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Argentine version of the PediEAT, a pediatric eating assessment tool

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ABSTRACT

Introduction. During childhood, children may experience some degree of difficulty eating. A tool (PediEAT) has been developed in the United States and is available to assess pediatric eating and to identify problematic symptoms.

Objective. To obtain an Argentine version that is transculturally adapted, culturally adequate, and semantically equivalent to the original version.

Population and methods. A self-administered version of the PediEAT was used and completed by families and/or caregivers of children aged 6 months to 7 years. In the first phase, content validity was assessed by a group of experts. This was followed by a pre-test phase with families using cognitive interviews to test word and phrase comprehension. The necessary changes were made to obtain a version adapted to the context.

Results. The tool's content validity was assessed by a group of 8 experts; as a result, 36 of the 80 items were changed. During the pre-test phase, cognitive interviews were conducted with 18 caregivers; 11 items were changed to improve comprehension by the Argentine population. The Argentine version was approved by the original authors.

Conclusions. The Argentine version of the PediEAT tool is linguistically equivalent to the original version, and this allows its use to screen for feeding problems in children.

Keywords: *child; child nutrition; screening.*

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INTRODUCTION

During childhood, children may experience some degree of difficulty eating.[1] Such concerns are reasons for families to consult with healthcare providers. In many cases, eating problems resolve over time; however, in other cases, they require special care.[2]

The possibility of identifying when a feeding difficulty falls within the range of what is expected in the typical development of a child and when it is a problem that should be addressed in a timely manner by the healthcare team is of utmost interest in clinical practice. Although in Argentina there is no data available on problematic feeding in children; in other countries, it has been reported that, in children with typical development, the prevalence ranges between 20% and 45%, while in children with disabilities it ranges between 80% and 85%.[3–5] Some studies have demonstrated that child feeding practices in low-income families in Argentina are influenced by the demands of parents' employment, such as lack of employment or demanding work schedules that prevent mothers from monitoring the daily feeding of their children.[6]

In turn, in the report on prioritized indicators of the second National Survey on Nutrition and Health, it was observed that, in the assessment of health status by parents, the proportion of children with excellent or very good health was lower among children with feeding difficulties than in the general population (41.7% versus 56.7%, respectively); consequently, the assessment of health as fair or poor was more frequent, compared to those who did not have difficulties or limitations.[7] Prior to our study, a questionnaire for parents was developed in Argentina to detect feeding difficulties in young children (aged 6 months to 6 years) and the Argentine Scale for Pediatric Feeding Difficulties (Escala Argentina de Dificultades Alimentarias en Niños, EADAN) was obtained, which is an Argentine version of the Montreal Children's Hospital Feeding Scale (MCH-FS). That tool includes 14 items that investigate issues related to sensory aspects, appetite, strategies used by the mother, family relationships, among others.[8]

In the United States, a pediatric eating assessment tool called PediEAT (Pediatric Eating Assessment Tool) was developed, which uses a questionnaire administered to families to identify symptoms of problematic feeding in children aged 6 months to 7 years.[9–11] This questionnaire is made up of 78 items and is an in-depth investigation of pediatric feeding intended for children between the ages of 6 months and 7 years old who are being offered some solid foods. In order to answer these items, caregivers must be familiar with the child's feeding at the time of the questionnaire and select one of the categorical options corresponding to never, almost never, sometimes, often, almost always, and always. Each option has an assigned value from 0 to 5 points, in increasing or decreasing order depending on the sub-scale. The scores obtained in each area are added and the total score is transferred to a table for comparison with the reference values corresponding to the age group, which determines the level of concern. The questionnaire is organized into 4 parts covering physiologic symptoms, problematic mealtime behaviors, selective/restrictive eating, and oral processing.[9–11]

The PediEAT may be used in clinical practice to facilitate an early identification and treatment of children with problematic feeding.[11] This screening tool is used to detect nutritional risks; therefore, it does not provide a diagnosis, but it does lead to more in-depth clinical assessments.

