



# Healthy Lifestyle Questions - Adolescent

Please answer these questions before you meet with your provider today

		Please CIRCLE the number for your child					
	How many servings of fruit do you usually eat each day?	0	1	2	3+ servings		
	How many servings of vegetables each day?	0	1	2	3+ servings		
	How many hours of TV, video games, or playing on computer each day?	0	1	2	3	4	5+ hours
	How many minutes of physical activity that makes you sweat each day?	0	15 min	30 min	45 min	60+ min	
	How many times a day do you drink juice, soda, Kool-Aid, or Gatorade?	0	1	2	3	4	5+ drinks
	How many meals do you eat sitting down with your family each WEEK?	2 or less	3	4	5	6	7
	How many days each WEEK do you eat breakfast?	2 or less	3	4	5	6	7
	When do you usually fall asleep at night?	7pm	8pm	9pm	10pm	11pm	12 midnight or later
	When do you usually wake up in the morning?	5am	6am	7am	8am	9am	10am or later

## Concerns

How concerned are you about any of your eating, exercise, or sleeping habits? (please circle)

0-----1-----2-----3-----4-----5-----6-----7-----8-----9-----10

**Not concerned  
at all**

**Very concerned**

How concerned are you about your weight? (please circle)

0-----1-----2-----3-----4-----5-----6-----7-----8-----9-----10

**Not concerned  
at all**

**Very concerned**