Pediatric Feeding Disorder (PFD) is impaired oral intake that is not age-appropriate and is associated with medical, nutritional, feeding skill, and/or psychosocial dysfunction.

Infant and Child Feeding Questionnaire©
(ICFQ) Screening Tool

6-QUESTION SUBSET

Does your baby/child let you know when he is hungry?  YES  NO

Do you think your baby/child eats enough?  YES  NO

How many minutes does it usually take to feed your baby/child?  <5  5-30  >30

Do you have to do anything special to help your baby/child eat?  YES  NO

Does your baby/child let you know when he is full?  YES  NO

Based on the questions above, do you have concerns about your baby/child’s feeding?  YES  NO

Red flag answers are in orange. If 2 or more of your answers are orange please contact your pediatrician.

PFD ICD CODES

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R63.31 Pediatric feeding disorder, acute
(< 3 months)

R63.32 Pediatric feeding disorder, chronic
(≥ than 3 months)
Medical
- labored breathing with and without feeding
- color changes in lips or face when eating or drinking
- sweating when eating or drinking
- gurgle or squeaking sounds with and without feeding
- reoccurring upper respiratory infections
- crying, arching, coughing, grimacing when eating or drinking
- suspected food allergies
- multiple formula changes
- vomiting
- never seems hungry
- physical discomfort when eating or drinking

Nutrition
- unable to eat or drink enough to grow or stay hydrated
- insufficient or too rapid of a change in weight or height
- lack of a certain nutrient, i.e., iron, calcium
- need for nutritional supplements
- reliance on a particular food for nutrition
- need for enteral feeds for nutrition—NG, GT, TPN
- constipation
- limited dietary diversity for age
  - too few fruits and/or vegetables
  - limited or no protein source
  - too few foods eaten on a regular basis

Feeding Skill (over 12 months of age)
- labored, noisy breathing or gasping
- coughing, choking, gagging or retching
- gurgles or wet breaths
- loud and/or hard swallows or gulping
- unable to eat or drink enough for optimal growth
- excessively short mealtimes (< 5 minutes)
- excessively long mealtimes (> 30 minutes)
- need for thickened liquids
- need for special food or modified food texture
- need for special strategies, positioning or equipment
- grazing between scheduled mealtimes
- refusal to eat, drink or swallow certain food textures
- needs distraction to eat such as screen time
- needs excessive praise/threats/bribes to eat
- difficulty chewing age-appropriate foods
- unable to eat in new or unfamiliar situations

Psychosocial
- unable to come to or stay with the family at meals
- refusal to eat what is offered or to eat at all
- disruptive mealtime behaviors
- unable to eat with others present at mealtimes
- child stress, worry or fear during meals
- caregiver stress, worry or fear when feeding child
- presence of bribes, threats, yelling at mealtimes
- need for distraction and/or rewards for eating
- unpleasant mealtime interactions between caregiver and child

Are signs of PFD present?
If yes, refer early and often for early identification of PFD.
Recommended Referrals:
☐ Medical  ☐ Nutrition  ☐ Feeding skill  ☐ Psychosocial

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