Healthy Habits Questionnaire

(Ages 10-18)

5210 Healthy Military Children

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 _____Fruit or sports drinks _____Soda or punch
   _____Water _____Whole milk _____Nonfat (skim), low-fat (1%), or reduced-fat (2%) milk

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

☐ Eat more fruits & vegetables.
☐ Take the TV out of the bedroom.
☐ Play outside more often.
☐ Spend less time watching TV/movies and playing video/computer games.
☐ Drink less soda, juice, or punch.
☐ Eat less fast food/takeout.
☐ Drink more water.
☐ Switch to skim or low fat milk.

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

For more information visit us at https://5210.psu.edu or email at 5210@psu.edu.

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