|  |
| --- |
| **PLEASE NOTE:** This template assessment form has been created by the North East and North Cumbria Provider Collaborative, reviewed and supported by the British Dietetic Association (BDA) ARFID Sub-Group and co-produced with carers with lived experience. It is an assessment form template from the perspective of a multi-disciplinary specialist mental health service. It is not a validated diagnostic tool. This assessment form template is intended to be a multi-disciplinary assessment tool and should therefore be completed by clinicians acting within their competencies and scope of practice. The template can be used in its entirety by other services or used to inform local developments. Clinicians should be aware that this form may be unsuitable for different audiences – such as those with a co-occurring learning disability, children younger than 8 years old, children with paediatric feeding difficulties or children with complex co-occurring physical health problems. How the assessment is completed (e.g. how many sessions are required) should be operationalised according to local policy and individualised to the needs of the patient. The form includes topic areas, prompts and direct questions. Direct questions are represented by *italics.* All questions posed should be tailored according to the young persons communication preferences and understanding. Clinical judgement should be exercised regarding the depth of assessment questions, according to the clinical presentation. |

**Initial Specialist Mental Health ARFID Assessment Form**

**– Children and Young People**

**INTRODUCTIONS**

|  |
| --- |
| * Introduce yourselves to the family. Explain your name, profession, and the purpose of the assessment.
* Provide information on the environment (e.g. where you are, who might be in the other rooms around you and why, where the toilets are, and any exit points)
* Explain exactly what you’re expecting to happen in the assessment today, such as how long the session(s) will last, who will be present and any expected breaks
* Reassure families that t’s OK not to have all the answers
* Note if there could be any variables to today’s plan and what will happen if that’s the case (e.g. timings not being exact, if someone knocks on the door or fire alarms).
 |

**DEMOGRAPHICS**

|  |  |
| --- | --- |
| Name  |  |
| NHS Number  |  |
| DOB |  |

|  |  |
| --- | --- |
| Name(s) of assessor(s)  |  |
| Family / others accompanying young person to assessment and their relationship to the young person |  |

|  |  |
| --- | --- |
| List of completed ARFID Screening tools\*e.g. Short ARFID Screen / PARDI-AR-Q / 3 day food diary  | * .
* .
* .
 |
| List of completed ROMS or state if declined / unable to complete. | * .
* .
* .
 |

\***NOTE:** These resources / templates can be found from: [Featured resources - MCCAED](https://mccaed.slam.nhs.uk/professionals/resources/featured-resources/)

|  |  |
| --- | --- |
| Drug allergies  |  |
| Other allergies (including food) |  |

**\*NOTE:** questions related to sexuality and gender identity etc. are likely difficult before rapport is established. You could consider returning to these, but it is generally advisable to facilitate 1:1 time for young people within your assessment. This can better support screening for concerns related to sexuality and gender identity as well as abuse, substance misuse and mental health risks that are addressed further down this document.

|  |  |
| --- | --- |
| Housing (who with / supported by) |  |
| Child Looked After?\* |  |
| Sexuality (if disclosed)\* |  |
| Gender (or identity) (if disclosed)\* |  |
| Religion (if disclosed)\* |  |
| Nationality  |  |

**COMMUNICATION & ADJUSTMENT NEEDS**

|  |
| --- |
| *Please could you tell me about how we could be most helpful in our communication with you and your family today?*  |
| This should include exploring areas such as:* Verbal communication (e.g. how questions are asked, the type of questions asked and to who, details of language barriers)
* The young persons preferred way to answer questions (e.g. verbal, written, ‘signed’, or any other communication methods/examples)
* Eye contact and body language
* Breaks and time out
* Any soothing strategies which help (such as fidget toys, distraction, drawing at the same time etc.)
* Any adjustments that may be required for written / follow-up communication
 |  |
| *Are there any physical disability considerations that I should be aware of?**Are there any adjustments that can be made to the room environment that would support you or your family to feel more comfortable?* |  |
| *Do you have any additional support services involved?* (e.g. mental health, charities, physical health, school, LA) |  |

