

## Sensory Eating Problems Scale (SEPS)

Please circle the option that best describes your child

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1. My child will only eat foods that are warm.

0 = Never      1 = Rarely      2 = Sometimes      3 = Often      4 = Always

2. My child accepts only one flavor of a certain type of food (e.g., strawberry yogurt).

0 = Never      1 = Rarely      2 = Sometimes      3 = Often      4 = Always

3. My child will eat one food for weeks or months at a time.

0 = Never      1 = Rarely      2 = Sometimes      3 = Often      4 = Always

4. My child has a clear dislike for food touching his/her lips.

0 = Never      1 = Rarely      2 = Sometimes      3 = Often      4 = Always

5. My child does not like if food touches his/her teeth.

0 = Never      1 = Rarely      2 = Sometimes      3 = Often      4 = Always

6. My child is sensitive to food temperature.

0 = Never      1 = Rarely      2 = Sometimes      3 = Often      4 = Always

7. My child will only eat foods that are cold.

0 = Never      1 = Rarely      2 = Sometimes      3 = Often      4 = Always

8. My child will only eat foods that are room temperature.

0 = Never      1 = Rarely      2 = Sometimes      3 = Often      4 = Always

9. My child gags when food touches his/her tongue.

0 = Never      1 = Rarely      2 = Sometimes      3 = Often      4 = Always

10. My child expels food or liquid.

0 = Never      1 = Rarely      2 = Sometimes      3 = Often      4 = Always

11. My child uses his or her fingers to take food out of his/her mouth.

0 = Never      1 = Rarely      2 = Sometimes      3 = Often      4 = Always

12. My child has difficulty touching food with his/her fingers.

0 = Never      1 = Rarely      2 = Sometimes      3 = Often      4 = Always

13. My child has a sensitive gag reflex.

0 = Never      1 = Rarely      2 = Sometimes      3 = Often      4 = Always

14. My child will refuse entire food categories (e.g., all fruits, all vegetables).

0 = Never      1 = Rarely      2 = Sometimes      3 = Often      4 = Always

15. My child gets upset when food or liquid touches his/her lips.

0 = Never      1 = Rarely      2 = Sometimes      3 = Often      4 = Always

16. My child overstuffs his/her mouth with food.

0 = Never      1 = Rarely      2 = Sometimes      3 = Often      4 = Always

17. My child attempts to swallow large pieces of food.

0 = Never      1 = Rarely      2 = Sometimes      3 = Often      4 = Always

18. My child attempts to swallow bites of food without chewing.

0 = Never      1 = Rarely      2 = Sometimes      3 = Often      4 = Always

19. My child gags when a spoon is placed directly on his/her tongue.

0 = Never      1 = Rarely      2 = Sometimes      3 = Often      4 = Always

20. My child spits out food or liquid.

0 = Never      1 = Rarely      2 = Sometimes      3 = Often      4 = Always

21. My child avoids mixed textures of food (e.g., spaghetti and meatballs).

0 = Never      1 = Rarely      2 = Sometimes      3 = Often      4 = Always

22. My child will gag or vomit at the sight of new food.

0 = Never      1 = Rarely      2 = Sometimes      3 = Often      4 = Always