APPENDIX C

Taste Session Data Sheet

1. For each bite of new food, circle yes if the child ate the bite without crying, gagging, throwing the food, or exhibiting any other inappropriate behavior.
2. If the child cried, gagged, or threw food, circle yes in the appropriate column for that bite.
3. If the child displayed another type of inappropriate behavior, list the behavior in the "List other problem" column.

   The data collected can be used to examine whether the child starts eating a particular food without difficulty and whether inappropriate behaviors occur during Taste Sessions.

FOOD	Bite Size (e.g., pea-sized, etc.)	Ate w/o problem	Gagged	Cried	Threw food	List other problem
		Y N	Yes	Yes	Yes	
		Y N	Yes	Yes	Yes	
		Y N	Yes	Yes	Yes	
		Y N	Yes	Yes	Yes	
		Y N	Yes	Yes	Yes	
		Y N	Yes	Yes	Yes	
		Y N	Yes	Yes	Yes	
		Y N	Yes	Yes	Yes	
		Y N	Yes	Yes	Yes	
		Y N	Yes	Yes	Yes	