For the use of a questionnaire developed for another population to be appropriate, it is necessary to make a transcultural adaptation to achieve linguistic, semantic, and cultural equivalence and to maintain similar metric properties.[12,13] It is worth mentioning that Hispanic communities across different countries, even though they share the same language, still have lexical differences that need to be taken into account.

The objective of this study was to make a transcultural adaptation of the PediEAT tool from the Spanish version to an Argentinian Spanish version so that it could be used in our setting based on its relevant cultural adaptation and semantic equivalence with respect to the original version. The self-administered version of the PediEAT was used and completed by families and/or caregivers responsible for the child's feeding.

POPULATION AND METHODS

The PediEAT target population were caregivers of children aged 6 months to 7 years who had started eating solid foods. Our objective was to obtain a transculturally adapted version of the 80 items included in the PediEAT tool (78 statements and 2 instructions), based on the Spanish version. The PediEAT is a tool

developed by the Infant Feeding Care community, coordinated by Doctor Britt Pados, author of the PediEAT. The Spanish version was developed by the original authors together with a group of professionals from Spain.[9–11]

The data for this study were collected between May and December 2021. First, a group of experts carried out a content validity assessment.[12] Experts were Argentine healthcare providers working in relation to pediatric feeding with at least 5 years of experience in the field. The sample was aimed at including heterogeneous professions, with a minimum of 5 experts in total. The group of experts finally consisted of 8 healthcare providers, including nutritionists (n = 3), pediatricians (n = 2), a speech therapist (n = 1), a psychologist (n = 1), and an occupational therapist (n = 1). Their years of experience in the area ranged from 5 to 17. These providers lived in Córdoba (n = 4), the City of Buenos Aires (n = 2), and the province of Buenos Aires (n = 2). Proposed changes were then assessed by the investigators using a checklist (*Table 1*); for the change to be included, "yes" had to be ticked in all categories. Proposed changes were discussed with the original tool authors.[9,10]

Once the first tool version was obtained, we proceeded to the pre-test phase.[12,13] At this stage, native Argentine individuals who met the characteristics of the PediEAT target audience (parents or caregivers of children aged 6 months to 7 years who eat solid foods) were included in cognitive interviews to check for word and phrase comprehension, improve and facilitate question formulation, and adapt them to the terms frequently used by interviewed subjects. Virtual cognitive interviews were conducted with the participants. The sample was heterogeneous in terms of level of education and caregivers of children with typical development and disabilities, with a minimum of 10 participants. For each item, we assessed whether the question was confusing, difficult to understand, irritating, or offensive. In the case of affirmative answers, feedback was requested. With the information obtained from the cognitive interviews, the necessary changes were made to adapt the tool to our context. The final version was shared with the original authors of this tool.[9,10]

For data analysis, continuous variables were described as mean and standard deviation (SD); discrete variables were expressed as percentage and 95% confidence interval (CI). Comprehension and meanings were checked by comparing the interpretation of questions and answers with the underlying concept in the questionnaire domains. A qualitative data analysis was carried out. To assess the nutritional status of children, the weight and height reported by their caregivers from their last health checkup were considered, and the WHO software Anthro Plus v1.0.4 was used to assign Z-scores to the anthropometric variables. Underweight, short stature, and wasting were grouped into the malnutrition category.

Ethical considerations

This study was approved by the Ethics Committee of Hospital Nacional de Clínicas of the School of Medical Sciences of Universidad Nacional de Córdoba (CIEIS HNC-FCM), from 8/12/2021.

