








# Healthy Lifestyle Questions

Please answer these questions before you meet with your provider today

		Please CIRCLE the number for your child					
	How many servings of fruit does your child usually eat each day?	0	1	2	3+		
	How many servings of vegetables each day?	0	1	2	3+		
	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 your child sweat each day?	0	15 min	30 min	45 min	60+ min	
	How many times a day does your child drink juice, soda, Kool-Aid, or Gatorade?	0	1	2	3	4	5+ drinks
	How many meals does your family eat together each WEEK <i>without the TV on</i> ?	2 or less	3	4	5	6	7
	How many days each WEEK does your child eat breakfast?	2 or less	3	4	5	6	7
	When does your child usually fall asleep at night?	7pm	8pm	9pm	10pm	11pm	12 midnight or later
	When does your child usually wake up in the morning?	5am	6am	7am	8am	9am	10am or later

## Concerns

How concerned are you about any of your child's 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 child's weight? (please circle)

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

**Not concerned  
at all**

**Very concerned**