Taste Data Sheet

Name of Food	Ate w/o problem	Gagged	Cried	Threw food	List other problem
	Yes No	Yes	Yes	Yes	
	Yes No	Yes	Yes	Yes	
	Yes No	Yes	Yes	Yes	
	Yes No	Yes	Yes	Yes	
	Yes No	Yes	Yes	Yes	
	Yes No	Yes	Yes	Yes	
	Yes No	Yes	Yes	Yes	
	Yes No	Yes	Yes	Yes	
	Yes No	Yes	Yes	Yes	
	Yes No	Yes	Yes	Yes	
	Yes No	Yes	Yes	Yes	
	Yes No	Yes	Yes	Yes	
	Yes No	Yes	Yes	Yes	
	Yes No	Yes	Yes	Yes	

Instructions

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.