



# 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.**

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

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

