

Survey for Clients Ages 6-11 Years Old

Name: _____

Age: _____ Date: _____

In our office, we talk with all kids about things that keep us healthy. Please answer the following questions to help us find out about the healthy things you and your family do!

	<i>Please circle Yes (right!) or No (wrong!)</i>	
	Yes	No
1. I eat fruits and vegetables 5 times a day on 4 days a week or more.	Yes	No
2. I eat breakfast every day (examples: some fruit, milk, cereal, or sandwich).	Yes	No
3. I usually eat dinner at the table with other family members.	Yes	No
4. I eat take out, fast food, or other restaurant food two times a week or less.	Yes	No
5. I do some kind of physical activity for at least 1 hour every day. *This would include sports, dancing or any kind of play where you are up and moving.	Yes	No
6. I drink fat free or 1% milk, not 2% or whole milk.	Yes	No
7. I drink less than 1 ½ cups (example 1 ½ cups = 1 soda can) of 100% fruit juice every day.	Yes	No
8. I have sugary drinks (examples: punch, fruit drinks, sports drinks, soda, icees, slurpees, koolaide, Capri Sun, Arizona teas, etc) on 4 or more days of the week.	Yes	No
9. I watch more than 2 hours of TV a day or play video or computer games more than 2 hours a day.	Yes	No
10. I have electronic devices in my bedroom or where I sleep (examples TV, computer, phone).	Yes	No
11. My family has the things you need to cook at home (a working stove, refrigerator, etc).	Yes	No
12. My family can drive to a big grocery store at least once a month (examples: Walmart, Meijer) .	Yes	No
13. It is easy for my family to get fresh fruits and vegetables.	Yes	No
14. I can get nutritious meals during the summer months just like during the school year if I need to.	Yes	No

You may or may not know any of these things about your family. If you do know, circle Yes or No. If you don't know, circle Don't Know.

I have Parents, Grandparents, Aunts, Uncles OR my own Sister or Brother, with:

Diabetes	Yes	No	Don't Know
High blood pressure	Yes	No	Don't Know
High cholesterol	Yes	No	Don't Know
Heart attack before age 55	Yes	No	Don't Know

Circle the number that tells what you think or feel

My diet/eating and physical activity habits are good for my health!

Really Don't Agree (that's wrong!) Really Agree (that's right!)

1	2	3	4	5	6	7	8	9	10
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How ready are you to make changes?

Not ready Very ready

1	2	3	4	5	6	7	8	9	10
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How sure are you that you can make changes?

Not sure Very sure

1	2	3	4	5	6	7	8	9	10
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Survey for Clients Ages 12-18 Years Old

Name: _____

Age: _____ Date: _____

In our office, we discuss a healthy lifestyle with all of our clients. Please answer the following questions. We realize how busy families and kids are and how difficult it is to do all the right things! The questions below give you and us a snapshot of where you are with some of your health habits. Thanks!

Please circle Yes or No

1. I eat fruits and vegetables 5 or more times a day on 4 days a week or more.	Yes	No
2. I eat breakfast every day (examples: some fruit, milk, cereal, or sandwich).	Yes	No
3. I usually eat dinner at the table with other family members.	Yes	No
4. I eat take out, fast food, or other restaurant food two times per week or less.	Yes	No
5. I do some kind of physical activity for at least 1 hour each day. *This would include sports, dancing, housework, or any activity where you are up and moving.	Yes	No
6. I drink fat free or 1% milk rather than 2% or whole milk.	Yes	No
7. I drink less than 1 ½ cups (example: 1 ½ cups = 1 soda can) of 100% fruit juice every day.	Yes	No
8. I have sugary drinks (examples: punch, fruit drinks, sports drinks, soda, icees, slurpees, koolaide, Capri Sun, Arizona teas, etc) on 4 or more days of the week.	Yes	No
9. I watch more than 2 hours per day of TV or play video or computer games more than 2 hours a day.	Yes	No
10. I have electronic devices in my bedroom or where I sleep (examples: TV, computer, phone).	Yes	No
11. My family has the things necessary to cook at home (a working stove, refrigerator, etc).	Yes	No
12. My family can drive to a big grocery store at least once a month (examples: Walmart, Meijer) .	Yes	No
13. It is easy for my family to get fresh fruits and vegetables.	Yes	No
14. I can continue to get nutritious meals during the summer months just like during the school year.	Yes	No

You may or may not know any of these things about your family. If you do know, circle Yes or No. If you don't know, circle Don't Know.

I have Parents, Grandparents, Aunts, Uncles OR my own Sister or Brother, with:

Diabetes	Yes	No	Don't Know
High blood pressure	Yes	No	Don't Know
High cholesterol	Yes	No	Don't Know
Heart attack before age 55	Yes	No	Don't Know

Circle the number that tells what you think or feel

How concerned or worried are you about your diet and physical activity habits?

Not concerned or worried Very concerned or worried

1 2 3 4 5 6 7 8 9 10

How ready are you to make changes?

Not ready Very ready

1 2 3 4 5 6 7 8 9 10

How sure are you that you can make changes?

Not sure Very sure

1 2 3 4 5 6 7 8 9 10

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Survey for Parents/Cargivers of Children

Child's Name: _____

Age: _____ Date: _____

In our office, we discuss parts of a healthy lifestyle with all of our patients. Please answer the following questions. We realize how busy families and children are and how difficult it is to do all the right things! The questions below reflect only a small number of the challenges that face individuals each day.

	<i>Please circle Yes or No</i>	
	Yes	No
1. My child eats 5 or more servings of fruits and vegetables on 4 or more days a week.		
2. My child eats breakfast every day (examples: some fruit, milk, cereal, or sandwich).		
3. My child usually eats dinner at the table with other family members.		
4. My child eats take out, fast food, or other restaurant food less than two times per week.		
5. My child does some kind of physical activity for at least 1 hour each day. *This would include sports as well as general play where you are up and moving.		
6. My child drinks fat free or 1% milk rather than 2% or whole milk.		
7. My child drinks less than 1 ½ cups (example 1 ½ cups = 1 soda can) of 100% fruit juice every day.		
8. My child watches more than 2 hours per day of TV or plays video or computer games more than 2 hours a day.		
9. My child has electronic devices in their bedroom or where he/she sleeps (example TV, computer, phone).		
10. My child has sugary drinks (examples: punch, fruit drinks, sports drinks, soda, icees, slurpees, koolaide, Capri Sun, Arizona teas, etc) on 4 or more days of the week.		
11. My family has the things necessary to cook at home (a working stove, refrigerator, etc).		
12. My family can drive to a big grocery store at least once a month (examples: Walmart, Meijer) .		
13. It is easy for my family to get fresh fruits and vegetables.		
14. My child continues to be able to get nutritious meals during the summer months just like during the school year.		

Circle the correct answer (Yes or No)

I have been told that I need to lose weight:
Yes No

I have a child that needs to lose weight:
Yes No

I have children, sisters or brothers, parents, grandparents, aunts or uncles with:

Diabetes Type 2	Yes	No
High blood pressure	Yes	No
High cholesterol	Yes	No
Heart attack before age 55	Yes	No
Stroke before age 55	Yes	No

Circle the number that tells what you think or feel

How worried are you about your child's diet and physical activity habits?

Not worried Very worried

1 2 3 4 5 6 7 8 9 10

How ready are you to make changes?

Not ready Very ready

1 2 3 4 5 6 7 8 9 10

How confident are you that you can make changes?

Not confident Very confident

1 2 3 4 5 6 7 8 9 10