



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

1. What kind of milk does your child drink? None
 Skim or 1% 2% Whole Other: _____
2. How much soda or other sugar-sweetened drinks (like sweet tea, punch, Kool-Aid®) does your child drink each day?
 None Less than 6 ounces (a half can of soda) More than 6 ounces
3. How much fruit juice does your child drink each day?
 Less than 6 ounces (a small juice glass) 6-12 ounces More than 12 ounces
4. How many days a week does your child eat breakfast?
 Every day Some days Rarely/Never
5. How often do you help your child decide if s/he is really hungry before eating a snack or a second helping of a meal?
 Most of the time Some of the time Rarely/Never
6. How many snacks like cookies, ice cream, chips or fast foods (like french fries) does your child get each day?
 0 1 2 or more
7. How many servings of fruit and/or vegetables does your child eat each day?
 5 or more 3-4 2 or less
8. How many family meals (cooked and eaten at home) do you have each week?
 5 or more 2-4 0-1
9. How many times a week does your child eat food bought away from home (like fast food, restaurants, convenience stores, cafeterias, "take out", or vending machines)?
 0-1 2-3 4 or more
10. How many hours of active play does your child get each day?
 2 or more 1 0
11. How many hours a day does your child sit in front of the TV, videos, DVDs, or computer?
 0 1-2 3 or more
12. How many days a week does your child play outdoors?
 5 or more 3-4 2 or less
13. How do you feel about making some changes to help your child eat healthy or be active?
 I am **not** interested in making changes at this time.
 I am **not** ready to make changes yet, but **want to talk more**.
 I am **ready** to make some changes **now and would like help**.
 I am **already** working to eat healthy and be active, and I don't feel there is much more to do.