**CONSENT**

|  |
| --- |
| * Ensure that consent and confidentiality is discussed clearly and has been understood.
* Determine and complete the consent status screen accordingly to your organisations policy.
 |

**CURRENT DIFFICULTIES** - *“Who would be the best person to tell me about what brings you here today? Should it be you or would you prefer one of your family members\* to start?”*

\***NOTE:** family members may find it difficult to fully voice their perception of the difficulties, or their level of concern with the young person present. Consideration should therefore be given to facilitating space for family members to share their concerns (or add to their responses) separately from the young person.

|  |
| --- |
| Young person’s perception of current difficulties – if able to share/say |
|  |
| Family’s perception of current difficulties and their level of their concern. |
|  |

**AIMS AND EXPECTATIONS**

|  |  |
| --- | --- |
| Young persons hopes, focus and preferred outcomes |  |
| Carer aims, hopes and expectations from seeking support  |  |

**ARFID SPECIFIC BEHAVIOURS**

**NOTE**: depending on the developing formulation, each section may or may not apply to the young person. The detail prompts are provided to support a thorough assessment where this indicated.

|  |
| --- |
| **Fear of aversive consequences** - Assess the extent to which anxiety triggers and maintains low food intake |
| Is there any apparent fear of vomiting, choking, contamination or other similar?If yes, curiously consider the following questions – * *When did you first notice this fear?*
* *Was there a specific trigger/trauma? If so, what happened? What have you noticed as a result of that event/experience?*
* *How do you keep yourself feeling safe? (e.g. rules, food restrictions, excessive chewing, avoidance, slow eating pace etc)*
* *When would you feel unsafe? (e.g. specific foods / place / combination)*
* *What do you notice in your body as a result of the fear? (e.g. physical and emotional symptoms)*
* *Are you worried and concerned about this?*
 |  |
| Where there is a fear of vomiting / potential differential emetophobia\* explore the range of situations that vomiting presents itself Inc. travel sickness, being around ill people, hospitals, worry about stomach bugs, seeing/hearing other people being sick |  |

**\* NOTE:** an emetophobia screening tool may be useful in exploring this further such as the EMET-Q-13 available from Kings College London Research Portal

|  |
| --- |
| **Sensory component of food** - Determine the role of sensory factors in food acceptance |
| History of early feeding / eating / weaning / growthConsider: * Bottle/breast feeding
* When textures (solids) were introduced
* Response to food tastes and textures (e.g. did they gag/grimace when tasting new foods, did they gag on first lumpy textures and reject them thereafter)
* History of allergies
* History of any adverse food consequences (e.g. stomach bugs resulting in avoiding associated foods, any choking incidents etc.)
* Has there been any prior experience of tube feeding (e.g. premature infant)
 |  |
| *Which foods are accepted now?*Consider: * *What type of taste/texture/smell/temperature/colour do you accept?*
* *Are there any associated rules to foods that are accepted? (e.g. served in specific ways or in specific contexts)*
* *Do you tend to finish your plate / meals?*
 |  |
| * *Do you tend to notice small taste changes?*
* *Do you tend notice changes in packaging, even if the product inside is the same?*
* *Do you tend to eat the same product from lots of different companies, or just from specific brands? (e.g. Heinz Ketchup rather than any brand/type of ketchup)*
 |  |
| * *What do you notice happens in your body (physical/emotional) if you are presented with foods that are different to your accepted foods?*
* *Do you notice these uncomfortable feelings only in certain settings? (e.g. can you eat a food at home but not school)*
* *Do you tend to reject foods on sight and focus on small details?*
 |  |
| * *Do you seem to eat the same food repeatedly and then drop it? – is there a pattern to this?*
* *What was the last new food and the last dropped food? And what was the context for this?*
 |  |
| * *Are there any examples of foods which were eaten/ accepted previously that are not accepted now?*
* *Do you know if anything happened that changed the food from accepted to not accepted now?*
 |  |
| Food context challenges:Consider:* *How do you feel when you are presented with lots of food choices?*
* *What is your response to food smells?* (e.g. being in the kitchen / around food prep)
* *How do you feel eating with other children?*
* *Are you able to eat in school / other settings? – if yes, do any adjustments have to be made to do this?* (e.g. bringing own food from home)
* *What, if anything, do you notice in response to the sound of other people eating?*
* *Do you use visual aids, Picture Exchange Communication Systems (PECS) or Augmentative Alternative Communication (AAC) aids to support intake or provide prompts?*
 |  |
| Patterns of eating behaviour over time:* *Has there ever been a stable ‘usual’?\**
* *What did usual\* look like for you / your family?*
 |  |

