

5210 Healthy Habits Questionnaire (Ages 2–9)

We are interested in the health and well-being of all our patients. Please take a moment to answer the following questions.

Patient Name: _____

Age: _____ Today's Date: _____

1. How many servings of fruits or vegetables does your child eat a day?

One serving is most easily identified by the size of the palm of your child's hand.

2. How many times a week does your child eat dinner at the table together with the family?

3. How many times a week does your child eat breakfast?

4. How many times a week does your child eat takeout or fast food?

5. How many hours a day does your child watch TV/movies or sit and play video/computer games?

6. Does your child have a TV in the room where he /she sleeps?

Yes No

7. Does your child have a computer in the room where he /she sleeps?

Yes No

8. How much time a day does your child spend in active play (faster breathing/heart rate or sweating)?

9. How many 8-ounce servings of the following does your child drink a day?

100% Juice _____

Fruit drinks or sports drinks _____

Soda or punch _____

Water _____

Whole milk _____

Nonfat or reduced fat milk _____

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 & vegetables.

Spend less time watching TV/movies and playing video/computer games.

Take the TV out of the bedroom.

Eat less fast food/takeout.

Play outside more often.

Drink less soda, juice, or punch.

Switch to skim or low fat milk.

Drink more water.



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

Adapted by MaineHealth® and Maine Medical Center from the High Five for Kids in Massachusetts and Keep ME Healthy in Maine.

