

Infant Eating Assessment Tool (InfantEAT)

Intended Use: The Infant Eating Assessment Tool (InfantEAT) is intended to assess observable symptoms of problematic feeding in infants less than 12 months old who are breastfeeding or bottle-feeding. The InfantEAT 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 InfantEAT does not replace a healthcare provider's clinical assessment. The InfantEAT is also not intended to provide a diagnosis, but instead may provide the healthcare provider with an objective assessment of the infant's feeding in order to facilitate diagnosis and treatment decisions.

Referencing Information:

Please give appropriate credit to the authors when presenting, publishing, or otherwise referencing the Infant Eating Assessment Tool (InfantEAT).

Pados, B.F. & Hill, R.R. (2024). Development, psychometric testing, and reference values of the Infant

Eating Assessment Tool (InfantEAT). *Advances in Neonatal Care*, 24 (1), E2-E10. doi:

10.1097/ANC.0000000000001132

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Infant Eating Assessment Tool (InfantEAT)

Directions: We are interested in learning about your infant's feeding. When filling this out, think about what is typical for your child in the past week. The InfantEAT is intended for use in infants up to 1 year old.

Infant Dysregulation

My baby...	5 Never	4 Almost Never	3 Sometimes	2 Often	1 Almost Always	0 Always	Score
1. is easy to console when upset (for example, stops crying when held or offered a pacifier).	<input type="checkbox"/>						
2. is calm and relaxed when eating.	<input type="checkbox"/>						
3. is satisfied after eating.	<input type="checkbox"/>						
Infant Dysregulation Subscale Score							

Fatigue & Physiologic Instability

My baby...	0 Never	1 Almost Never	2 Sometimes	3 Often	4 Almost Always	5 Always	Score
4. breathes faster or harder when eating.	<input type="checkbox"/>						
5. can only suck a few times before needing to take a break.	<input type="checkbox"/>						
6. gets exhausted during eating and is not able to finish.	<input type="checkbox"/>						
7. tilts head back during or after eating.	<input type="checkbox"/>						
Fatigue & Physiologic Instability Subscale Score							

Swallowing Dysfunction

My baby...	0 Never	1 Almost Never	2 Sometimes	3 Often	4 Almost Always	5 Always	Score
8. sounds gurgly or like they need to cough or clear their throat during or after eating.	<input type="checkbox"/>						
9. chokes or coughs during eating.	<input type="checkbox"/>						

Continue on next page...

My baby...	Never	Almost Never	Sometimes	Often	Almost Always	Always	Score
10. coughs or chokes on saliva/spit when not eating.	<input type="checkbox"/>						
11. gets red color around eyes or face when eating.	<input type="checkbox"/>						
12. gulps when eating (swallows loudly).	<input type="checkbox"/>						
Swallowing Dysfunction Subscale Score (questions 8 - 12)							

Gastroesophageal Dysfunction

	0	1	2	3	4	5	
My baby...	Never	Almost Never	Sometimes	Often	Almost Always	Always	Score
13. becomes upset during feeding (whines, cries, gets fussy).	<input type="checkbox"/>						
14. arches back during or after eating.	<input type="checkbox"/>						
15. becomes stiff/rigid during or after eating.	<input type="checkbox"/>						
16. gags in between feedings when there is nothing in his/her mouth.	<input type="checkbox"/>						
Gastroesophageal Dysfunction Subscale Score							

Gastrointestinal Dysfunction

	0	1	2	3	4	5	
My baby...	Never	Almost Never	Sometimes	Often	Almost Always	Always	Score
17. gets a bloated (big or hard) tummy after eating.	<input type="checkbox"/>						
18. seems uncomfortable after feeding.	<input type="checkbox"/>						
19. turns red in face, may cry with pooping/stooling.	<input type="checkbox"/>						
20. is very gassy.	<input type="checkbox"/>						
Gastrointestinal Dysfunction Subscale Score							

Sensory Dysfunction

My baby...	0	1	2	3	4	5	Score
	Never	Almost Never	Sometimes	Often	Almost Always	Always	
21. will only eat if fed in a certain way (for example, in a certain chair, or held upright).	<input type="checkbox"/>						
22. eats best when very sleepy or asleep.	<input type="checkbox"/>						
23. needs a calm environment during feeding.	<input type="checkbox"/>						
Sensory Dysfunction Subscale Score							

If you have breastfed your baby (at the breast) in the past week, please answer the following 3 questions. If not, skip to the next section.

Breastfeeding Dysfunction

My baby...	0	1	2	3	4	5	Score
	Never	Almost Never	Sometimes	Often	Almost Always	Always	
24. chews or bites on the nipple (breast) when he/she should be sucking.	<input type="checkbox"/>						
25. needs help latching on to the breast (for example, needs a nipple shield or positioning help).	<input type="checkbox"/>						
26. has a hard time handling how fast milk comes out of the breast (for example, chokes, coughs, gags, or pulls off the breast).	<input type="checkbox"/>						
Breastfeeding Dysfunction Subscale Score							

If you have fed your baby with a bottle in the past week, please answer the questions in the next two sections (5 questions). If you have not fed your baby with a bottle in the past week, there are no more questions for you to answer.