RESULTS

The Spanish version of the PediEAT was assessed by a group of experts (n = 8) to assess its content validity. Based on the experts' assessment of the 80 items, 36 items were modified. Most changes introduced corresponded to modifications of words or phrases for others that are more commonly used by the Argentine population, followed by clarifications to improve comprehension and, finally, examples more

Table 1. Checklist for the assessment of each item for the content validity phase

The proposed change…	Yes	No
Better reflects concept definitions/meanings.		
Better reflects the main original point.		
Is understandable for different levels of education.		
Is as close as possible to the source item.		
Reads naturally in the target language.		
Is culturally appropriate and sensitive.		
Is culturally appropriate in everyday life.		
Is syntactically correct (tense, gender).		
Includes all keywords; it is accurate and consistent.		

related to local customs were added and syntactic changes were made for a better understanding (*Table 2*). The changes were agreed upon with the original PediEAT authors.

Once the tool was modified, we proceeded to the cognitive interviews with families and caregivers for the pre-test phase. Cognitive interviews were conducted with 18 caregivers, mostly women (n = 14, 77% [47.3–99.7]). The sample of families was variable in terms of children with typical development and disabilities, level of education, and nutritional status. The characteristics of participants are described in *Table 3*.

In the pre-test phase, based on suggestions from the cognitive interviews with the caregivers, 11 of the 80 items were changed to allow for an improved comprehension by the Argentine population. Respondents indicated that 8 items were confusing; 7 were difficult to understand; and 1 was irritating or offensive, while 69 items were not difficult to understand at all (*Table 4*).

The final tool was approved by the original authors and published in the PediEAT official website and is available for download for free (https://www.infantfeedingcare.com/assessment-tools-shop/p/pedieat-full-version-argentinian-spanish).

DISCUSSION

This study describes the process of transcultural adaptation of the PediEAT, a pediatric eating assessment tool for children aged 6 months to 7 years. As a result, an Argentine version of the PediEAT is now available, which can be used as a screening tool to be self-administered by caregivers of children aged 6 months to 7 years to identify feeding problems.

The methodology implemented in this study is that recommended for transcultural adaptation processes, which allows an adequate use of the questionnaire adapted to the local population that is semantically equivalent to the original version.[12] This methodology has been used previously for the Argentine adaptation of other instruments for populations with typical development and disabilities.[14–18] Although we worked with a Spanish version, it is necessary to obtain a linguistical adaptation from the terms used in Spain to those used routinely in Argentina.

It is worth noting the need for a transcultural adaptation process of self-administered instruments involving the target population; in this case, children's caregivers. It was observed in this study that the linguistic adaptations proposed by the healthcare providers included in the expert panel were not sufficient. Thus, caregivers suggested new changes, highlighting the importance of the pre-test phase. Similar findings were described in other cultural adaptation processes at a local level.[14–19]

The 80 items in the original Spanish version of the tool were maintained, with modifications in certain words or phrases, as well as changes in sentence syntax, clarifications, and addition of examples, incorporating terms commonly used in Argentine culture. As in the validation process of the original tool, the cognitive interviews demonstrated that the questionnaire is "easy to understand" and "easy to complete" for the caregivers who share mealtimes with the child.[9,11]

A potential limitation of the transcultural adaptation of a questionnaire could be that it does not cover all the population diversity found in a country. To counteract this, we attempted to have a sample as heterogeneous as possible, including healthcare providers from different fields and caregivers from different provinces, with various levels of education and also caregivers of children with typical development and disabilities. Likewise, as in any self-administered instrument, the recommendation is to provide a space for questions, concerns, and an exchange between the respondent and the provider in charge so as to solve any doubts that may arise. It is also worth noting that the interviews were conducted online and that weight and height measurements were those reported by the parents due to the COVID-19 pandemic restrictions. Caregivers reported that children's weight and height measurements were most often obtained at health and/or pediatric checkups, followed by measurement taken at home and, to a lesser extent, at the pharmacy. The main advantage of this study is that it provides a tool for the assessment of pediatric feeding that can be self-administered by caregivers in Argentina, since it is now culturally adapted, resulting from a rigorous, systematic, and widely used methodology at an international level.

