

Patient Name: _____

Date of Birth: _____

Take the Healthy Habits Quiz to help identify areas where your family may want to make changes.

HEALTHY HABITS QUIZ:

Do you and your family:

	Yes	No	Sometimes
Have regularly scheduled mealtimes at home?			
Eat meals together at least once a day?			
Plan snacks?			
Tailor portion sizes to each person's needs?			
Eat three meals every day?			
Try to make mealtimes enjoyable?			
Avoid making everyone eat everything on their plate?			
Make meals last more than fifteen minutes?			
Eat only in designated areas of the house?			
Avoid using food to punish or reward?			
Enjoy physical activities together once or twice a week?			

"Yes" =2 points

"Sometimes" =1 point

"No" =0 points

If your total score is:

20- 22: Your family is right on track. Use this guide for additional healthy eating and physical activity.

13- 19: Your family is doing well, but could work on areas where you answered "no"/ "sometimes."

12 or lower: This guide should be very helpful to try to help your child reach a healthy weight.