Survey for All Patients (Age 2—8) at Well-Child Visits

In our office, we are interested in providing the best care to our patients. This includes discussing with all our patients, steps that you can take to improve your family’s health. While you are waiting to see your provider, it would be helpful if you would please take a few moments with your child to answer the following questions. Your healthcare provider will go over your answers during your visit. We understand how difficult it is to follow healthy lifestyle recommendations. The questions below will help us discuss how you might best start to make small changes to improve your family’s health.

Patient Name: ____________________________ Age: __________ Date: ______

5  My child eats fruits and vegetables 5 or more times on most days.
   □  Yes  □  No

   My child eats breakfast every day.
   □  Yes  □  No

   My child eats dinner at the table with the family at least 2 times per week.
   □  Yes  □  No

   My child eats take-out (takeout, fast food places, restaurants) less than 2 times per week.
   □  Yes  □  No

2  My child watches TV, videos or plays computer games less than 2 hours per day.
   □  Yes  □  No

   My child does not have a TV in the bedroom.
   □  Yes  □  No

1  My child participates in some type of moderate physical activity for at least 1 hour every day.
   □  Yes  □  No

0  My child does not regularly drink fruit-drinks, sports drinks, soda or punch.
   □  Yes  □  No

   My child drinks fat-free/skim or 1% rather than 2% or whole milk.
   □  Yes  □  No

FOR PHYSICIAN USE ONLY:  Physician Initials: ____________ Date: ____________

FH Risk Factors:  Y  N  BMI: ________ BMI%: ________

BMI Classification
□ Underweight <5th
□ Healthy Weight 5th—84th
□ At-Risk Overweight 85th—94th
□ Overweight > 95th

Achieved  □  □  □  □
Discussed □  □  □  □
Goal      □  □  □  □