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**Pica, ARFID, and Rumination Disorder Interview – ARFID Questionnaire: Informant-report (PARDI-AR-Q-Informant)**

| | | | |
|---|---|---|---|
| *Client Name* | Generic Client | *Date administered* | 16 Feb 2026 |
| *Date of birth (age)* | 1 Jan 2018 (8) | *Time taken* | 9 min 6s |
| *Assessor* | Dr Emerson Bartholomew | | |

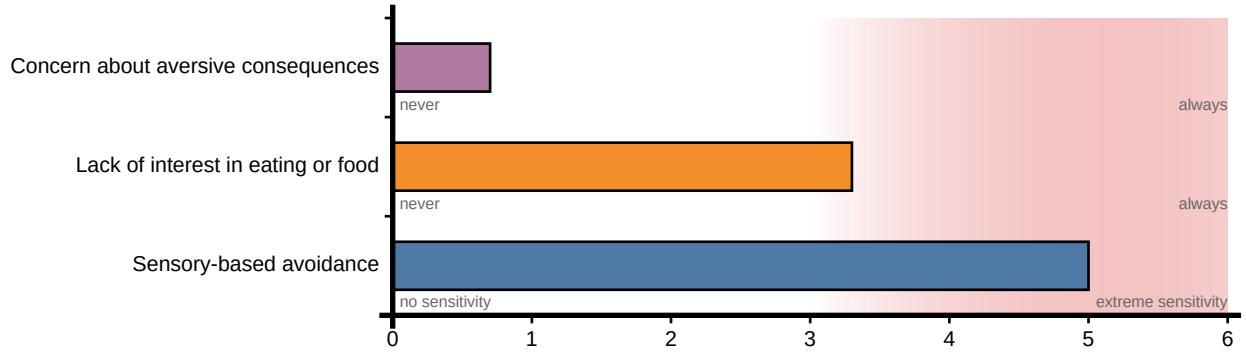
## Results

| | Score | Category |
|---|---|---|
| ARFID screen | - | Positive |
| Body mass index | 12.8 | 0th centile · Severe thinness |

## Subscale profile

| | Score (0-6) |
|---|---|
| Concern about aversive consequences | 0.7 |
| Lack of interest in eating or food | 3.3 |
| Sensory-based avoidance | 5 |

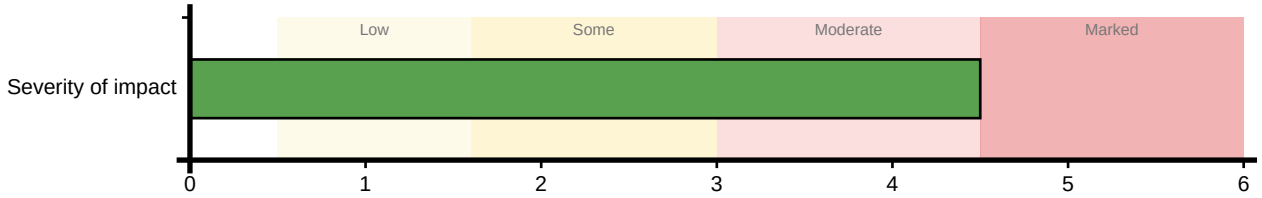
### ARFID subscale profile




## Severity of impact

| | Score (0-6) |
|---|---|
| Severity of impact | 4.5 |

### Severity of impact



| Client Name | Generic Client |
|---|---|

## Interpretation

The PARDI-AR-Q Informant-report was administered on 16 February 2026. The responses are consistent with possible ARFID, a positive screen, and further assessment by clinical interview may be warranted to confirm or rule out an ARFID diagnosis. A positive screen is not diagnostic; in children, similar features can reflect paediatric feeding disorder (PFD), so elevated scores should be interpreted alongside medical, developmental, feeding-skill, and psychosocial assessment. Across the three ARFID subscales, sensory-based avoidance was the most prominent (5/6), with lower scores on lack of interest in eating or food (3.3/6) and concern about aversive consequences (0.7/6).

**Sensory-based avoidance (5/6).** The responses indicate that sensitivity to the taste, texture, or appearance of food may be contributing to the child's avoidance or restriction of foods. In particular, the following were endorsed:
- *sensitivity to texture or consistency (Response: 6/6)*
- *sensitivity to the appearance of food (Response: 5/6)*
- *sensitivity to taste (Response: 4/6)*

**Lack of interest in eating or food (3.3/6).** The responses indicate low appetite or interest in eating, which may include forgetting to eat, low enjoyment of food, or feeling full early. In particular, the following were endorsed:
- *lack of enjoyment in food or eating (Response: 4/6)*
- *forgetting to eat or finding it hard to make time to eat (Response: 3/6)*
- *feeling full before finishing, or stopping eating sooner than others (Response: 3/6)*

The child's eating affects their interpersonal and social functioning to a marked degree (4.5/6). Body mass index is below the 1st percentile for age and sex.

