Visit Outline for Healthy Child Weight Counseling

1. Ask Permission
   a. Can we talk about how ________ is growing?
   b. Can we talk about _________’s weight?
   c. Can we talk about how ________ usually eats?
   d. Can we talk about what _________ does to stay active?

2. Elicit the Family’s Concerns
   a. What do you think of _________’s weight?
   b. What do you think of what ________ usually eats?
   c. What do you think of ____________’s activity level?

3. Assess Readiness to Change
   a. How important is it to you to improve _____’s weight, diet, and/or activity? Why is it important/why not?

4. ESPECIALLY IF THE FAMILY IS AMBIVALENT, Elicit Change Talk
   a. What would make ________ be more important?
   b. What would be the benefits of changing _________?
   c. What would be the down side of not changing ________?
   d. How would you like to make a change __________?

5. Collaboratively Set a Goal
   a. It looks like your screening form identified healthy changes you could make in X, Y, or Z. Which one of those are you most interested in working on?
   b. How confident are you that you will succeed? What or who will help you succeed?
   c. What might get in the way?

6. Summarize, Make a Follow-Up Plan and/or Referral
   a. We talked about changing ______which is important to you because of _______. You will keep track of ______ every day. I referred you to ________ or you can come back to see us in 1-2 months to see how things are going.