(27) Parental Feeding Style Questionnaire: Control over Eating Scale

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
|  | Please read the following statements and tick the appropriate boxes to show how you deal with feeding your child. It is important to remember that there are no right or wrong answers to these questions, we are interested in what parents really feel and do. | Never | Rarely | Sometimes | Often | Always |
| 1. | I decide when it is time for my child to have a snack. | 1 | 2 | 3 | 4 | 5 |
| 2. | I decide how many snacks my child should have | 1 | 2 | 3 | 4 | 5 |
| 3. | I decide what my child eats between meals. | 1 | 2 | 3 | 4 | 5 |
| 4. | I decide the times when my child eats his/her meals. | 1 | 2 | 3 | 4 | 5 |
| 5. | I insist my child eats meals at the table. | 1 | 2 | 3 | 4 | 5 |
| 6. | I allow my child to choose which foods to have for meals. | 1 | 2 | 3 | 4 | 5 |
| 7. | I allow my child to wander around during a meal. | 1 | 2 | 3 | 4 | 5 |
| 8. | I allow my child to decide when s/he has had enough snacks to eat. | 1 | 2 | 3 | 4 | 5 |
| 9. | I let my child eat between meals whenever s/he wants. | 1 | 2 | 3 | 4 | 5 |
| 10. | I let my child decide when s/he would like to have her meal. | 1 | 2 | 3 | 4 | 5 |