In conclusion, the Argentine version of the PediEAT is linguistically equivalent to the original version. In the future, the instrument should be validated in our setting. ■

Table 2. Results of the expert assessment for content validity (n = 8)

Original question version	Changes suggested by the expert panel	Final version proposed by experts
Item 2. My child's eyes contour or face reddens when eating.	Suggested changes: "gets red color around" - "around or all around"	Item 2. My child gets red color around eyes or face when eating.
Item 4. My child sounds gurgly or like they need to cough or clear their throat during or after eating.	Suggested changes: - Sounds like gargling - Gurgle - Change *clear* with *empty, cough up*, etc. - Makes gargles	Item 4. My child sounds like gargling or like they need to cough or clear their throat during or after eating.
Item 5. My child's voice sounds different during or after a meal (for example, their voice becomes hoarse, high-pitched, or quiet).	Suggested changes: - Voice changes - quiet = deeper	Item 5. My child's voice changes during or after a meal (for example, their voice becomes hoarse, high-pitched, or quiet).
Item 6. My child chokes or coughs on water or other clear liquids.	Suggested changes: - clear - thin = provide examples - clear liquids – A list of clear liquids may be included.	Item 6. My child chokes or coughs on water or other thin or clear liquids.
Item 9. My child's lips contour gets pale or blue color during meals.	Suggested changes: - around	Item 9. My child gets pale or blue color around their lips during meals.
Item 12. My child gets tired from eating and is not able to finish.	Suggested changes: - the plate or meal	Item 12. My child gets tired from eating and is not able to finish the plate or meal.
Item 13. My child perspires or their skin becomes clammy during meals.	Suggested changes: - Sweats - Sweats or their skin gets clammy - Same as above, the popular term among parents is "sweat" - Sweats or their skin gets clammy - Gets clammy and sticky.	Item 13. My child sweats or their skin gets clammy and sticky during meals.
Item 19. My child gags at mealtime (for example, when they see food or when placed in a high chair).	Suggested changes: - (for example, when they see food or sit in a high chair).	Item 19. My child gags at mealtime (for example, when they see food or sit in a high chair).
Item 20. My child gags with smooth foods, like custard.	Suggested changes: - "pudding" or "cake" - "milk desserts, yogurt" - flan - pudding, flan, mash - pudding - mashed potatoes and squash, flan. - mash or yogurt - yogurt, flan - flan or bread pudding	Item 20. My child gags with smooth foods, like flan, bread pudding or mash.
Item 21. My child gags with textured food, like coarse oatmeal.	Suggested changes: - Other example. - Minced foods? Mashed potatoes with some vegetable pieces? Like coarse oatmeal, yogurt and cereals	Item 21. My child gags with textured food, like polenta, mashed vegetables or fruits with some pieces.
Item 23. My child gets a bloated tummy after eating.	Suggested changes: - abdomen/belly - belly - belly - stomach/belly/abdomen - belly - swollen abdomen/ abdominal swelling	Item 23. My child gets a bloated belly after eating.

