

Tell Us about Your Child's Eating Habits and Physical Activity

1		What kind of milk does your child on Skim or 1%	drink	? 2%		Whole		None Other:
2		How much soda or other sugar-swe	eeter	ned drinks (like sweet tea, pun Less than 6 ounces (a half can of soda)	ch, ł	Kool-Aid®) does your child o More than 6 ounces	drin	k each day?
3		How much fruit juice does your chi Less than 6 ounces (a small juice glass)	ld di	ink each day? 6-12 ounces		More than 12 ounces		
4		How many days a week does your Every day	child	eat breakfast? Some days		Rarely/Never		
5		How often do you help your child on Most of the time		le if s/he is really hungry befor Some of the time	e ea	ting a snack or a second he Rarely/Never	elpir	ng of a meal?
6	5.	How many snacks like cookies, ice o	rear	n, chips or fast foods (like fren 1	ch fi	ies) does your child get ea 2 or more	ch c	lay?
7	' .	How many servings of fruit and/or	vege	tables does your child eat eac 3-4	h da	y? 2 or less		
8	5.	How many family meals (cooked ar	nd ea	aten at home) do you have ea 2-4	ch w	veek? 0-1		
9).	How many times a week does your stores, cafeterias, "take out", or ven 0-1			hom	ne (like fast food, restaurant 4 or more	ts, c	onvenience
1	0.	How many hours of active play doe	es yo	ur child get each day? 1		0		
1	1.	How many hours a day does your o	hild	sit in front of the TV, videos, E 1-2		s, or computer? 3 or more		
1	2.	How many days a week does your	child	play outdoors? 3-4		2 or less		
1	3.	How do you feel about making son I am not interested in making I am not ready to make change I am ready to make some chan I am already working to eat he	char es ye iges	nges at this time. t, but want to talk more. now and would like help.				
Kids Eating Sm				UNC CENTER FOR HEALTH	19	East Carolina Universi	ty	State University AT State University COOPERATIVE EXCEPTION

DISEASE PREVENTION

PROMOTION AND

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DEPARTMENT OF PEDIATRICS

Eating Smart Moving More

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