

Healthy Habits Survey

Ages 2-18

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. Total servings of fruits and vegetable on most days? 0 1 2 3 4 5

One serving is most easily identified by the size of the palm of your child's hand.

2. Do you eat breakfast every day? Yes _____ No _____

3. Number of times per week I sit down at the table to eat dinner with the family?

0 1 2 3 4 5 6 7

4. Number of times per week I eat out or visit restaurants?

0 1 2 3 4 5 6 7 8 9 10 _____ times

5. Number of hours per day I watch TV, play video/computer games, use electronic devices, phones or tablets?

0 1 2 3 4 5 6 7 8 9 10 _____ hrs

6. I have a TV in my bedroom? Yes _____ No _____

7. I do at least 1 hour of moderate physical activity per day? Yes _____ No _____

Moderate physical activity is easily identified by faster breathing, faster heart rate or sweating.

8. Number of servings (8 ounces) of soda, punch drinks, Gatorade or other sugar-sweetened drinks per day?

0 1 2 3 4 5 6 7 8 9 10 _____ servings

9. Ounces of 100% fruit drinks per day?

0 1 2 3 4 5 6 7 8 9 10 _____ oz

10. I drink: Fat Free/Skim Milk 1% Milk 2% Milk Whole Milk Other Milk Type _____

11. ONE thing I would like to change now?

- | | |
|---|---|
| <input type="checkbox"/> Eat more fruits & vegetables | <input type="checkbox"/> Spend less time playing video/computer games |
| <input type="checkbox"/> Take TV out of the bedroom | <input type="checkbox"/> Eat less fast food/takeout |
| <input type="checkbox"/> Play outside more often | <input type="checkbox"/> Drink less soda, juice or punch |
| <input type="checkbox"/> Switch to skim/low fat milk | <input type="checkbox"/> Drink more water |
| <input type="checkbox"/> Spend less time watching TV | |