**\*NOTE:** ‘usual’ and ‘normal’ looks different for every person and family therefore ensure you do not add any inferences to this

**BROADER SENSORY ASSESSMENT**

|  |  |  |
| --- | --- | --- |
| **Sense** | **Useful questions** | **Notes** |
| **Tactile sensitivity** | *What is your experience of cleaning your teeth, having showers or other aspects of self-care?* |  |
| **Visual hyper-sensitivity** | *What is your experience of being in or around bright lights? Or cluttered busy places?* |  |
| **Noise Sensitivity** | *What is your experience of loud noises or loud places? What is your experience of being around others eating?* |  |
| **Interoception** | *Do you find that you can recognise when you are hot or cold / in pain / need a bowel movement?* |  |

**NOTE:** depending on the extent of the sensory impact, consider a full and comprehensive sensory assessment with a trained Occupational Therapist.

|  |
| --- |
| **Low interest in food** - Explore the extent of the lack of appetite or interest in food and eating |
| Ability to recognise hunger / fullness and personal experience of this Consider: * *How do you know when it is time to eat?*
* *Are there any physical feelings that you notice in your body to let you know when you are hungry?* (consider broad signals including mood changes, abdominal pain, low concentration, tiredness etc)
* *How do you show people that you are hungry?*
* *What might tell you that you are full? What does this feel like for you?*
* *Do you notice that you feel full differently to other people?* (e.g. after eating much smaller amounts)
 |  |
| *Can you think of any times when you might enjoy food or look forward to eating?* Explore: if this applies to all foods and contexts, or if there are exceptions |  |
| * *Do you find that you often need lots of prompts and reminders to eat?*
* *How do you experience these?* (e.g. helpful or unhelpful)
* *If someone was prompting you to eat, is there a specific person you find this more helpful from?*
 |  |
| *What do you find happens to your hunger / appetite when you experience usual food triggers?*Examples inc. Adverts, food smells, others eating, time prompts |  |

|  |  |
| --- | --- |
| *Is there anything else you’d like us to know about your different sensory experiences?* |  |

**DIFFERENTIAL DIAGNOSIS**

|  |  |
| --- | --- |
| **Anorexia Nervosa differential:**Explore the extent to which worries about shape and weight may drive restriction. If weight/shape concern is present explore:* If there is any neurodivergent component to this? (e.g., hyper-focus on health information such as low sugar / low fat advice, or a special interest in numbers?)
* If yes, explore special interest focus in other aspects of life (such as their general relationship with numbers, or other key interests).
* If there is any transgender component to this (e.g. fear that weight gain would exacerbate gender dysphoria)
 |  |
| **Availability of food:**Consider access to food and fluid and its impact on restriction |  |
| **Consider cultural/religious practice which limits food availability** |  |
| **Consider food preferences:*** *Do you consider yourself to be vegetarian or vegan?*

*yes, what was the impact of this?**If yes, can you tell me when and why this started for you?* * *Are there any other food preferences that are important to you?*
 |  |
| **Professionals NOTE:** has an EDE-Q been completed?If yes – note results here |  |

**PHYSICAL HEALTH RISK ASSESSMENT**

|  |  |
| --- | --- |
| Current weight (kg) |  |
| Childhood development weight details(red book) and any loss of expected weight centile development\* |  |
| Height (cm) |  |
| Childhood development height details(red book) and any loss of expected height centile development\* |  |
| %W4H and MEED category / obesity classification  |  |
| Details of any recent weight loss and MEED category |  |