Bottle-feeding Dysfunction

	0	1	2	3	4	5	Score
	Never	Almost Never	Sometimes	Often	Almost Always	Always	
27. drools milk out of the side of the mouth when feeding.	<input type="checkbox"/>						
28. needs help latching on to the bottle.	<input type="checkbox"/>						
29. refuses the bottle before having eaten enough (such as, turns head, pushes bottle away, pushes nipple out of mouth with tongue).	<input type="checkbox"/>						
Bottle-feeding Dysfunction Subscale Score (questions 27 - 29)							

Bottle-feeding Sensory Dysfunction

	0	1	2	3	4	5	
My baby...	Never	Almost Never	Sometimes	Often	Almost Always	Always	Score
30. gags on the bottle nipple.	<input type="checkbox"/>						
31. will only take the bottle from specific people (such as, by mom).	<input type="checkbox"/>						
Bottle-feeding Sensory Dysfunction Subscale Score (questions 30 & 31)							

If you would like to explain any of your answers or provide more information, please do so here:

Infant Eating Assessment Tool (InfantEAT)

SCORING SUMMARY

Scores are assigned to the InfantEAT items with low scores indicating no problems and high scores indicating more problematic symptoms. In each subscale, there are numbers at the top of the response options, which indicate the score assigned to each response in that subscale. Note that the scores assigned to the responses for questions #1, #2, and #3 go from 5 to 0, while the scores assigned to responses on all other questions go from 0 to 5.

To calculate each subscale score, add up the scores for each question in that subscale. Copy the subscale scores to the table below. There is no total score on the InfantEAT because not all subscales will be relevant to all infants. Use the reference values on the subsequent pages to determine whether scores fall within the expected range for infants of the same age (no concern), in the range of the 90th-95th percentile (concerning), or above the 95th percentile (highly concerning).

Subscale	Score	Level of Concern (circle)		
Infant Dysregulation		No Concern	Concern	High Concern
Fatigue & Physiologic Instability		No Concern	Concern	High Concern
Swallowing Dysfunction		No Concern	Concern	High Concern
Gastroesophageal Dysfunction		No Concern	Concern	High Concern
Gastrointestinal Dysfunction		No Concern	Concern	High Concern
Sensory Dysfunction		No Concern	Concern	High Concern
Breastfeeding Dysfunction		No Concern	Concern	High Concern
Bottle-feeding Dysfunction		No Concern	Concern	High Concern
Bottle-feeding Sensory Dysfunction		No Concern	Concern	High Concern

Notes:

InfantEAT

Reference Values for Infants 0 - 2 months old

The following reference values are for infants between 0 months 0 days and 2 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 %	90th - 95th %	> 95th %
	No Concern	Concern	High Concern
Infant Dysregulation	0 - 5	6 - 7	8 - 15
Fatigue & Physiologic Instability	0 - 8	9 - 10	11 - 20
Swallowing Dysfunction	0 - 11	12 - 13	14 - 25
Gastroesophageal Dysfunction	0 - 6	7 - 8	9 - 20
Gastrointestinal Dysfunction	0 - 8	9 - 11	12 - 20
Sensory Dysfunction	0 - 6	7 - 8	9 - 15
Breastfeeding Dysfunction	0 - 6	7 - 8	9 - 15
Bottle-feeding Dysfunction	0 - 6	7 - 8	9 - 15
Bottle-feeding Sensory Dysfunction	0 - 2	3 - 5	6 - 10

InfantEAT

Reference Values for Infants 2 - 4 months old

The following reference values are for infants between 2 months 1 days and 4 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 %	90th - 95th %	> 95th %
	No Concern	Concern	High Concern
Infant Dysregulation	0 - 4	5 - 7	8 - 15
Fatigue & Physiologic Instability	0 - 5	6 - 8	9 - 20
Swallowing Dysfunction	0 - 9	10 - 11	12 - 25
Gastroesophageal Dysfunction	0 - 5	6 - 8	9 - 20
Gastrointestinal Dysfunction	0 - 8	9 - 10	11 - 20
Sensory Dysfunction	0 - 6	7	8 - 15
Breastfeeding Dysfunction	0 - 5	6 - 8	9 - 15
Bottle-feeding Dysfunction	0 - 6	7 - 9	10 - 15
Bottle-feeding Sensory Dysfunction	0 - 2	3 - 4	5 - 10

InfantEAT

Reference Values for Infants 4 - 6 months old

The following reference values are for infants between 4 months 1 days and 6 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 %	90th - 95th %	> 95th %
	No Concern	Concern	High Concern
Infant Dysregulation	0 - 5	6 - 7	8 - 15
Fatigue & Physiologic Instability	0 - 4	5 - 7	8 - 20
Swallowing Dysfunction	0 - 9	10 - 11	12 - 25
Gastroesophageal Dysfunction	0 - 5	6 - 7	8 - 20
Gastrointestinal Dysfunction	0 - 7	8 - 10	11 - 20
Sensory Dysfunction	0 - 7	8 - 9	10 - 15
Breastfeeding Dysfunction	0 - 4	5 - 6	7 - 15
Bottle-feeding Dysfunction	0 - 5	6 - 7	8 - 15
Bottle-feeding Sensory Dysfunction	0 - 2	3 - 4	5 - 10

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Reference Values for Infants 6 - 7 months old

The following reference values are for infants between 6 months 1 days and 7 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 %	90th - 95th %	> 95th %
	No Concern	Concern	High Concern
Infant Dysregulation	0 - 5	6 - 7	8 - 15
Fatigue & Physiologic Instability	0 - 4	5	6 - 20
Swallowing Dysfunction	0 - 7	8 - 10	11 - 25
Gastroesophageal Dysfunction	0 - 4	5 - 6	7 - 20
Gastrointestinal Dysfunction	0 - 7	8	9 - 20
Sensory Dysfunction	0 - 7	8 - 9	10 - 15
Breastfeeding Dysfunction	0 - 3	4 - 5	6 - 15
Bottle-feeding Dysfunction	0 - 7	8	9 - 15
Bottle-feeding Sensory Dysfunction	0 - 3	4	5 - 10