

Feeding Assessment Scale for CHARGE Syndrome

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Date: _____

Name of Individual: _____

Age: _____ Gender (Circle one): Male Female Not Disclosed

Completed By (Circle one): Mother Father Feeding Therapist Nurse/Physician Other: _____

What percentage of your child/adult's daily fluid/nutrition intake is by G/J tube feeding? (Circle one percentage):

0%	25%	50%	75%	95%
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Circle one number on the scale:		Never	A Little	Sometimes	A lot	Always
1	He/she will refuse food when eating orally.	0	1	2	3	4
2	He/she takes longer than 45 minutes to eat orally.	0	1	2	3	4
3	He/she takes less than 15 minutes to eat orally.	0	1	2	3	4
4	He/she needs close supervision when eating orally.	0	1	2	3	4
5	He/she needs someone in the room when eating orally.	0	1	2	3	4
6	He/she has problems cutting food when eating orally.	0	1	2	3	4
7	He/she has problems feeding him/herself when eating orally.	0	1	2	3	4
8	He/she chokes or coughs when eating orally.	0	1	2	3	4
9	He/she has trouble chewing food.	0	1	2	3	4
10	He/she has trouble swallowing food.	0	1	2	3	4
11	He/she has to be told or reminded to chew.	0	1	2	3	4
12	He/she has to be told or reminded to swallow.	0	1	2	3	4
13	He/she does not like to mix food textures when eating (e.g. mixing puree and solid food).	0	1	2	3	4
14	He/she accidentally loses food out of his/her mouth during eating.	0	1	2	3	4
15	He/she will over-stuff his/her mouth with food during eating.	0	1	2	3	4

Circle one number on the scale:		Never	A Little	Sometimes	A lot	Always
16	He/she has difficulty moving food around with his/her tongue during eating.	0	1	2	3	4
17	He/she has a hard time feeling food or anything touching the inside of his/her mouth.	0	1	2	3	4
18	He/she dislikes oral eating.	0	1	2	3	4
19	He/she lets food sit in his/her cheeks or palate during eating (on purpose or not).	0	1	2	3	4
20	He/she will have food hidden in his/her cheeks or palate after the meal has ended (on purpose or not).	0	1	2	3	4
21	The Parent/Caregiver gets worried about their child/adult's ability to eat orally.	0	1	2	3	4
22	The Parent/Caregiver has difficulties feeding their child/adult. (e.g. preparing food the right way, getting enough information about helping them eat/drink)	0	1	2	3	4
Does the child/adult have problems with:		No		Yes		
23	Cold foods	0		1		
24	Room temperature foods	0		1		
25	Warm foods	0		1		
26	Thin liquids (e.g. water)	0		1		
27	Pureed foods (e.g. applesauce)	0		2		
28	Mashed lumpy food (e.g. mashed potatoes or mashed vegetables)	0		2		
29	Soft chewable foods (e.g. bread, crackers)	0		2		
30	Tough chewable foods (e.g. meat)	0		1		
31	Hard vegetables and fruit (e.g. raw apples)	0		1		

Total Score (sum of all items)	/100 total points
Circle one:	Mild (0-25 points) Moderate (26-50 points) Severe (51-100 points)