

5210 Healthy Habits Questionnaire ages 2-9

Child's Name: _____

Age: _____ Today's Date: _____

**We are interested
in the health and
well-being of all
our patients.
Please take a
moment to answer
these questions.**

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 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 much recreational (*outside of school work*) screen time does your child consume daily? _____
6. Is there a television set or Internet-connected device in your child's bedroom? _____
7. How many hours does your child sleep each night? _____
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 _____ Whole milk _____
Water _____ Soda or punch _____
Fruit or sports drinks _____ Nonfat (skim), low-fat (1%),
or reduced-fat (2%) 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 and vegetables.
 Eat less fast food/takeout.
 Drink less soda, juice, or punch.
 Drink more water.
 Spend less time watching TV/movies and playing video/computer games.
 Take the TV out of the bedroom.
 Be more active – get more exercise.
 Get more sleep.

Please give the completed form to your clinician. **thank you!**

