Healthy Habits Survey [Age 10 and Older]

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: _______

How many servings of fruits or vegetables do you eat a day? _____________
*One serving is most easily identified as the size of your palm.*

How many times a week do you eat dinner at the table with the family? _____________

How many times a week do you eat breakfast? _____________

How many times a week do you eat takeout or fast food? _____________

How many hours a day do you watch TV, movies, DVD’s or sit and play video / computer games? _____________

Do you have a TV in the room where you sleep? ☐ Yes ☐ No

Do you have a computer in the room where you sleep? ☐ Yes ☐ No

How many hours a day do you spend being physically active? [faster breathing/heart rate or sweating] _____________

How many 8 ounce servings of the following do you drink a day?
100% Juice______ Fruit drinks or sports drink______ Soda or punch______ Water______
Whole milk______ Fat free or reduced fat milk______

Based on your answers, is there ONE thing you would like to change now?
☐ Eat more fruits & vegetables. ☐ Drink less soda, juice, or punch.
☐ Spend less time watching TV, sitting & playing video/ computer games. ☐ Switch to skim or low-fat milk.
☐ Take the TV and or computer out of the bedroom. ☐ Drink more water.
☐ Be more physically active more often. ☐ Eat less fast food / takeout.
☐ Eat breakfast every day.

Please give the completed form to your clinician. Thank you.

Adapted from High Five for Kids in Massachusetts