

Today's date (yymmdd):

Participant code (filled in by research staff):

Questionnaire on eating problems in childhood

This questionnaire contains questions that describe certain eating problems in childhood. Tick the box that best describes your child's situation. If you find some of the questions difficult to answer, we still ask you to please try to answer them.

If you respond with "Yes, earlier", please also indicate at what age the respective problem or issue started and at what age it stopped.

If you respond with "Yes, now", please also indicate at what age the respective problem or issue started.

	No, never	Yes, now	Yes, earlier	Started (age):	Stopped (age):
1. Do you think your child has or has had problems with eating characterized by avoidance or restriction of foods (i.e., that your child eats only a small range of foods or very little overall)?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
2. Has any health professional (at preschool/school, BVC, or other health care) said that your child has problems with avoidant or restrictive eating?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		

If you replied "No, never" to **both** question 1 **and** 2, please continue with question 14.

	No, never	Yes, now	Yes, earlier	Started (age):	Stopped (age):
3. Have your child's eating habits led to your child losing weight, not gaining weight or not growing taller as they should?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
4. Has any health professional said that your child has nutritional deficiencies due to their eating habits (e.g., vitamin or iron deficiency)?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
5. Has your child been prescribed dietary supplements containing vitamins and/or minerals to address nutritional deficiencies?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
6. Has your child required high-calorie supplements (e.g., nutritional drinks) to be able to maintain or gain weight?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
7. After the age of 6 months, has your child required tube feeding (food or fluid via a tube in the nose or into the stomach) to maintain proper nutritional status?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
8. Do your child's eating habits negatively affect their functioning almost daily (e.g., in preschool/school, activities with family/friends)?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		

Please answer question 9 only if your child is 6 years or older:

	No, never	Yes, now	Yes, earlier	Started (age):	Stopped (age):
9. Has your child ever restricted their eating because they wanted to lose weight or because they were afraid of gaining weight?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		

10. Do you suspect or know that your child's eating problems are primarily due to a medical condition or a mental disorder? ☐ No ☐ Yes

If yes, which one(s)?

	No, never	Yes, now	Yes, earlier	Started (age):	Stopped (age):
11. Does your child often avoid eating foods with certain smell, taste, appearance, temperature, or consistency/texture (e.g., crispy or soft)?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
12. Does your child often avoid eating foods because they are worried about e.g., choking, vomiting/being sick, tummy aches, diarrhea, or an allergic reaction?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
13. Does your child often eat too little because of low interest in eating and/or low appetite?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		

14. Has your child ever received a diagnosis because of difficulties with eating? ☐ No ☐ Yes

If yes, which one?

15. What is your relationship to the child? ☐ Mother ☐ Father

If other, who?

ARFID–Brief Screener (ARFID–BS)

Structure and Scoring Instructions

The ARFID–Brief Screener (ARFID–BS) is parent-/carer-reported measure of the symptoms of avoidant restrictive food intake disorder (ARFID) in 2-17 year-old children. The ARFID–BS is closely aligned with the DSM-5 diagnostic criteria (covered by items 1-10). DSM-5 Criterion B is not assessed. The three known drivers of food avoidance in ARFID are assessed (items 11-13), but not included in the algorithm for screening diagnosis. The ARFID–BS screens for both current and previous ARFID, including the age of onset and remission of each symptom.

Diagnostic criteria

- Items 1-2: Criterion A0
- Item 3: Criterion A1
- Item 4: Criterion A2
- Item 5-7: Criterion A3
- Item 8: Criterion A4
- Item 9: Criterion C
- Item 10: Criterion D

Drivers of food avoidance/ARFID profiles

- Item 11: Sensory sensitivity to characteristics of food
- Item 12: Fear of aversive consequences of eating
- Item 13: Lack of interest in eating

Skipping rule

If no avoidant/restrictive eating are present or have previously been present (i.e. items 1 and 2 are answered with “No, never”), the respondent can skip items 3-13 and continue with item 14.

Diagnostic algorithm for screening diagnosis

Screen-positive for current ARFID:

Item 1 OR Item 2: “Yes, now”

AND

Item 3 OR Item 4 OR Item 5 OR Item 6 OR Item 7 OR Item 8: “Yes, now”

AND

Item 9: “No, never”

AND

Item 10: “No” (OR if “Yes” **AND** the eating problems are unlikely to be entirely explained by the specified condition)

Screen-positive for previous ARFID:

Item 1 OR Item 2: “Yes, earlier” OR “Yes, earlier”

AND

Item 3 OR Item 4 OR Item 5 OR Item 6 OR Item 7 OR Item 8: “Yes, earlier”

AND

Item 9: “No, never”

AND

Item 10: “No” (OR if “Yes” **AND** the eating problems are unlikely to be entirely explained by the specified condition)

Note: In order to screen positive for previous ARFID, the age periods where criterion A0 (items 1 & 2) and at least one of the criteria A1-4 (items 3-8) were met should match.

Preliminary validation

In a general population sample of 4-7-year-old Japanese children (n=3,728), Dinkler et al. found satisfactory convergent validity with body mass index, height, the Behavioral Pediatric Feeding Assessment Scale (BPFAS) and subscales of the Child Eating Behavior Questionnaire (CEBQ; Satiety Responsiveness, Food Fussiness, Emotional Undereating). Children screening positive for current ARFID were lighter in weight and shorter in height, they showed more problem behaviors related to mealtimes and nutritional intake (BPFAS), and they were more often selective eaters and more responsive to satiety (CEBQ).

The ARFID–BS is currently being validated against clinical diagnoses of ARFID in 2.5-5-year-old children.

Recommended citation

Dinkler L, Yasumitsu-Lovell K, Eitoku M, Fujieda M, Suganuma N, Hatakenaka Y, et al. Development of a parent-reported screening tool for avoidant/restrictive food intake disorder (ARFID): Initial validation and prevalence in 4-7-year-old Japanese children. *Appetite*. 2022;168:105735.

For questions regarding the ARFID–BS please contact lisa.dinkler@ki.se.