Item 24. My child turns red in face, may cry with stooling.	Suggested changes: - with bowel movements - pooping	Item 24. My child turns red in face, may cry with bowel movements.
Item 29. My child has to be told to begin eating.	Suggested changes: - start	Item 29. My child has to be told to start eating.
Item 31. My child will not eat at mealtime, but wants food later.	Suggested changes: - Replace with "will not eat during mealtime, but wants food later." - Will not eat during mealtime, but is hungry later. -… during… - (at a different time)	Item 31. My child will not eat during mealtime, but wants food later (at a different time).
Item 32. My child stops eating after a few bites.	Suggested changes: - or as soon as they start.	Item 32. My child stops eating after a few bites or as soon as they start.
Item 33. My child refuses to eat.	Suggested changes: -/rejects food.	Item 33. My child refuses to eat/rejects food.
Item 34. My child shows more stress during meals than during non-meal times (whines, cries, gets angry, has a fit of temper).	Suggested changes: - during mealtimes. - (whines, cries, gets angry, throws a tantrum).	Item 34. My child shows more stress during mealtimes than during non-meal times (whines, cries, gets angry, throws a tantrum).
Item 35. My child likes something one day and not the next.	Suggested changes: - Replace with "and not the next day." - "likes something one day but not the next."	Item 35. My child likes something one day but not the next.
Item 39. My child throws food or pushes food away.	Suggested changes: - from them	Item 39. My child throws food or pushes it away from them.
Item 40. My child prefers to drink instead of eating.	Suggested changes: - to drink beverages	Item 40. My child prefers to drink beverages instead of eating.
Item 42. My child eats better when entertained.	Suggested changes: - or distracted	Item 42. My child eats better when entertained or distracted.
Item 47. My child eats a variety of foods (fruits, vegetables, proteins, etc.).	Suggested changes: - "eats different food groups" or "eats several food groups" - A large variety… or different foods - Replace: *"proteins"* with *"meat, eggs"* - provide examples of "proteins" (meat, legumes) - food groups	Item 47. My child eats different food groups (fruits, vegetables, meat, eggs, legumes, etc.).
Item 48. My child is disposed to stay seated during mealtime.	Suggested changes: - willing	Item 48. My child is willing to stay seated during mealtime.
Item 50. My child is disposed to touch food with their hands.	Suggested changes: - willing	Item 50. My child is willing to touch food with their hands.
Item 51. My child will eat mixed texture foods.	Suggested changes: - (for example, noodle soup, yogurt with cereals, etc.) - various foods such as dry foods (cookies), dried foods (rice), toast, raw or cooked whole fruits and vegetables - Explain the concept of mixed texture - *"(for example)"*	Item 51. My child will eat mixed texture foods (for example, noodle soup, yogurt with cereals or fruits).

Item 52. My child will eat food at a higher temperature than room temperature.	Suggested changes: - Replace: *"at a higher temperature"* with *"warmer."*	Item 52. My child will eat food warmer than room temperature.
Item 53. My child is willing to feed self (if young, holds cup, feeds self crackers).	Suggested changes: - Add: *"grabs food with hand and puts it in their mouth"* - Replace: *"," with "young and still requires help, answer yes"* - Remove: *"crackers"* - cookies	Item 53. My child is willing to feed (if still young and requires help, holds cup, feeds self or grabs food and puts it in their mouth, etc.).
Item 54. My child keeps food in their mouth while eating (non-liquid foods)	Suggested changes: - "solid"	Item 54. My child keeps food in their mouth while eating (non-liquid foods)
Item 55. My child keeps liquids in mouth while drinking beverages.	Suggested changes: - drinking	Item 55. My child keeps liquids in mouth while drinking.
Item 57. My child acts hungry before meals.	Suggested changes: - is hungry	Item 57. My child is hungry before meals.
Item 59. My child will eat textured food, like coarse oatmeal.	Suggested changes: - Other example - Does coarse oatmeal refer to unprocessed instant oatmeal? This is also confusing. - "coarse oatmeal" is not a very clear example in everyday context. Suggestions: "rustic mashed potatoes" or "rice" - If this refers to instant oatmeal, I would use yogurt with cereals and, if it refers to dry oatmeal, breakfast cereals.	Item 59. My child will eat textured food (for example, polenta or mashed vegetables or fruits with some pieces).
Item 60. My child will eat frozen foods, like ice cream.	Suggested changes: - eat ice cream - It is not clear if "frozen" foods refers to cold foods or foods preserved by freezing (then ice cream is mentioned, but ice cream may be creamy or hard).	Item 60. My child will eat very cold or frozen foods (for example, ice cream).
Item 62. My child moves food in their mouth without help when chewing.	Suggested changes: - when chewing without help.	Item 62. My child moves food in their mouth when chewing without help.
Item 66. My child stores food in the side of their face or roof of mouth.	Suggested changes: - cheeks - cheek - Or in their mouth	Item 66. My child stores food in their cheeks or roof of mouth.
Item 67. My child gets food stuck in the side of their face or roof of mouth.	Suggested changes: - very similar to previous question	Item 67. My child gets food stuck in their cheeks or roof of mouth.
Item 71. My child prefers strong flavors.	Suggested changes: - Requires an example	Item 71. My child prefers strong or very spicy flavors.
Item 73. My child gnashes their teeth together when awake (if your child does not have teeth, please select Never).	Grinds teeth	Item 73. My child grinds their teeth when awake (if your child does not have teeth, please select Never).
Item 78. My child chews a bite of food for a long time (~30 seconds or longer).	Suggested changes: - approximately – about - Replace: *"long time"* with *"too long"*	Item 78. My child chews a bite of food for too long (approximately 30 seconds or longer).

