



Eating & Feeding Information Gathering Journal For Parents, Carers & Families

Purpose

This journal is an information-gathering tool to support parents and carers when a young person is finding eating hard, feels distressed around food, or struggles with regulating eating.

It is not specific to any one diagnosis or condition. It can be helpful when exploring a wide range of experiences. Many young people experience eating difficulties for multiple overlapping reasons. This document is designed to honour that complexity.

The aim is to help you:

- Notice patterns and changes over time
- Hold information in one place
- Reduce the pressure to remember everything
- Communicate more effectively with health and support professionals

Important Note

This journal is not a diagnostic tool.

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It does not confirm or rule out any medical condition, feeding disorder, or eating disorder. Food and eating difficulties are best understood through careful, compassionate assessment by qualified professionals, alongside family knowledge of the young person.

This document exists to support understanding, advocacy, and collaborative care.

How to Use This Journal

- **Go slowly:** You do not need to complete everything at once.
 - **Keep it simple at first:** Start where it feels easiest. You don't need to complete every section immediately. Start with what you know and add details over time.
 - **Use your own words:** Everyday language (versus medical terms) is more than enough.
 - **Notice changes:** Shifts from what is typical for your young person matter. Keep notes as you go and add details when you notice new changes
 - **Note patterns, not just diagnoses:** For example: fatigue, chronic pain, digestive issues, migraines, and skin sensitivities may be important even if they weren't formally diagnosed.
 - **Use examples:** Short notes like "stopped eating crunchy foods" or "wakes at 2 am nightly since July" are useful.
 - **Bring to appointments:** Share a copy (or key sections) with healthcare professionals to add valuable context.
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Individual's Information

- **Name:**
- **Date of Birth:**

Neurodivergence / Neurotype: *how my brain works (e.g., Dyslexic, Autistic, ADHD)*

Known Health Diagnoses: *(Medical, developmental or mental health)*

Current Eating Concerns: *In your own words, what feels most important or worrying right now?*

- What is hard about eating at the moment?
- What feels new, changed, or particularly intense?



Other Current Concerns: *(Brief overview of what feels most important right now, outside of food and eating)*

The Young Person's Voice (If They Want to Share): *This section can be completed by or with the young person, or left blank.*

- What eating feels like for me:
- Things that make eating harder:
- Things that help (even a little):
- Things I wish adults understood about food or eating:



Medications

(Current or past medications that may be relevant to your or your young person's health and wellbeing)

Name of Medication	Purpose / Condition	Taking Currently / Past	Notes (e.g., side effects, effectiveness)



Supplements & Other Therapies

(Include anything you or your young person is currently taking or has tried, such as vitamins, herbal remedies, probiotics, or alternative/complementary therapies. This can help health professionals see the full picture.)

Supplement / Therapy	Purpose / Reason	Taking Currently / Past	Notes (e.g., effects, changes noticed)



Health & Support Professionals

(List any doctors, therapists, or other health professionals you or your young person has seen. Include past or current appointments that are relevant to their health and wellbeing.)

Professional / Service	Reason / Health Area of Care	Dates Seen	Notes / Key Takeaways



Additional Support Professionals

(List any school staff, support workers that are involved in the care of your young person.)

Professional / Service	Reason / Area of Care	Dates Seen	Notes / Key Takeaways



Notes Section

(For anything that doesn't fit neatly into the tables above, questions for professionals or for reflections you want to keep for yourself.)

Eating Patterns & Experiences

Foods & Range

- Foods currently eaten comfortably:

- Foods avoided or refused:

- Changes in food range over time (narrowing or expanding):

Sensory Experiences

- Sensitivities to texture, temperature, smell, taste, appearance, or sound:

- Strong preferences (e.g., crunchy only, dry foods, specific brands):

- Sensory seeking around food:

Appetite & Regulation

- Appetite patterns (low, variable, very high, unpredictable):
- Ability to notice hunger or fullness cues:
- Periods of eating very little or eating beyond comfort:

Emotional & Cognitive Experiences

- Anxiety, fear, or distress linked to eating:

- Worries (e.g., choking, vomiting, contamination, pain):
- Shame, guilt, or pressure around food:

Body & Physical Experiences Related to Eating

Eating is a whole-body experience.

- Pain with eating or after eating (e.g., stomach, throat, jaw, teeth):
- Reflux, nausea, gagging, choking, vomiting:
- Constipation, diarrhoea, bloating, accidents:
- Fatigue, dizziness, headaches linked to food intake:



Medical, Developmental & Early Feeding History

Include what feels relevant.

- Feeding as a baby or toddler (nurse/bottle, reflux, tube feeding, difficulties):
- Growth concerns or weight changes:
- Past illnesses, hospital stays, surgeries:
- Allergies or intolerances (diagnosed or suspected):



Daily Life Factors That Affect Eating

Eating does not happen in isolation.

- Energy levels and fatigue:
- Sleep patterns:
- School, nursery, or work demands:
- Stress, transitions, or changes at home:
- Demands around timing, location, or social eating:



What Has Helped (Even a Little)

- Strategies that reduced pressure:
- Environmental changes:
- Supportive approaches from adults:
- Accommodations that made eating safer or easier:



What Has Made Things Harder

- Approaches that increased distress:

- Situations that escalated difficulties:

Patterns, Changes & Timeline Notes

Use dates if you can, but approximate timing is okay.

- When eating became harder:

- Periods of improvement or worsening:

- Possible links (illness, growth spurts, stress, transitions):

Questions or Hopes for Support: *(may include the following below)*

- What I am hoping professionals will help us with:

- Questions I want answered:

- What feeling “supported” would look like for our family:

