



Nutrition and Physical Activity Survey for Families

While you wait, please take a minute to go through the following questions about your child and families' nutrition and physical activity habits. By answering these questions, you will help start a conversation with your provider about healthy habits.

Date: _____

Patient Name: _____ Age: _____

	YES	NO
My child eats 5 or more servings of fruits and vegetables most days.	<input type="checkbox"/>	<input type="checkbox"/>
My child eats breakfast every day.	<input type="checkbox"/>	<input type="checkbox"/>
My child eats dinner with the family twice a week or more.	<input type="checkbox"/>	<input type="checkbox"/>
My child does some type of physical activity in or outside of school for 1 hour or more every day.	<input type="checkbox"/>	<input type="checkbox"/>
My child drinks nonfat or 1% milk.	<input type="checkbox"/>	<input type="checkbox"/>
My child eats take-out/fast food or at restaurants 2 times per week or more.	<input type="checkbox"/>	<input type="checkbox"/>
My child drinks juice, soda or punch once a day or more.	<input type="checkbox"/>	<input type="checkbox"/>
My child watches TV/videos or plays computer games more than 1 hour /day.	<input type="checkbox"/>	<input type="checkbox"/>
My child has a TV in the bedroom.	<input type="checkbox"/>	<input type="checkbox"/>