Table 3. Characteristics of participants involved in the PediEAT pre-test phase (n = 18)

Variable	n	%	95% CI
Level of education			
Incomplete secondary education	1	5.6	0.1–27.3
Complete secondary education	5	27.8	9.7–53.5
Complete tertiary education	8	44.4	21.5–69.2
Complete university education	4	22.2	6.4–47.6
Caregiver's age			
19–35 years	10	55.6	30.7–78.5
36–56 years	8	44.4	21.4–69.2
Caregiver's sex			
Female	14	77.8	5.3–93.6
Male	4	22.2	6.3–47.6
Characteristics of child for whom the questionnaire is completed			
Typical development	13	72.2	46.4–90.2
Disability	5	27.8	9.7–53.5
Age of child for whom the questionnaire is completed			
6 months to 1 year	3	16.7	3.5–41.4
2 to 4 years	8	44.4	21.4–69.2
5 to 7 years	7	38.9	17.3–64.2
Child's nutritional status			
Malnutrition	6	33.3	13.3–58.9
Normal	7	38.9	17.3–64.2
Overweight	1	5.6	0.1–27.3
Obesity	4	22.2	6.3–47.6

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Table 4. Results of changes made based on cognitive interviews conducted with caregivers in the pre-test phase (n = 18)

Original question	Question reviewed by the expert panel	Suggested changes	Feedback	Decision	Final question
Item 20. **My child gags with smooth foods, like custard.**	Item 20. **My child gags with smooth foods, like flan, bread pudding or mash.**	*My child gags when they see food or when eating.*	No. of responses: -Confusing: 0 -Difficult to understand: 1 (5.56%) -Irritating/offensive: 0	Change is accepted. **"when eating" is added and examples are included in parentheses.**	Item 20. **My child gags with smooth foods (like flan, bread pudding or mash).**
Item 21. **My child gags with textured food, like coarse oatmeal.**	Item 21. **My child gags with textured food, like polenta, mashed vegetables or fruits with some pieces.**	*My child gags when they see food or when eating.*	No. of responses: -Confusing: 0 -Difficult to understand: 1 (5.56%) -Irritating/offensive: 0	Change is accepted. **"when eating" is added and examples are included in parentheses.**	Item 21. **My child gags when eating textured food (for example, polenta or mashed vegetables or fruits with some pieces).**
Item 22. **My child gags, coughs or vomits when brushing their teeth (if your child does not have teeth, please select "Never." If your child does not allow their teeth to be brushed, please select "Always").**	Item 22. **My child gags, coughs or vomits when brushing their teeth (if your child does not have teeth, please select "Never." If your child does not allow their teeth to be brushed, please select "Always").**	*They did not give any suggestion because they did not understand the statement.*	No. of responses: -Confusing: 6 (33.33%) -Difficult to understand: 3 (16.67%) -Irritating/offensive: 1 (5.56%)	Change is accepted. **The statement was paraphrased to clarify the meaning of the options.**	Item 22. **My child gags, coughs or vomits when brushing their teeth. If this question is not applicable to your child because: - your child does not have teeth, please select "Never" - your child does not allow their teeth to be brushed, please select "Always."**
Item 25. **My child is gassy.**	Item 25. **My child is gassy.**	*Suggestion to add "during the day" or "when stooling." Or "every day."*	No. of responses: -Confusing: 3 (16.67%) -Difficult to understand: 0 -Irritating/offensive: 0	Change is accepted. **"during the day" was added.**	Item 25. **My child is gassy during the day.**
Item 32. **My child stops eating after a few bites.**	Item 32. **My child stops eating after a few bites or as soon as they start.**	*Suggestion to break the statement into two. "My child stops eating after a few bites." "My child stops eating as soon as they start."*	No. of responses: -Confusing: 1 (5.56%) -Difficult to understand: 0 -Irritating/offensive: 0	Change is accepted. **Language was changed to facilitate understanding.**	Item 32. **My child stops eating after a few bites or stops eating as soon as they start.**

