STEP-CHILD

Frequency = How often has this behavior occurred during the last month

0 = Not at all, not a problem 1 = Between 1 and 10 times 2 = More than 10 times

Severity = How serious has this behavior been during the last month

0 = Caused no harm / problems 1 = Caused minimal harm or problems 2 = Caused serious injury or problems

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|  | **Questions** | **Frequency** | **Severity** |
| 1 | He/she cannot feed him / herself independently. | **0 1 2** | **0 1 2** |
| 2 | Problem behaviors (e.g., aggression, self-injury, property  destruction) increase during meal times. | **0 1 2** | **0 1 2** |
| 3 | He/she does not demonstrate the ability to chew. | **0 1 2** | **0 1 2** |
| 4 | He/she will only eat selected types of food (e.g., pudding, rice). | **0 1 2** | **0 1 2** |
| 5 | He/she steals or attempts to steal food from others during meals. | **0 1 2** | **0 1 2** |
| 6 | He/she only eats a small amount of the food presented to him/her. | **0 1 2** | **0 1 2** |
| 7 | He/she will continue to eat as long as food is available. | **0 1 2** | **0 1 2** |
| 8 | He/she steals or attempts to steal food outside of mealtime. | **0 1 2** | **0 1 2** |
| 9 | He/she eats a large amount of food in a short period of time. | **0 1 2** | **0 1 2** |
| 10 | He/she swallows without chewing sufficiently. | **0 1 2** | **0 1 2** |
| 11 | He/she regurgitates and re-swallows food either during or immediately following meals. | **0 1 2** | **0 1 2** |
| 12 | He/she pushes food away or attempts to leave the area when food is presented. | **0 1 2** | **0 1 2** |
| 13 | He/she will only eat foods of a certain temperature. | **0 1 2** | **0 1 2** |
| 14 | He/she vomits either during or immediately following meals. | **0 1 2** | **0 1 2** |
| 15 | He/she eats foods of only certain textures. | **0 1 2** | **0 1 2** |