

# PARENT AND STUDENT HEALTH AND FITNESS QUESTIONNAIRE

The information received from this voluntary, confidential survey will help me assist you develop a health program to increase awareness of the benefits of exercise and good eating habits. If you choose to participate, please return the survey in the attached envelope.

Student Name: \_\_\_\_\_

School: \_\_\_\_\_

Has your child been to a doctor, or nutritionist, and discussed his/her fitness and body mass? \_\_\_\_Yes \_\_\_\_No

Please circle or fill in the blank.

Do you regularly exercise?
If yes, what do you do?
If yes, how often do you participate?
Are you physically active but not regular exercise program?
What activities are you involved in (mowing, housekeeping, walking etc.)?
Do you participate in any physical activity as a family?
Do you believe that you are physically fit?
Have you ever been on a diet?
If yes, which diet plan did you follow?
Do you regularly eat breakfast?
Do you often eat when you are not hungry but feel angry, frustrated, bored, depressed, etc.?
How many hours do you spend on the computer or watching TV each day?
Where are meals eaten at home?
How many cans of soda do you drink a day?
How many glasses of water do you drink a day?
How soon after eating do you go to bed?
Are you interested in learning about nutrition and developing healthier habits?

PARENT	
Yes	No
Yes	No
Yes	No
Yes	No
Yes	No
Yes	No
Yes	No
____ hours	
____ cans	
____ glasses	
____ hours	
Yes	No

STUDENT	
Yes	No
Yes	No
Yes	No
Yes	No
Yes	No
Yes	No
Yes	No
____ hours	
____ cans	
____ glasses	
____ hours	
Yes	No

Thank you.

School Nurse: \_\_\_\_\_

Phone: \_\_\_\_\_