

5210 Healthy Habits Questionnaire ages 10+

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



Your Name: _____

Age: _____ Today's Date: _____

1. How many servings of fruits or vegetables do you have 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 much recreational (*outside of school work*) screen time do you consume daily? _____
6. Is there a television set or Internet-connected device in your bedroom? _____
7. How many hours do you sleep each night? _____
8. How much time a day do you spend being active? _____
(*faster breathing/heart rate or sweating*)?
9. How many 8-ounce servings of the following do you 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 be interested in changing 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!**