

## Healthy Habits Questionnaire (Ages 10-18)

Patient Name: \_\_\_\_\_ Patient Age: \_\_\_\_\_ Today's Date \_\_\_\_\_

1. How many servings of fruits do you consume a day? \_\_\_\_\_
2. How many servings of vegetables do you consume a day? \_\_\_\_\_
3. How many times a week do you eat dinner at the table together with your family? \_\_\_\_\_
4. How many times a week do you eat breakfast? \_\_\_\_\_
5. How often do you eat fast food or takeout? \_\_\_\_\_
6. What are your favorite fast food restaurants / places to eat fast food? \_\_\_\_\_
7. How many hours a day do you sit and watch TV, play video games or go on your computer/smart phone? \_\_\_\_\_
8. Do you have a TV in your room? \_\_\_\_\_ Yes \_\_\_\_\_ No
9. Do you have a computer/laptop or use your smart phone as your computer in your room? \_\_\_\_\_ Yes \_\_\_\_\_ No
10. How much time do you spend being active (faster breathing, heart beating faster or sweating)? \_\_\_\_\_
11. How many 8 ounce servings of the following do you drink a day?  
\_\_\_\_\_ Juice      \_\_\_\_\_ Soda      \_\_\_\_\_ Sport drinks (i.e. Gatorade, Powerade, etc.)  
\_\_\_\_\_ Lemonade      \_\_\_\_\_ Flavored coffee/drink      \_\_\_\_\_ Iced Tea  
\_\_\_\_\_ Water      \_\_\_\_\_ Milk (please circle): Nonfat (skim) low-fat (1%) reduced-fat (2%) milk

12. Is there ONE thing you would be interested in changing now?

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|---|---|
| _____ Eat more fruits and vegetables.               | _____ Spend less time watching TV/movies and playing video games. |
| _____ Take the TV out of the bedroom.               | _____ Eat less Fast food/ takeout.                                |
| _____ Play outside more often.                      | _____ Drink less soda, juice, or punch.                           |
| _____ Switch to nonfat (skim) or low-fat (1%) milk. | _____ Drink more water.   |