

HEALTHY HABITS SURVEY: 2-12 YEARS OLD

Name: _____

Date: _____

1. How many servings of **fruits** does your child eat per day?
☐ 0-1 ☐ 2-3 ☐ 4-5 ☐ 5 +
2. How many servings of **vegetables** does your child eat per day?
☐ 0-1 ☐ 2-3 ☐ 4-5 ☐ 5 +
3. How often does your child drink **juice**?
☐ Every day ☐ Once a week ☐ Once a month
☐ A few times per week ☐ A few times per month ☐ Never
4. How often does your child drink **soda**?
☐ Every day ☐ Once a week ☐ Once a month
☐ A few times per week ☐ A few times per month ☐ Never
5. How often does your child drink **sports drinks or flavored drinks (Gatorade, Kool-Aid, sweet tea, etc.)**?
☐ Every day ☐ Once a week ☐ Once a month
☐ A few times per week ☐ A few times per month ☐ Never
6. How many 8oz cups of **water** does your child drink every day?
☐ 0-1 ☐ 2-3 ☐ 4 +
7. How many servings of **dairy** (milk, yogurt, cheese) does your child eat or drink per day?
☐ Less than 3 servings ☐ 3 servings ☐ Greater than 3 servings
8. How many times per week do you **eat dinner at the table as a family**?
☐ Zero ☐ 1-2 ☐ 3-4 ☐ 5-6 ☐ 7
9. How many times per week does your child eat **breakfast**?
☐ Zero ☐ 1-2 ☐ 3-4 ☐ 5-6 ☐ 7

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10. How often does your child eat **takeout or fast food**?

- | | | |
|---|--|---------------------------------------|
| <input type="checkbox"/> Every day | <input type="checkbox"/> Once a week | <input type="checkbox"/> Once a month |
| <input type="checkbox"/> A few times per week | <input type="checkbox"/> A few times per month | <input type="checkbox"/> Never |

11. Does your child have any of the following in the room where he/she sleeps? (Please check **ALL** that apply)

- | | |
|-------------------------------------|--|
| <input type="checkbox"/> Television | <input type="checkbox"/> Tablet/Cell phone |
| <input type="checkbox"/> Computer | <input type="checkbox"/> Video game system |

12. How much time during the day does your child spend in front of a **TV, computer, tablet, cell phone or video game**?

- | | | | |
|---|------------------------------------|------------------------------------|--|
| <input type="checkbox"/> Less than 1 hour | <input type="checkbox"/> 1-2 hours | <input type="checkbox"/> 3-4 hours | <input type="checkbox"/> 5 hours or more |
|---|------------------------------------|------------------------------------|--|

13. How much time does your child spend in **moderate to vigorous physical activity** (faster breathing, increased heart rate) per day?

- | | | | |
|---------------------------------------|--|--|---------------------------------------|
| <input type="checkbox"/> 0-15 minutes | <input type="checkbox"/> 15-30 minutes | <input type="checkbox"/> 30-60 minutes | <input type="checkbox"/> > 60 minutes |
|---------------------------------------|--|--|---------------------------------------|

14. **Eating Habits** (please check **ALL** that apply)

- | | | |
|---|---|---|
| <input type="checkbox"/> My child skips meals | <input type="checkbox"/> My child often eats in front of the TV or computer | <input type="checkbox"/> My child is not sure when he/she is full |
| <input type="checkbox"/> My child eats too large of portions | <input type="checkbox"/> My child often eats two or more helpings of food | <input type="checkbox"/> My child snacks too much |
| <input type="checkbox"/> My child loves sweets and can't stay away from them | <input type="checkbox"/> We use food as a reward | <input type="checkbox"/> My child eats too fast |
| <input type="checkbox"/> My child drinks several high calorie drinks daily (whole milk, sodas, juices, sports drinks) | <input type="checkbox"/> My child sneaks food | <input type="checkbox"/> My child eats when bored |
| <input type="checkbox"/> My child eats a lot of fried foods | <input type="checkbox"/> My child hides when eating | <input type="checkbox"/> My child eats when sad/depressed |
| | | <input type="checkbox"/> My child eats when stressed |
| | | <input type="checkbox"/> My child eats when angry |

15. Based on your answers, choose **ONE** thing you would be interested in changing **NOW**?

- | | | |
|--|---|--|
| <input type="checkbox"/> Eat more fruits and vegetables | <input type="checkbox"/> Spend less time watching TV or playing video games | <input type="checkbox"/> Drink less juice, soda or flavored drinks |
| <input type="checkbox"/> Take TV, computer, tablet or game system out of the bedroom | <input type="checkbox"/> Limit portion sizes at meals and snacks | <input type="checkbox"/> Replace sweet drinks with water |
| <input type="checkbox"/> Increase physical activity | <input type="checkbox"/> Eat less fast food/takeout | <input type="checkbox"/> Switch to skim or 1% milk |