



## Nutrition and Physical Activity Survey for Youth

While you wait, please take a minute to go through the following questions about your 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
I eat 5 or more servings of fruits and vegetables most days.	<input type="checkbox"/>	<input type="checkbox"/>
I eat breakfast every day.	<input type="checkbox"/>	<input type="checkbox"/>
I eat dinner with my family 2 times per week or more?	<input type="checkbox"/>	<input type="checkbox"/>
Do you do some type of physical activity in or outside of school for 1 hour or more every day.	<input type="checkbox"/>	<input type="checkbox"/>
I drink nonfat or 1% milk.	<input type="checkbox"/>	<input type="checkbox"/>
I eat take-out/fast food or at restaurants 2 times per week or more.	<input type="checkbox"/>	<input type="checkbox"/>
I drink juice, soda or punch once a day or more.	<input type="checkbox"/>	<input type="checkbox"/>
I watch TV/videos or plays computer games more than 1 hour/day.	<input type="checkbox"/>	<input type="checkbox"/>
I have a TV in my bedroom.	<input type="checkbox"/>	<input type="checkbox"/>

