

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 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 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 have 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 being active? _____
(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.



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