## Scoring and Interpretation Information

The PARDI-AR-Q comprises 29 respondent-completed items (items 4–32 of the original instrument) that fall into three blocks:

1. Anthropometric items (items 4-5): height and weight (2 items). Together with age and sex, these produce BMI and growth status.

2. Diagnostic items (items 6 to 21): twelve are scored Yes = 1 / No = 0 and drive the screen, and the other four (items 10, 16, 18, 20) are conditionally displayed follow-ups that are not scored — item 10 is a numeric entry (how much weight has been lost), and items 16, 18, and 20 are free text.

3. Rating items scored 0 to 6 (items 22 to 32, 11 items): includes the severity-of-impact index (items 22 to 23, rated 0 = no difficulty, and 6 = extremely difficult) and the three subscale scores (items 24 to 32; 3 items each).

Recall periods are not fixed and vary by item, spanning current, past-month, and past-3-month timeframes.

PARDI-AR-Q Scoring

| Client Name | Generic Client |
|---|---|

The PARDI-AR-Q does not produce a single total score. It is not summed into a total score and instead produces a categorical screening result, three subscale scores, a severity-of-impact score, and body mass index with growth percentiles as clinical context. Higher subscale and severity scores indicate greater symptom intensity.

The screening result (positive/negative possible ARFID) is generated by an algorithm applied to the diagnostic items (6 to 21). A positive screen for possible ARFID requires both:

• A recognised problem with eating or avoidance (item 6 or item 7)
• At least one consequence:
• significant weight loss or difficulty gaining or maintaining weight (items 8, 9, 11, 12, or 13)
• nutritional deficiency (item 14)
• dependence on supplements or enteral feeding (items 15, 17, or 19)
• psychosocial impairment (item 21).

Because several different combinations of items can produce a positive result, two people who both screen positive may have endorsed quite different items.

A positive screen indicates possible ARFID; it is not a diagnosis, as the PARDI-AR-Q does not evaluate the exclusion criteria for ARFID, it does not assess whether the eating difficulty is better accounted for by another condition, such as anorexia nervosa or bulimia nervosa, or by a concurrent medical condition or other mental disorder.

The subscale scores and the severity-of-impact score are calculated as the average of their respective items, yielding scores that range from 0 to 6:

• Sensory-based avoidance (items 24 to 26): higher scores indicate that avoidance or restriction driven by sensitivity to the taste, texture, or appearance of food is driving avoidance, often presenting as a narrow range of accepted foods and difficulty trying new foods.

• Lack of interest in eating or food (items 27 to 29): higher scores indicate reduced interest in food or eating, including forgetting to eat, low enjoyment of food, or early fullness, often presenting as inadequate intake without active fear or sensory aversion.

• Concern about aversive consequences (items 30 to 32): higher scores indicate avoidance driven by fear of an aversive outcome such as choking, vomiting, allergic reaction, or pain, often presenting as avoidance of specific foods or eating situations linked to those fears.

• Severity of impact (items 22 and 23): higher scores indicate greater disruption to interpersonal relationships and participation in social situations arising from the eating difficulty.

The three subscale and severity scores are reported on their original 0 to 6 metric and interpreted directly against the response scale, which runs from the absence of the feature (0) to its most extreme expression (6).

Response-scale anchors:
• Sensory-based avoidance: 0 = no particular sensitivity; 6 = extremely negative effect on eating
• Lack of interest in eating or food: 0 = never; 6 = always
• Concern about aversive consequences: 0 = never; 6 = always
• Severity of impact: 0 = no difficulty; 6 = extreme difficulty

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|---|---|

In the interpretive text section, each of the three subscales is given an explanatory paragraph when its score reaches the midpoint of this scale (3 of 6) or higher; lower-scoring subscales are reported as a number only, and severity of impact is always described.

Differentiating ARFID from paediatric feeding disorder (PFD). Because the parent/carer form extends to children as young as four, interpret elevated scores in young children with particular caution. ARFID and PFD overlap and can co-occur, but PFD encompasses feeding difficulties arising from medical, nutritional, oral-motor/swallowing, feeding-skill, or psychosocial factors, whereas ARFID refers to avoidant or restrictive eating that exceeds what would be expected from these factors or warrants separate clinical attention. The PARDI-AR-Q does not comprehensively assess these underlying contributors or determine whether they better account for the presentation. Elevated scores should therefore be interpreted alongside medical, developmental, oral-motor and swallowing, nutritional, feeding-skill, and psychosocial assessment (Goday et al., 2019).