**\*Note:** NICE guidelines stipulate a loss of 2 centiles is classed as faltering growth, with a loss of 3 centiles indicating malnutrition. Overweight classed as >91st centile and obesity as >95th centile

|  |  |
| --- | --- |
| Details of recent physical health observations inc. postural assessment of blood pressure and heart rate / temperature / biochemistry) and their MEED\* risk classification. Inc. any changes / trends over time |  |

**NOTE:** Medical emergencies in eating disorders (MEED) Guidance on recognition and management can be found from [www.rcpsych.ac.uk](http://www.rcpsych.ac.uk)

|  |  |
| --- | --- |
| Notable physical health history / diagnosis |  |
| Medication Inc. experiences of taking medications when these are needed and any challenges of this |  |
| Physical health symptoms / concerns Inc. symptoms of hypoglycaemia, postural hypotension, feeling cold, dentition, gastrointestinal concerns etc. |  |

(complete for those registered female at birth only)

|  |  |
| --- | --- |
| Age of menarche *(if reached)*  |  |
| Current menstrual cycle including regularity  |  |
| Duration of amenorrhoea if applicable  |  |
| Oral / hormone contraceptive if applicable  |  |

(complete for all)

|  |  |
| --- | --- |
| Puberty development / any signs of delayed onset of puberty |  |

|  |  |
| --- | --- |
| *Is there anything else you’d like us to know about your physical health?* |  |

**RECOVERY LIMITING BEHAVIOURS**

|  |
| --- |
| **NOTE:** these are behaviours which can limit physical health recovery / progress even though they may not be driven by a desire to lose weight or expend energy. **For all behaviours below** **consider**: *when did the behaviour start? What is the frequency, duration, intensity and trigger? Does it seem to help? If yes, what does it make feel better?*  |
| Vomiting  |  |
| Binging  |  |
| Exercise  |  |
| Kinetic stimming (e.g. pacing, fidgeting, tapping etc). |  |
| Other  |  |
| **For any the above**, *have you found any alternative strategies that seem to help in a similar way?* |  |
| *is there anything else you’d like us to know?* |  |

**DIETARY ASSESSMENT & DIETARY IMPACT**

\***NOTE:** This should be supported by a minimum 3-day food diary with weekend variation. 5 days should be used where there is significant variation. A helpful template with recording prompts and suggestions is available from: [Featured resources - MCCAED](https://mccaed.slam.nhs.uk/professionals/resources/featured-resources/)

|  |  |
| --- | --- |
| Approximate times  | Current eating episodeInc. any fluids and notes on any variations (e.g. in school, at weekends etc.) |
|  |  |
| *Are you able to describe your ideal eating scenario to me?*  |
|  |
| *Do you take oral nutritional supplements?*Inc. brand, dose, and duration taken |  |
| *Do you take any micronutrient supplements?* Inc. Brand, dose and duration taken |  |
| * *Do you have any micronutrient supplementation preferences?*
* *Are there any limitations to the types of preparations that you feel able to take?*
* *Which supplements have you tried?*
* *How long did you try them for?*
 |  |
| *Have you been prescribed any medications to stimulate appetite?* |  |
| Explore the patterns of eating at homeInc. restricted family intakes, food rules and beliefs at home, eating environment and expectations  |  |
| Descriptions of the current eating environment |  |
| *How long do mealtimes usual take?* |  |
| *Does anything help to support you to eat more?*e.g. distractions, prompts, smaller portion sizes, eating alone or with others etc. |  |
| *Do you have any thoughts or feelings that you notice when others are eating?*e.g. interested in other peoples’ foods, curious about what and how other people eat etc. |  |
| *Can you self-feed, or do you need or want to be fed by others?* |  |
| * *Has your family made any adjustments to what is offered at home to accommodate your needs?*

