

5210 Healthy Habits Questionnaire (Ages 10–18)

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 do you eat a day?
(One serving is most easily identified by the size of the palm of your hand.)

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

3. How many times a week do you eat breakfast?

4. How many times a week do you eat takeout or fast food?

5. How many hours a day do you watch TV/movies or sit and play video/computer games?

6. Do you have a TV in the room where you sleep?

Yes No

7. Do you have a computer in the room where you sleep?

Yes No

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

9. How many 8-ounce servings of the following do you drink a day?

_____ 100% juice
_____ Water

_____ Fruit or sports drinks
_____ Whole milk

_____ Soda or punch
_____ Nonfat (skim), low-fat (1%), or reduced-fat (2%) milk

10. Based on your answers, is there **ONE** thing you would be interested in changing now? Please check one box.

Eat more fruits and 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 nonfat (skim) or low-fat (1%) milk.

Drink more water.



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