PARDI-AR-Q Growth Context

For respondents aged 4 to 19, body mass index is reported as a percentile and z-score for age and sex; for those aged 20 and over, body mass index is reported against adult categories. Growth percentiles are derived using the United States Centers for Disease Control and Prevention growth reference (Kuczmarski et al., 2002; Flegal & Cole, 2013). These values provide clinical context regarding weight status and growth patterns that may be relevant to ARFID-related consequences such as significant weight loss, failure to achieve expected weight gain, or faltering growth.

PARDI-AR-Q Graphs

On first administration, the three subscales are displayed together on a horizontal bar graph. Additionally, severity of impact is shown on its own horizontal bar graph, divided into five labelled descriptor bands based on the response options. On a repeated administration a line graph with the three subscales is shown, alongside a line graph displaying the severity of impact.

# Client Responses

## Height and Weight

| | |
|---|---|
| 1 | Height |
| | 128 cm |
| 2 | Weight |
| | 21 kg |

| Client Name | Generic Client |
|---|---|

## Screening Items

| | | Yes | No |
|---|---|---|---|
| 3 | Do you think your child has a problem with eating, involving avoidance or restriction of foods or their eating overall? | **1** | **0** |
| 4 | Have other people (for example, doctors, family members, significant others) said that your child has a problem with eating, involving avoidance or restriction of foods or their eating overall? | **1** | **0** |
| 5 | Have your child's eating habits led to difficulty maintaining a sufficient weight or, if they are still growing, difficulty gaining enough weight to keep pace with their growth? | **1** | **0** |
| 6 | Have your child's eating habits led to them losing weight (in other words, if they have lost weight, this is because of avoidance or restriction and not because of a medical illness, or other reason)? | **1** | **0** |
| 7 | If yes to the previous question, how much weight have they lost in the past 3 months? (please enter numbers) | | |
| | 2 kg | | |
| 8 | Have others (for example, doctors, family members) been concerned about your child's weight loss, or been concerned that they are having difficulty gaining enough weight to grow, or having difficulty maintaining their weight due to their eating habits? | **1** | **0** |

| | | Yes | No | My child has finished growing |
|---|---|---|---|---|
| 9 | Have others (for example, doctors, family members) been concerned that your child is not growing taller as they should due to their eating habits? | **1** | **0** | **0** |

| | | Yes | No |
|---|---|---|---|
| 10 | Have you ever been told by any health professional that due to their eating habits your child is not growing as expected, or that their height was less than it should be? | **1** | **0** |
| 11 | Over the past month, has any health professional said that your child has a nutritional deficiency due to their eating habits (for example, low iron, low vitamin B12, low vitamin C)? | **1** | **0** |
| 12 | Over the past month, has a healthcare professional prescribed special supplements (for example, pills, capsules, powders, or drinks containing vitamins and/or minerals and other micronutrients) specifically to help with your child's nutrition? | **1** | **0** |
| 13 | If yes to the previous question, what has been prescribed and how much does your child take each day? | | |
| | Iron supplement, one 15mg dose daily | | |
| 14 | Over the past month, has a healthcare professional prescribed special supplements (for example, high-calorie drinks or 'shots', or dessert-style high-calorie supplements) specifically to help your child maintain or gain weight? | **1** | **0** |
| 15 | If yes to the previous question, what has been prescribed and how much does your child take each day? | | |
| | Two high-calorie oral nutrition drinks daily | | |
| 16 | Is your child currently receiving any tube feeding (receiving food or fluid via a tube in their nose or into their stomach)? | **1** | **0** |
| 17 | If yes to the previous question, what is the name of the food or fluid product taken via the tube and how much does your child take each day? | | |
| | Not Completed | | |

| Client Name | Generic Client |
|---|---|

## Client Responses (cont.)

| | | Yes | No |
|---|---|---|---|
| 18 | Does your child's eating cause them difficulties in daily functioning - that is, in how they are able to go about things each day? This might be at school/college/work or when at home. | **1** | **0** |

## Severity of Impact

| | | 0 | 1 | 2 | 3 | 4 | 5 | 6 |
|---|---|---|---|---|---|---|---|---|
| 19 | Does your child's eating cause them difficulties in interactions with other people (for example, disagreements or arguments with parents, siblings, significant others), or difficulty making or sustaining friendships or other close relationships? Indicate how difficult interactions with other people are for your child because of their eating, ranging from 0 (= no difficulty) to 6 (= extremely difficult). | 0 | 1 | 2 | 3 | **4** | 5 | 6 |
| 20 | Does your child's eating cause them difficulties in social situations, for example does it make it difficult for them to go out with friends, eat at school/college, or stay away from home? Indicate how difficult social situations are for your child because of their eating, ranging from 0 (= no difficulty) to 6 (= extreme difficulties/try to avoid all social situations). | 0 | 1 | 2 | 3 | 4 | **5** | 6 |

