

Adult
ARFID Severity Index and Severity Matrix Tool

Severity Index Triage Tool

Mild	Mild-Moderate	Moderate-Severe	Severe (meets all or any)
1 area of impairment (Score 1) which is low-risk / well managed / shows low deterioration Remains in work (where applicable) and psycho-social impact is low / managed with mild adjustments May benefit from non-intensive interventions (such as third sector, brief group intervention, self-help resources)	1-2 areas of impairment (Scores 1 and 2) requiring occasional use of sip-feeds and/or micronutrient support to manage nutritional risk Remains in work (where applicable) / is able to carry out most aspects of routine daily life but these require more support and adjustments Would benefit from short-term targeted therapeutic support - potentially with access to dietetic and medical support depending on the individual need.	2 or more areas of impairment (Scores 2 and 3) requiring consistent use of sip-feeds and/or micronutrient supplementation to support nutrition where the physical impact of this impairment has/will have a notable negative impact on nutritional or weight status Engagement with work is impacted and/or requires substantial professional input to sustain with significant support adjustments Meets Amber risk categories according to the MEED guidelines for physical risk or would meet these if supportive treatment was withdrawn Requires regular therapeutic support including access to a specialist dietitian (trained in ARFID) and medical support as needed	Multiple areas of significant impairment (Score 4) resulting in a potentially life-threatening risk (not necessarily an acute risk to life, e.g., substantial nutritional deficiency) and severe impact to quality of life, and long-term health and prognosis Requires/is likely to require inpatient admission Requires extensive/exclusive use of sip-feeds or nasogastric tube feeding to meet nutritional needs Is unable to work or unable to function as normal in most/all psycho-social aspects of daily life Meets multiple Red/Amber risk categories according to the MEED guidelines for physical risk or would meet these if supportive treatment was withdrawn Requires the full and comprehensive support of a specialist dietitian (trained in ARFID) and multi-disciplinary team including medical and psychological support

The matrix below is not a specific, sensitive nor validated tool. It is intended to help inform local care planning by giving severity indicators for impairment across domains. A higher score is indicative of a higher level of impairment and/or risk. The tool should not be used in isolation to offer or withhold care. Each case should be considered holistically, informed by individual needs, and in view of local support options.

RISK SCORE	Weight	Nutritional adequacy of diet (check food diary with dietitian if unsure about nutritional safety)	Impact on the person's social and mental health	Impact on family functioning
0 = no risk identified	No concerns regarding weight, physical health or nutritional status and/or BMI >18.5 kg/m2	Sufficient intake across food groups (protein, carbohydrates, dairy, fruits, and vegetables) for example >20 foods from 4+ food groups and/or adequate intake of vitamin and minerals or is able to take micronutrient supplementation.	Able to participate in a range of usual social events / work settings with some small adjustments	Family are able to make reasonable adjustments to support the person
1 = some risk but not of immediate concern	Weight loss of <10% in 1 year/<5% in 3-6 months and/or BMI >18 kg/m2 Presence of obesity (BMI>30kg/m2)	>10 foods from 4 food groups and/or suboptimal intake of vitamin and minerals but is not deficient / or is able to take micronutrient supplementation and/or <6 months of nutritional deficiency and/or oral nutritional supplementation (ONS) is being considered	Unable to eat in social / work / travel settings unless able to take in their own familiar foods	Only able to eat in restaurants or other unfamiliar settings if significant amount of safe food is brought from home
2 = moderate risk. Requires consideration when prioritising the intervention	Weight loss of <15% in 1 year/ 5% in 3-6 months and/or BMI >17 kg/m2 and/or Symptoms of amenorrhoea / testosterone suppression Presence of obesity(BMI >30kg/m2) with increasing weight and the presence of associated co-morbidities according to the individual metabolic profile	<10 foods from 2 - 3 food groups and/or deficient in essential vitamins and minerals (Vitamin D/C, Calcium, Iron etc) and/or consistent, supported exposure to vitamin & mineral supplementation has been unsuccessful and/or >6 months nutritional deficiency and/or routine consumption of ONS provides less than 50% of the total energy	Work (performance / social-emotional experience) is impacted (e.g time taken to eat, inability to eat during worktime) due to food avoidance and restriction and/or unable to eat in restaurants or other unfamiliar settings and misses out on social opportunities with others due to food avoidance and restriction and/or mild-comorbid mental health difficulties/	The person is missing out on opportunities to join their family on social occasions outside their home despite all reasonable adjustments and accommodations and/or their family are unable to eat in restaurants or other unfamiliar settings unless a significant amount of safe food is brought from home
3 = high risk requiring planned action	Weight loss of <20% in 1 year/ 10% in 3-6 months and/or BMI >16 kg/m2 and/or 2 or more Amber MEED physical risks identified and/or Symptoms of amenorrhoea / testosterone suppression Presence of obesity (BMI >30 kg/m2) with rapidly increasing weight and the presence of severe associated co-morbidities according to the individual metabolic profile	<5 foods from 1 – 2 food groups and/or multiple nutritional deficiencies known/suspected and/or consistent, supported exposure to vitamin & mineral supplementation has been unsuccessful and/or >1 year of nutritional deficiency and/or routine consumption of ONS is indicated but unable to tolerate/consume these or the ONS provides less than 80% of the total energy needs and/or enteral feeding is being considered	Work (performance / social-emotional experience / attendance) is impacted due to food avoidance and restriction and/or unable to socialise outside the home for reasons related to due to food avoidance and restriction (e.g., social events related to food) and/or moderate mental health difficulties e.g., low mood/anxiety, significant comorbid MH difficulties, significant fear of adverse consequences, food distress etc	Their family are unable to consume food outside the home and socialise due to food avoidance / associated distress and/or their family are severely limited in their food routine (e.g., only one person can cook / shop / prepare food; family are limited to buying specific products from specific shops) and/or their family suffer ill-health or mental-health decline as a direct result of food avoidance-related restrictions and/or there is a significant direct impact on the welfare or wellbeing within the home (or safeguarding concern) as a direct result of food avoidance and its related consequences
4 = very high risk requiring immediate action	Weight loss of >20% in 1 year/ >10% in 3-6 months and /or BMI <16 kg/m2 and/or risk of re-feeding syndrome is identified. and/or 1 or more Red MEED physical health risks identified	Multiple nutritional deficiencies and consistent, supported exposure to vitamin & mineral supplementation has been unsuccessful and/or >2 years of nutritional deficiency and/or routine consumption of ONS is indicated but is unable to tolerate/consume these or the ONS provides over 80% of the total energy needs and/or severe malnutrition identified. Enteral feeding is indicated	Inclusion in a work environment is not possible due to reasons related to food avoidance and restriction and/or severe mental health difficulties e.g., low mood/anxiety, significant comorbid MH difficulties, significant fear of adverse consequences, food distress and/or increase in shut-down/arousal behaviours negatively associated to an increased risk to self or others due to food avoidance and restriction	Their family are limited from being able to leave the home for food avoidance related reasons and/or food routine specificities are causing significant carer /financial stress/ burden and/or there is a significant direct impact on the welfare or mentalhealth within the home (or safeguarding concern) as a direct result from the consequences of food avoidance and restriction