

Healthy Lifestyle Screening



We are interested in providing the best care to our patients. This includes discussing ways to prevent future disease through healthy living. While you are waiting, please take a few minutes to answer the following questions. We encourage you to discuss the questions with your child. We will review your answers during your child's visit today.

Has anyone in your family ever been diagnosed with:

Diabetes / Gestational Diabetes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	Who? _____
High Blood Pressure	<input type="checkbox"/> No	<input type="checkbox"/> Yes	Who? _____
High Cholesterol or Lipids <small>(Fats such as LDL)</small>	<input type="checkbox"/> No	<input type="checkbox"/> Yes	Who? _____
Heart Disease <small>(Heart attack & Stroke)</small>	<input type="checkbox"/> No	<input type="checkbox"/> Yes	Who? _____
Overweight	<input type="checkbox"/> No	<input type="checkbox"/> Yes	Who? _____

How many servings (1 serving = 1/2 cup) per day of fruits and vegetables does your child eat?

0-1 Servings **2-3** Servings **4-5** Servings **5+** Servings

In total, how many hours per day does your child watch TV or movies, play video or computer games?

4+ Hours **3-4** Hours **1-2** Hours **< 1** Hour

How many days per week is your child physically active, outside of school time, for at least 60 minutes? (walking, running, biking, swimming, playing, dancing, etc.)

0-1 Days **2-3** Days **4-5** Days **6-7** Days

How many cups/cans/bottles per day does your child drink of the following: juice, soda, sports drinks, energy drinks, lemonade, POG, sweetened tea or coffee drinks.

0-1 Times **2-3** Times **4-5** Times **6-7** Times

How many times per week does your child eat take out food, fast food or restaurant food?

0-1 Times **2-3** Times **4-5** Times **5+** Times

How many times per week does your child eat food outside the home/school?

6-7 Times **4-5** Times **2-3** Times **0-1** Times

How many days per week does your family eat dinner together at the table?

0-1 Times **2-3** Times **4-5** Times **6-7** Times

How many cups of milk does your child drink per day?

1 Cups **2** Cups **3** Cups **4+** Cups

How many scoops of rice does your child eat at dinner?

1 Scoops **2** Scoops **3** Scoops **4+** Scoops

Are you ever worried that food will run out before you get more money to buy more?

Often **Sometimes** **Rarely** **Never**

How worried are you about your child's health?

Very Worried **Somewhat Worried** **Not at all Worried**

How worried are you about your child's weight?

Very Worried **Somewhat Worried** **Not at all Worried**

Is now a good time to work on family eating and activity habits?

Definitely **Yes** **Maybe** **No**

On school nights, my child usually goes to sleep about: _____

On school days, my child usually wakes up about: _____