



# Healthy Habits. Healthy Life.

Ages 2-9

CHILD'S NAME: \_\_\_\_\_ AGE: \_\_\_\_\_ TODAY'S DATE: \_\_\_\_\_



- How many servings of fruits or vegetables does your child eat a day? .....   
(One serving is about the size of the palm of your child's hand.)
- How many times a week does your child eat dinner at the table together with the family? .....
- How many times a week does your child eat breakfast? .....
- How many times a week does your child eat takeout or fast food? .....
- How many hours of recreational (outside of school work) screen time does your child have in a day? .....
- Is there a television set or internet-connected device in your child's bedroom? .....
- How many hours does your child sleep at night? .....
- How many minutes a day does your child spend in active play? (faster breathing or sweating) .....
- How many 8-ounce servings of the following does your child drink a day?  
 Water .....     Nonfat (skim), low-fat (1%) milk .....     Reduced-fat (2%) milk .....   
 Whole or chocolate milk .....     100% juice .....     Fruit or sports drink .....   
 Soda or punch .....

10. Based on your answers, is there ONE thing you would like to help your child change now?  
Please check one box:

- |   |  |
|---|--|
| Eat more fruits and vegetables ..... <input type="radio"/>  | Be more active - get more exercise ..... <input type="radio"/> |
| Eat less fast food / takeout ..... <input type="radio"/>  | Get more sleep ..... <input type="radio"/>                     |
| Drink less soda, juice, or punch ..... <input type="radio"/>  | Eat breakfast ..... <input type="radio"/>                      |
| Drink more water ..... <input type="radio"/>  | Not ready to make a change now ..... <input type="radio"/>     |
| Spend less time watching TV / movies and playing video / computer games ..... <input type="radio"/> |  |
| Take the TV out of the bedroom ..... <input type="radio"/>  |  |



- Within the past 12 months we worried whether our food would run out before we had money to buy more.  
Often True .....     Sometimes True .....     Never True .....
- Within the past 12 months the food we bought just didn't last and we didn't have money to get more.  
Often True .....     Sometimes True .....     Never True .....



Please give the completed form to your clinician. Thank you!