## Sensory-based Avoidance

| | | 0 | 1 | 2 | 3 | 4 | 5 | 6 |
|---|---|---|---|---|---|---|---|---|
| 21 | Over the past month, has your child been particularly sensitive to variation in taste (for example, noticing slight differences in the taste of foods), which has put them off eating any foods or trying any new foods? Indicate how much sensitivity to taste has affected your child's eating, ranging from 0 (= no negative effect/no particular sensitivity to taste) to 6 (= extremely negative effect, for example, leading to refusal to eat many foods, sticking only to a limited number of preferred foods, or extreme caution when eating). | 0 | 1 | 2 | 3 | **4** | 5 | 6 |
| 22 | Over the past month has your child been particularly sensitive to the texture or consistency of food, which has put them off eating any foods or trying any new foods (for example, does your child stick to foods of a certain texture only or have they had difficulty eating foods that have different textures mixed together such as pasta with sauce or sandwiches)? Indicate how much sensitivity to texture or consistency has affected your child's eating, ranging from 0 (= no negative effect/no particular sensitivity) to 6 (= extremely negative effect, for example, leading to refusal to eat many foods, sticking only to a limited number of preferred foods, or extreme caution when eating). | 0 | 1 | 2 | 3 | 4 | 5 | **6** |
| 23 | Over the past month, has your child been particularly sensitive to the appearance of food, which has put them off eating any foods or trying any new foods (for example, if food does not look 'right', such as burnt ends of chips/fries, broken biscuits/cookies, or being the 'wrong' colour)? Indicate how much sensitivity to the appearance of food has affected your child's eating, ranging from 0 (= no negative effect/no particular sensitivity) to 6 (= extremely negative effect, for example, leading to refusal to eat many foods, sticking only to a limited number of preferred foods, or extreme caution when eating). | 0 | 1 | 2 | 3 | 4 | **5** | 6 |

## Lack of Interest in Eating or Food

| | | 0 | 1 | 2 | 3 | 4 | 5 | 6 |
|---|---|---|---|---|---|---|---|---|
| 24 | Over the past month, how often has your child forgotten to eat or found it difficult to make time to eat? Indicate how often your child has forgotten to eat or found it difficult to make time to eat, ranging from 0 (= never) to 6 (= always). | 0 | 1 | 2 | **3** | 4 | 5 | 6 |
| 25 | Over the past month, how often has your child appeared to lack enjoyment in food or eating (even if only certain foods)? Indicate how often your child has lacked enjoyment in food or eating, ranging from 0 (= never) to 6 (= always). | 0 | 1 | 2 | 3 | **4** | 5 | 6 |
| 26 | Over the past month, how often has your child said or indicated they are full before their meal is finished, or stopped eating sooner than others because they had had enough? Indicate how often your child has indicated they are full or stopped eating early, ranging from 0 (= never) to 6 (= always). | 0 | 1 | 2 | **3** | 4 | 5 | 6 |

## Concern about Aversive Consequences

| | | 0 | 1 | 2 | 3 | 4 | 5 | 6 |
|---|---|---|---|---|---|---|---|---|
| 27 | Over the past month has your child been avoiding or restricting the amount or type of food they eat, because they have said or indicated they were afraid that something bad might happen, like being sick, choking, having an allergic reaction, or being in pain? Indicate how often being afraid something bad might happen has affected your child's eating, ranging from 0 (= never) to 6 (= always). | 0 | **1** | 2 | 3 | 4 | 5 | 6 |
| 28 | Over the past month has your child avoided eating situations because they said or indicated they were worried something bad might happen, like being sick, choking, having an allergic reaction, or being in pain while eating (for example, because they might be served something they usually avoid for these reasons, or because they have had a bad experience in the past)? Indicate how often your child has avoided eating situations due to such worries, ranging from 0 (= never) to 6 (= always). | 0 | **1** | 2 | 3 | 4 | 5 | 6 |
| 29 | Over the past month has your child expressed any physical feelings of panic or anxiety (examples might include a racing heart, sweaty palms, feeling sick) when they have seen something that has made them think something bad might happen, like being sick, choking, having an allergic reaction, or being in pain while eating. Indicate how often your child has had physical feelings of panic or anxiety due to such thoughts, ranging from 0 (= never) to 6 (= always). | **0** | 1 | 2 | 3 | 4 | 5 | 6 |