*If yes, what were they?** *What was the impact of this?* (on the whole family)
 |  |
| *Can ‘safe’ foods be eaten in other environments?* e.g. at family/friends’ houses, at school, taken to restaurants etc. |  |
| Explore the impact of the eating restrictions on psychosocial healthe.g. ability to attend social events, school, holidays etc. |  |
| Explore the impact of the eating restrictions on family function (inc. siblings)e.g. does the family need to use specific shops, has high food expenditure, resultant limitations to social eating or holidays etc.) |  |
| **For any restrictions outlined above** – consider if the family engage in social eating / holidays with adjustmentse.g. can the family eat in one or more specific restaurant(s), socialise if it is possible to bring your own foo, go on holiday if it’s close to a familiar restaurant chain etc. |  |

|  |  |
| --- | --- |
| *Is there anything else you’d like us to know about your food and eating experiences?* |  |

**DEVELOPMENTAL HISTORY**

**NOTE:** consider if this is best completed in 1:1 space with family / carers

|  |  |
| --- | --- |
| Pregnancy / birth:Inc. complications, experiences of birth, were they premature, early days / weeks, temperament, bonding / attachment, separations |  |
| Milestones/developmental stages  |  |
| Socialising development  |  |

|  |  |
| --- | --- |
| Supportive relationships (family, friends, other) |  |

**EDUCATION AND SOCIALISATION**

**NOTE:** For each of the subsections below try to form an understanding / differentiation of how the eating difficulties specifically affect each aspect.

|  |  |
| --- | --- |
| School/college Consider: achievements, academic ability, academic interests, enjoyment, bullying |  |
| Impact of the difficulties on education Consider: concentration, memory, attendance |  |
| Vocational interests / hopes for future |  |
| Friendships Consider: relationships with peers, bullying, concerns re socialisation |  |
| Hobbies and interests: |  |
| *Is there any support in place at school currently to support intake?**Is yes – has this been helpful?* |  |
| Possible motivations for recovery |  |

|  |  |
| --- | --- |
| *Is there anything else you’d like us to know about your education and social experiences?* |  |

**MENTAL HEALTH ASSESSMENT & RISK**

|  |  |
| --- | --- |
| Appearance |  |
| Any co-occurring mental health or developmental diagnosis? e.g. Autism, ADHD, LD, depression, anxiety, OCD, other |  |
| Mood rate 1-10, include parents rating, changes in mood / temperament*For changes in mood:** *When did you/they notice these happen?*
* *Does low mood (if applicable) pre-date your eating concerns?*
* *Are there any times of the day where mood is better or worse?*
* *Does anything make your mood feel better or worse?*
 |  |
| Previous mental health difficulties |  |
| Previous involvement with services If yes, inc. who, what for, duration and whether it was felt to be helpful |  |
| SleepInc. sleep patterns, sleep difficulties, routines or hobbies that make impact sleep regulation  |  |
| Instances of self-harmInc. an understanding of the function if known, frequency, intensity, triggers, any need for medical attention etc.For any instances of self harm:* *Does it feel like it helps?*
* *What do you experience after self harming?*
* *Is there anyone that you tell or speak to about wanting to self harm, or after self harming?*
 |  |
| Suicidal ideation or intent* *Do you ever have thoughts that life is not worth living?*
* *Have you ever planned to or acted on these thoughts?*
 |  |
| Use of alcohol or drugsInc. when this started, extent and impact |  |
| Vulnerability considerations  |  |
| Risks associated with eating difficulties e.g. is there a significant level of conflict around eating |  |
| Potential risks to others / forensic history |  |
| Obsessive or compulsive tendencies / behaviours  |  |
| Concentration and the ability to remain focused on tasks / maintain attention |  |

|  |  |
| --- | --- |
| *Is there anything else you’d like us to know about your mental health difficulties?* |  |

|  |  |
| --- | --- |
| * *Do you feel worried or concerned by the feeding difficulties you describe?* (e.g. is it a problem for you?)
* *Do you think your feeding or eating difficulties could be a concern or problem for anyone else?*
* *If yes, who do you think this is this a problem for?*
 |  |

**COMPLETE AS PROFESSIONALS ONLY AS PART OF MDT DISCUSSION**

**EVALUATION**

|  |  |
| --- | --- |
| Dietetic evaluation Inc. assessment of adequacy for energy, fluid, fibre, protein and/or any micronutrient concerns Detail likely clinical impact including:* Likely, or known, deficiencies
* Any resultant short- or long-term consequences / identified risks
* Impact of deficiencies on recovery progress
 |  |

