

PEACH* Survey

Child's Name: _____

Date of Birth: _____

Address: _____

Phone No.: _____

Individual/Agency Completing Survey: _____

Date: _____

Please circle YES or NO for each question as it applies to your child.

Does your child have a health problem (do not include colds or flu)? If yes, what is it?	YES NO	1
Is your child: Small for age? <input type="checkbox"/> Too thin? <input type="checkbox"/> Too heavy? <input type="checkbox"/> (If you check any of the above, please circle YES)	YES NO	3
Does your child have feeding problems? If yes, what are they?	YES NO	3
Is your child's appetite a problem? If yes, describe:	YES NO	1
Is your child on a special diet? If yes, what type of diet?	YES NO	2
Does your child take medicine for a health problem (Do not include vitamins, iron, or fluoride)? Name of medicine(s):	YES NO	1
Does your child have food allergies? If yes, to what foods?	YES NO	1
Does your child use a feeding tube or other special feeding method? If yes, explain:	YES NO	4
Circle YES if your child does not eat any of these foods: Milk <input type="checkbox"/> Meats <input type="checkbox"/> Vegetables <input type="checkbox"/> Fruits <input type="checkbox"/> (Check all that apply)	YES NO	1
Circle YES if your child has problems with: Sucking <input type="checkbox"/> Swallowing <input type="checkbox"/> Chewing <input type="checkbox"/> Gagging <input type="checkbox"/> (Check all that apply)	YES NO	3
Circle YES if your child has problems with: Loose stools <input type="checkbox"/> Hard stools <input type="checkbox"/> Throwing Up <input type="checkbox"/> Spitting Up <input type="checkbox"/> (Check all that apply)	YES NO	3
Does your child eat clay, paint chips, dirt, or any other things that are not food? If yes, what?	YES NO	2
Does your child refuse to eat, throw food, or do other things that upset you at mealtime? If yes, explain:	YES NO	2
For infants under 12 months who are bottle fed : Does your child drink less than 3 (8-ounce) bottles of milk per day?	YES NO	1
For children over 12 months : (Check if applies and circle the YES) Is your child not using a cup? <input type="checkbox"/> Is your child not finger feeding? <input type="checkbox"/>	YES NO	1
For children over 18 months : Does your child still take most liquids from a bottle?	YES NO	2
Circle YES if your child is not using a spoon.	YES NO	2



Total =

What is the PEACH Survey?

- The PEACH is a brief survey to be used for nutrition screening of infants and children up to age 5 who are at risk for developmental problems.
- The PEACH is to be used only for screening, not for diagnostic purposes.

Who should fill out the PEACH Survey?

- The child's parent or primary care giver should answer the questions.

For Office Use Only:

Scoring the PEACH

1. Add up the points next to each YES response. Enter the total at the bottom of the page.
2. Next, enter the total in this box: **TOTAL SCORE**
3. **Is the total score 4 or greater?**
 - The child is likely to have a nutrition problem and needs further evaluation by a qualified nutritionist.
4. **Is the total score 3 or less?**
 - The child probably does not have a nutrition problem at this time. However, if the care giver or professional feels that there are nutritional concerns, the child should be referred to a qualified nutritionist.

Additional survey forms are available from:

Children and Youth Section
Division of Maternal and Child Health
Department of Environment, Health, and Natural Resources
P. O. Box 27687
Raleigh, NC 27611-7687

Interpreting the PEACH Survey

Ann Weidenbenner, MS, RD, LD

BCMh Nutritionist

6/12/01

1. Does your child have a health problem (do not include colds or flu)?
A chronic health condition can lead to health and nutrition problems.
2. Is your child small for age? Too thin? Too heavy?
Growth assessment and interpretation in CSHCN are different from those in the general population. Usually if the child's weight < 5th percentile, height < 5th percentile, or weight is >95th percentile, a referral to a registered dietitian is needed to identify the cause of the growth deviation, to assess the food intake, and feeding behaviors.
3. Does your child have feeding problems?
Feeding problems are defined as the inability or refusal to eat certain foods because of neuromotor dysfunction, obstructive lesions, and/or psychosocial factors. Problems are classified as oral-motor, positioning, and behavioral. Chewing, swallowing, reflux, tongue thrust, jaw thrust, tonic bite reflex, lip retraction, hyperactive gag reflex, excessive drooling, poor eye-hand coordination, and texture aversions are all signs if possible oral-motor feeding problems which can lead to inadequate nutrient intake.
4. Is your child's appetite a problem?
Appetites change from day to day, depending on how fast they are growing and their activity level. If the child is energetic and growing, they are probably getting enough nutrients. Young children often eat small portions. Between 12 and 24 months of age, a child's appetite decrease. Offer small, frequent nutrient dense meals. Rule of thumb: One tablespoon of each food group per year of age per meal.
5. Is your child on a special diet?
Severe food allergies requiring restrictions, metabolic diseases, special formulas, nutritional modulars, ie. Polycose, Pro-Mod, MCT oil, Thicken Up, Crohn's disease, short-gut syndrome, seizures, renal disorders, etc. require special dietary considerations.

