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 ________
   - Water ________
   - Fruit drinks or sports drinks ________
   - Whole milk ________
   - Soda or punch ________
   - 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.
   - ☐ Eat less fast food/takeout.
   - ☐ Take the TV out of the bedroom.
   - ☐ Drink more water.
   - ☐ Play outside more often.
   - ☐ Drink less soda, juice, or punch.
   - ☐ Switch to skim or low fat milk.

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