**DIAGNOSIS**

Use the table below to note diagnostic features which can support diagnostic decision making. Validated diagnostic tools (PARDI are available from: [Featured resources - MCCAED](https://mccaed.slam.nhs.uk/professionals/resources/featured-resources/))

|  |
| --- |
| An eating or feeding disturbance (e.g., apparent lack of interest in eating or food; avoidance based on the sensory characteristics of food; concern about aversive consequences of eating) as manifested by persistent failure to meet appropriate nutritional and/or energy needs associated with one (or more) of the following:  |
| **Clinical feature** |  **Present?** |
| Significant weight loss (or failure to achieve expected weight gain or faltering growth in children).  |  |
| Significant nutritional deficiency (or predicted significant nutritional deficiency based on reported food intake and frequency) |  |
| Dependence on enteral feeding or oral nutritional supplements.  |  |
| Marked interference with psychosocial functioning.  |  |
| The disturbance is not better explained by lack of available food or by an associated culturally sanctioned practice.  |  |
| The eating disturbance does not occur exclusively during the course of anorexia nervosa or bulimia nervosa, and there is no evidence of a disturbance in the way in which one’s body weight or shape is experienced.  |  |
| The eating disturbance is not attributable to a concurrent medical condition or not better explained by another mental disorder. When the eating disturbance occurs in the context of another condition or disorder, the severity of the eating disturbance exceeds that routinely associated with the condition or disorder and warrants additional clinical attention.  |  |

**EMERGING FORMULATION & RECOMMENDATIONS**

|  |
| --- |
| What are the initial thoughts about formulation? |
|  |
| Evidence based treatment indications from initial formulation, assessment and diagnosis  |
|  |
| **Using the ARFID Risk Matrix\* – document the scores related to each risk domain below** |
| **ARFID Risk Domains**  | **Score 0** | **Score 1** | **Score 2** | **Score 3** | **Score 4** |
| Weight, growth and physical development |  |  |  |  |  |
| Nutritional adequacy of diet |  |  |  |  |  |
| Impact on young persons’ social and emotional development  |  |  |  |  |  |
| Impact on family functioning |  |  |  |  |  |

\*0 = no risk identified

1 = some risk but not of immediate concern

2 = moderate risk requiring consideration when prioritising intervention

3 = high risk requiring planned action

4 = very high risk requiring immediate action

|  |
| --- |
| **Overall risk category** (e.g. mild / mid-moderate / moderate / moderate-severe / severe) |
|  |

**\*NOTE:** ARFID Risk Matrix for CYP is available from ‘resources to support my practice’ tab from: [Professional support for services working with Avoidant Restrictive Food Intake Disorder (ARFID) - Cumbria, Northumberland, Tyne and Wear NHS Foundation Trust](https://www.cntw.nhs.uk/resource-library/professional-support-for-services-working-with-avoidant-restrictive-food-intake-disorder-arfid/)

|  |
| --- |
| Risk based / MEED monitoring recommendations  |
|  |

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**COLLABORATIVE ASSESSMENT OUTPUTS**

|  |
| --- |
| * Ensure that any tentative formulation is shared with the young person and their family for this to be collaboratively developed
* Share thoughts about diagnosis and rationale if you are qualified to this this, or discuss the needs-led understanding if this is more appropriate
* Share any concerns around (all types of) risk and what this means, including any action or next steps. Ensure that this is done in a format that the young person and family can understand
* Share recommendations for treatment/signposting, as well as any alternative available options

The young person and their family should leave the assessment process feeling validated and heard. They should also leave with a clear understanding of:* How the problems they are facing may be best addressed
* Details of the next steps (e.g. their next appointment, who/where/when, who may be involved in their care moving forwards and why, care plan processes etc.)
* Any resources that are available. These should be given or the young person and family should be informed as to how they can access these.
 |

Document date: August 2025

Due for review: August 2028

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