

Nutrition and Physical Activity Survey for Families

While you wait, please take a minute to go through the following questions about your child and families' nutrition and physical activity habits. By answering these questions, you will help start a conversation with your provider about healthy habits.

Date: _	
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Patient Name: Age:		
	YES	NO
My child eats 5 or more servings of fruits and vegetables most days.		
My child eats breakfast every day.		
My child eats dinner with the family twice a week or more.		
My child does some type of physical activity in or outside of school for 1 hour or more every day.		
My child drinks nonfat or 1% milk.		
My child eats take-out/fast food or at restaurants 2 times per week or more.		
My child drinks juice, soda or punch once a day or more.		
My child watches TV/videos or plays computer games more than 1 hour /day.		
My child has a TV in the bedroom.		



