concern
Selective / Restrictive Eating		No Concern	Concern	High Concern
Oral Processing		No Concern	Concern	High Concern
Total Score		No Concern	Concern	High Concern

Notes:



Pediatric Eating Assessment Tool (PediEAT)

Reference Values for Infants 6 - 9 months old

The following reference values are for infants between 6 months 0 days and 9 months 0 days old. If the child was born prior to 37 weeks post-menstrual age, please use the child's corrected age when determining which reference values to use.

	< 90th % No Concern	90th - 95th % Concern	> 95th % High Concern
Physiologic Symptoms	< 27	27 - 31	32 - 135
Problematic Mealtime Behaviors	< 30	30 - 36	37 - 115
Selective / Restrictive Eating	< 26	26 - 27	28 - 75
Oral Processing	< 37	37 - 42	43 - 65
Total Score	< 101	101 - 116	117 - 390



Pediatric Eating Assessment Tool (PediEAT)

Reference Values for Infants 9 - 12 months old

The following reference values are for infants between 9 months 1 day and 12 months 0 days old. If the child was born prior to 37 weeks post-menstrual age, please use the child's corrected age when determining which reference values to use.

	< 90th % No Concern	90th - 95th % Concern	> 95th % High Concern
Physiologic Symptoms	< 24	24 - 31	32 - 135
Problematic Mealtime Behaviors	< 32	32 - 38	39 - 115
Selective / Restrictive Eating	< 27	27 - 31	32 - 75
Oral Processing	< 32	32 - 37	38 - 65
Total Score	< 102	102 - 124	125 - 390



Pediatric Eating Assessment Tool (PediEAT)

Reference Values for Children 12 - 15 months old

The following reference values are for children between 12 months 1 day and 15 months 0 days old. If the child was born prior to 37 weeks post-menstrual age, please use the child's corrected age when determining which reference values to use.

	< 90th % No Concern	90th - 95th % Concern	> 95th % High Concern
Physiologic Symptoms	< 29	29 - 34	35 - 135
Problematic Mealtime Behaviors	< 38	38 - 46	47 - 115
Selective / Restrictive Eating	< 28	28 - 31	32 - 75
Oral Processing	< 31	31 - 35	36 - 65
Total Score	< 107	107 - 125	126 - 390



Pediatric Eating Assessment Tool (PediEAT)

Reference Values for Children 15 - 18 months old

The following reference values are for children between 15 months 1 day and 18 months 0 days old. If the child was born prior to 37 weeks post-menstrual age, please use the child's corrected age when determining which reference values to use.

	< 90th % No Concern	90th - 95th % Concern	> 95th % High Concern
Physiologic Symptoms	< 17	17 - 20	21 - 135
Problematic Mealtime Behaviors	< 38	38 - 44	45 - 115
Selective / Restrictive Eating	< 26	26 - 28	29 - 75
Oral Processing	< 29	29 - 32	33 - 65
Total Score	< 98	98 - 110	111 - 390



Pediatric Eating Assessment Tool (PediEAT)

Reference Values for Children 18 - 24 months old

The following reference values are for children between 18 months 1 day and 24 months 0 days old. If the child was born prior to 37 weeks post-menstrual age, please use the child's corrected age when determining which reference values to use.

	< 90th % No Concern	90th - 95th % Concern	> 95th % High Concern
Physiologic Symptoms	< 16	16 - 22	23 - 135
Problematic Mealtime Behaviors	< 43	43 - 48	49 - 115
Selective / Restrictive Eating	< 22	22 - 27	28 - 75
Oral Processing	< 24	24 - 30	31 - 65
Total Score	< 97	97 - 107	108 - 390



Pediatric Eating Assessment Tool (PediEAT)

Reference Values for Children 2 - 2.5 years old

The following reference values are for children between 2 years 1 day and 2.5 years 0 days old. If the child was born prior to 37 weeks post-menstrual age, please use the child's corrected age when determining which reference values to use.

	< 90th % No Concern	90th - 95th % Concern	> 95th % High Concern
Physiologic Symptoms	< 18	18 - 21	22 - 135
Problematic Mealtime Behaviors	< 47	47 - 48	49 - 115
Selective / Restrictive Eating	< 23	23 - 28	29 - 75
Oral Processing	< 27	27 - 33	34 - 65
Total Score	< 106	106 - 120	121 - 390



Pediatric Eating Assessment Tool (PediEAT)

Reference Values for Children 2.5 - 3 years old

The following reference values are for children between 2.5 years 1 day and 3 years 0 days old.

	< 90th % No Concern	90th - 95th % Concern	> 95th % High Concern
Physiologic Symptoms	< 15	15 - 22	23 - 135
Problematic Mealtime Behaviors	< 54	54 - 60	61 - 115
Selective / Restrictive Eating	< 21	21 -25	26 - 75
Oral Processing	< 26	26 - 29	30 -65
Total Score	< 109	109 - 119	120 - 390



Pediatric Eating Assessment Tool (PediEAT)

Reference Values for Children 3 - 4 years old

The following reference values are for children between 3 years 1 day and 4 years 0 days old.

	< 90th % No Concern	90th - 95th % Concern	> 95th % High Concern
Physiologic Symptoms	< 16	16 - 19	20 - 135
Problematic Mealtime Behaviors	< 51	51 - 55	56 - 115
Selective / Restrictive Eating	< 20	20 -22	23 - 75
Oral Processing	< 27	27 - 29	30 -65
Total Score	< 106	106 - 112	113 - 390



Pediatric Eating Assessment Tool (PediEAT)

Reference Values for Children 4 - 5 years old

The following reference values are for children between 4 years 1 day and 5 years 0 days old.

	< 90th % No Concern	90th - 95th % Concern	> 95th % High Concern
Physiologic Symptoms	< 16	16 - 19	20 - 135
Problematic Mealtime Behaviors	< 51	51 - 57	58 - 115
Selective / Restrictive Eating	< 19	19 - 21	22 - 75
Oral Processing	< 24	24 - 27	28 - 65
Total Score	< 102	102 - 114	115 - 390



Pediatric Eating Assessment Tool (PediEAT)

Reference Values for Children 5 - 6 years old

The following reference values are for children between 5 years 1 day and 6 years 0 days old.

	< 90th % No Concern	90th - 95th % Concern	> 95th % High Concern
Physiologic Symptoms	< 14	14 - 19	20 - 135
Problematic Mealtime Behaviors	< 51	51 - 54	55 - 115
Selective / Restrictive Eating	< 16	16 - 22	23 - 75
Oral Processing	< 22	22 - 26	27 - 65
Total Score	< 96	96 - 109	110 - 390



Pediatric Eating Assessment Tool (PediEAT)

Reference Values for Children 6 - 7 years old

The following reference values are for children between 6 years 1 day and 7 years 0 days old.

	< 90th % No Concern	90th - 95th % Concern	> 95th % High Concern
Physiologic Symptoms	< 14	14 - 18	19 - 135
Problematic Mealtime Behaviors	< 42	42 - 47	48 - 115
Selective / Restrictive Eating	< 19	19 - 20	21 - 75
Oral Processing	< 23	23 - 27	28 - 65
Total Score	< 82	82 - 99	100 - 390