

Mosh-Eat Questionnaire

Eating Habits Questionnaire IDD

Introduction

Greetings,

This questionnaire relates to the eating habits of people with intellectual developmental disability (IDD)

It includes two parts:

- A. Personal details and general information related to eating habits.
- B. Seven tables which contain 51 components, in which you select the answer that best describes your child.

Please read the questionnaire carefully. Then observe for a few days the person on whom the questionnaire will be filled out during the meal.

Only then, complete the various parts of the questionnaire as instructed, and be sure to complete all items. If any of the questions is unclear, please request clarification from your practitioner. If you are unable to answer a question, please explain why in the comments box.

1. To be filled by a medical entity:

Name of person completing questionnaire: _____

Role of person completing questionnaire: _____

Date: __/__/____

Weight: _____ Height: _____

Diagnosis: mild IDD mild-moderate IDD moderate IDD severe IDD Profound IDD

Additional Diagnosis? (Comorbidity):

Does the client suffer from reflux/constipation/diarrhea/chronic vomiting? Yes No If Yes, please explain

Does the client have allergies or sensitivities to certain foods? (Milk, gluten, peanuts) Yes No If Yes, please explain

Does the client have any known eating syndromes? Such as Prader Willi? PICA? Others? -

2. To be filled by caregiver

Name of person completing questionnaire: _____

Role of person completing questionnaire: _____

Date: __/__/____

Personal Details:

Last name: _____

First Name: _____

Date of birth: __/__/____

Gender: Male Female

Country of birth: _____ Year of immigration: ____

Framework: _____

Independence in eating:

Does the client drink independently from a cup? Yes No

Partially Detail _____

Needs support instruments for drinking (for example, adjusted cup) Yes No

If so, which one? _____

Does the service recipient eat independently? Yes No Partially

Detail: _____

If so, does the client perform the following actions independently:

Using a spoon Yes No Using a fork Yes No

Using a knife Yes No Not relevant

Needs support instruments for eating (for example, utensils with larger handles)

Yes No If yes, which ones? _____

What does the client sit on during meals?

On a regular chair "like everyone else's" On a chair adapted to his needs

In a wheelchair

Does he need back and head support? Yes No

Describe _____

How long approximately does it take the client to eat lunch? _____ minutes

Directions for completing charts:

For each item, select how it describes the client 's habit or problem.

Please use the following scale to rate each item:

5 – Extremely: a habit or problem that occurs 90% of the time

4 – Very much: a habit or problem that occurs 75% of the time

3 – Moderately: a habit or problem that occurs 50% of the time

2 – Little: a habit or problem that occurs 25% of the time

1 – Very little: a habit or problem that occurs 10% of the time

0 - Not relevant/never: a habit or problem that never occurs with the client

	Item	5	4	3	2	1	0
		Extremely	Very much	Moderately	Little	Very little	n/a or never
9	Eats only soft or mashed foods (i.e. rice, pudding)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10	Eats only liquid foods	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11	Choking/suffocating during the meal	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12	After swallowing the food, raises it back into the oral cavity and swallows again (rumination)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
13	Vomiting during or immediately after a meal	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	*Total score =						
	*Total problems chewing and swallowing =						

***To be completed by the questionnaire administrator**

Comments about chewing and swallowing problems: _____

B. Posture stability during eating

	Item	5	4	3	2	1	0
		Extremely	Very much	Moderately	Little	Very little	n/a or never
14	Needs a backrest when eating	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
15	Needs a headrest when eating	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
16	Has difficulty maintaining a straight and stable midline head position	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
17	The shoulders are slanted or bent forward	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
18	Having difficulty moving hands while eating	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
19	Having difficulty moving head while eating	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
20	"Slips" in the chair while eating	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	*Total score =						
	*Total problems chewing and swallowing =						

***To be completed by the questionnaire administrator**

Comments on posture stability during eating: _____

C. Eating avoidance/lack of eating/ rejection of food

	Item	5	4	3	2	1	0
		Extremely	Very much	Moderately	Little	Very little	n/a or never
21	Closes his mouth tightly when food is brought closer to him	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
22	Rejects food through voices/words	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
23	Turns his face or body away from food/pushes food away	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
24	Spits out food before it is swallowed	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
25	Eats very small portions	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
26	Stands up and walks during meal	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
27	Does not finish the meal	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	*Total score =						
	*Eating avoidance total =						

***To be completed by the questionnaire administrator**

Comments about eating avoidance / lack of eating/ rejection of food:

D. Eating/food selectivity

	Item	5	4	3	2	1	0
		Extremely	Very much	Moderately	Little	Very little	n/a or never
28	Eats/drinks only certain things at meals	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
29	Prefers the same foods at every meal	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
30	Eats certain textures (soft or hard)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
31	Agrees to eat only foods of a certain color/s	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
32	Avoids foods with certain flavors (sweet, sour ...)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
33	Eats foods only when they are at a certain temperature	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
34	Eats foods/drinks only when they are at a certain order	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	*Total score =						

	Item	5	4	3	2	1	0
		Extremely	Very much	Moderately	Little	Very little	n/a or never
*Eating selectivity total score =							

***To be completed by the questionnaire administrator**

Comments about eating selectivity: _____

E. Overeating

	Item	5	4	3	2	1	0
		Extremely	Very much	Moderately	Little	Very little	n/a or never
35	Eats a lot of food in a short amount of time	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
36	Shoves a lot of food into mouth	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
37	Eats large portions of foods in an uncontrolled manner	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
*Total score =							

	Item	5	4	3	2	1	0
		Extremely	Very much	Moderately	Little	Very little	n/a or never
*Overeating total =							

***To be completed by the questionnaire administrator**

Comments about overeating: _____

F. Communication in eating:

Please indicate in the left column which way the adolescent communicates - whether he uses words to convey his intentions, in vocalization without words (crying, shouting), in pointing or gestures, by eye contact, or with the assistance of augmentative and alternative communication – AAC (speech generating device - SGD, pictures, words, letters, sign language).

	Item	5	4	3	2	1	0
		Extremely	Very much	Moderately	Little	Very little	n/a or never
38	Responds to staff member/feeder's requests	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
39	Initiates communication with staff member/feeder	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
40	Choses from foods presented to him	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
41	Requests food/drink	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
42	Addresses his friends at the table	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
43	Conveys his desires in an understandable way to the listener while eating	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
*Total score =							
* Problem in communication in eating =							

***To be completed by the questionnaire administrator**

Comments about communication during eating and in particular the manner of communication: _____

G. Behaviors during mealtime

	Item	5	4	3	2	1	0
		Extremely	Very much	Moderately	Little	Very little	n/a or never
44	Aggressive to others during meals	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
45	Disturbs others during mealtime	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
46	Cries or yells during meals	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
47	Inflicts injury upon self during meals (ex: bites own hand)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
48	Takes or tries to take food from other people's plates while eating	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
49	Demonstrates repetitive motor movements (stereotyped) / self-stimulation during the meal	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
50	Puts in mouth/swallows things that are not eatable	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	*Total score =						

Item	5	4	3	2	1	0
	Extremely	Very much	Moderately	Little	Very little	n/a or never
* Problem behaviors during mealtime =						

***To be completed by the questionnaire administrator**

Comments about behaviors during mealtime: _____

The questionnaire was developed as part of the study:

Reliability and validity of the "Mosh-Eat" Questionnaire for detecting Eating Problems among People with Intellectual Disabilities, Virginie Salameh-Maroun, Supervised by: Prof. Eynat Gal, University of Haifa, 2021

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To the Full text study in [Shalem Fund website>>](#)