Healthy Habits Questionnaire

(Ages 2-9)

5210 Healthy 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 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 <u>ONE</u> 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 less soda, juice, or punch.	☐ Drink more water.
☐ Play outside more often.		☐ 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.

CLEARINGHOUSE FOR MILITARY FAMILY READINESS

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