6. **Does your child take medicine for a health problem?**
Chronic use of some medications may interfere with nutrient absorption or metabolism. Seizure medications, antibiotics, cardiac medications, muscle relaxants, stimulants, laxatives and other medications may alter their appetite, food intake, digestion, absorption, and elimination patterns. Drug/nutrient interactions or side effects may also affect nutritional status. Vitamin and mineral megadoses and/or herbal preparations may be used by the family/child.

7. **Does your child have food allergies?**
Has the food allergy been diagnosed by a specialist? Only 5% of adverse reaction to foods and food additives are true allergies. Food allergy/hypersensitivity is when a person's immune system responds to the ingestion of a particular food protein. Symptoms can occur within seconds or as long as 72 hours after exposure. Itching, hives, rash, vomiting, diarrhea, abdominal pain, swelling of the lips, tongue or face are all symptoms.

8. **Does your child use a feeding tube or other special feeding method?**
Gastrostomy, jejunostomy, nasogastric tubes used for feeding require special considerations.

9. **Circle yes if your child does not eat any of these foods:**
Milk, Meats, Vegetables, Fruits
Children need to eat a variety of foods from all the different food groups. Eliminating any of them would eliminate important nutrients.
For infants, use age and developmentally appropriate introduction of foods for this question.
Cereals: 4-6 months,
Vegetables: 5-6 months
Fruits and fruit juices: 6 months
Meats: 8 months
Breastmilk or Iron-fortified formula: entire 12 months

10. **Circle yes if your child has problems with:**
Sucking, Swallowing, Chewing, Gagging
A poor suck is an indication of a feeding problem. Problems with swallowing can lead to aspiration. All of these feeding problems can influence a child's food intake which will impact their overall health.

11. Circle yes if your child has problems with:

Loose stools, Hard stools, Throwing up, Spitting up

Chronic constipation or diarrhea can be problems for children with special needs due to their diet, fluid intake, activity level, muscle tone, and use of medications.

Constipation, diarrhea, and vomiting in a typical infant/child is a common response to illness. However, in the child with special needs, fluid and bowel problems require interventions appropriate to a chronically ill child.

Diarrhea is defined as watery bowel movements every 1 to 2 hours. Dehydration may be present and require oral rehydration therapy. Chronic diarrhea is diarrhea lasting more than 2 weeks. Loose stools in a breastfed infant are more frequent and looser than stools in a formula-fed infant.

Hard stools are when bowels move either less often than usual or move with great difficulty (hard and dry). Frequency varies with each individual. Less than once a day may not be a sign of constipation. Prolonged use of laxatives and enemas is not recommended as a treatment since this can lead to dependence on them. Mineral oil can decrease absorption of fat-soluble vitamins and is not recommended, especially long-term.

Throwing up could be an indication of a food allergy, food-behavior problem, or illness. If it occurs routinely, it should be evaluated.

Spitting up, if frequent, along with choking and coughing are signs of a possible swallowing dysfunction.

12. Does your child eat clay, paint chips, dirt, or any other things that are not food?

Pica and lead exposure can lead to nutritional deficiencies. Pica is not chewing on ice cubes. Pica can also cause diarrhea or constipation.

13. Does your child refuse to eat, throw food, or do other things that upset you at mealtime?

Many children use food-related behaviors to manipulate or control their parents. Other negative feeding behaviors include crying when food is offered, refusal to sit at the table, gagging and vomiting in response to food offered, unwilling to sit still during mealtime.

Parents need to provide a structured but pleasant, mealtime environment and serve as role models by eating a variety of foods. Parents are responsible for what, when, and where the child eats, toddlers are responsible for whether to eat and how much. Learning to identify difficulties or tense situations related to food, health professionals can intervene early and prevent full-blown behavior problems.

14. For infants under 12 months who are bottle fed:
Does your child drink less than 3- 8 ounces bottles of milk/formula per day.

If an infant is growing and gaining weight, the typical infant should be consuming 24-32 ounces of formula per day.

15. For children over 12 months:

Is your child not using a cup?

Weaning should be initiated from 6 months and gradually increased to cup feeding by 12 months. Prolonged use of the bottle can lead to baby bottle tooth decay.

Is your child not finger feeding?

Hand-to-mouth coordination is basic for finger feeding. Babies practice this early by putting everything in their mouth. Finger feeding begins with large hard foods like crackers or cookies and progress to smaller foods like dry cereal. By 10 - 12 months, infants should be finger feeding. By 15 months the child will refine his skills for self-feeding.

16. For children over 18 months:

Does you child still take most liquids from a bottle?

Cup drinking with assistance can be started at 6 - 7 months although independent cup drinking may not occur until 24 months. Prolonged bottle-feeding can cause earaches or choking. Once teeth have erupted, liquids containing carbohydrate can lead to nursing bottle mouth.

Is your child not using a spoon?

Children usually let the parent know when they are ready to feed themselves with a spoon. As they practice feeding themselves with finger feeding and play with a spoon in the high chair, they gain more control of spoon feeding. By 24 months the child should be able to use a spoon throughout the meal without spilling.