Item 34. **My child shows more stress during meals than during non-meal times (whines, cries, gets angry, has a fit of temper).**	Item 34. **My child shows more stress at meal times than during non-meal times (whines, cries, gets angry, throws a tantrum).**	*Responders who indicated that they did not understand the statement did not suggest any changes.*	No. of responses: -Confusing: 0 -Difficult to understand: 1 (5.56%) -Irritating/offensive: 0	Change is accepted. **Language was changed to facilitate understanding.**	Item 34. **My child shows more stress at meal times (whines, cries, gets angry, throws a tantrum).**
Item 41. **My child prefers crunchy foods.**	Item 41. **My child prefers crunchy foods.**	*Add 1 or 2 examples.*	No. of responses: -Confusing: 1 (5.56%) -Difficult to understand: 1 (5.56%) -Irritating/offensive: 0	Change is accepted. **Examples are added.**	Item 41. **My child prefers crunchy food (like cereal, toast or cookies).**
Item 45. **My child wants to eat the same food for more than two consecutive weeks.**	Item 45. **My child wants to eat the same food for more than two consecutive weeks.**	*Replace "same food" with "same menu."*	No. of responses: -Confusing: 1 (5.56%) -Difficult to understand: 0 -Irritating/offensive: 0	Change is accepted. **The suggestion is considered, but the word "meals" is used instead of "menu."**	Item 45. **My child wants to eat the same meals for more than two consecutive weeks.**
Item 50. **My child is disposed to touch food with their hands.**	Item 50. **My child is willing to touch food with their hands.**	*Please specify if this refers to meal time or while meals are being prepared.*	No. of responses: -Confusing: 1 (5.56%) -Difficult to understand: 0 -Irritating/offensive: 0	Change is accepted. **"when eating" is added.**	Item 50. **My child is willing to touch food with their hands when eating.**
In **the following items, if your child is less than 15 months old and these foods are not offered to them, please select "Always." If your child is more than 15 months old and these foods are not offered to them, or if they refuse to eat them, please select "Never."**	**In the following items, if your child is less than 15 months old and these foods are not offered to them, please select "Always." If your child is more than 15 months old and these foods are not offered to them, or if they refuse to eat them, please select "Never."**	*Suggestion to make the statement simpler so it can be easily understood.*	No. of responses: -Confusing: 6 (33.33%) -Difficult to understand: 5 (27.78%) -Irritating/offensive: 0	Change is accepted. **The statement was paraphrased to facilitate understanding.**	**If the following items are not applicable to your child because: - your child is less than 15 months old and these foods are not offered to them, please select "Always." - your child is more than 15 months old and these foods are not offered to them, or if they refuse to eat them, please select "Never."**
Item 68. **My child prefers soft foods, like yogurt.**	Item 68. **My child prefers soft foods, like yogurt.**	*Please add another example.*	No. of responses: -Confusing: 1 (5.56%) -Difficult to understand: 1 (5.56%) -Irritating/offensive: 0	Change is accepted. **More examples are added.**	Item 68. **My child prefers soft foods (like yogurt or mash)**.