Healthy Habits Survey [Ages 2—9]

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 does your child eat a day?  _____________

One serving is most easily identified as the size of your child’s palm.

How many times a week does your child eat dinner at the table with the family?  _____________

How many times a week does your child eat breakfast?  _____________

How many times a week does your child eat takeout or fast food?  _____________

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

Does your child have a TV in the room where he / she sleeps?  
☐ Yes  ☐ No

Does your child have a computer in the room where he / she sleeps?  
☐ Yes  ☐ No

How many hours a day does your child spend in active play?  
[faster breathing/heart rate or sweating]  _____________

How many 8 ounce servings of the following does your child 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 help your child 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.  
☐ Play outside more often.  ☐ Eat less fast food / takeout.  
☐ Eat breakfast everyday.  ☐

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

Adapted from High Five for Kids in Massachusetts