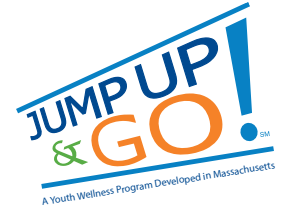


# Physical Activity and Nutrition Survey



## Are You a Healthy Kid?

**Patient Name:** \_\_\_\_\_ **Age:** \_\_\_\_\_ **Date:** \_\_\_\_\_

While you are waiting to see your clinician, please take a moment to answer questions 1–10 below. For each of the following questions, circle “yes” or “no.”

- |  |     |    |
|--|-----|----|
| 1. Do you eat five or more fruits and vegetables per day?  | Yes | No |
| 2. Do you have a favorite fruit or vegetable that you eat every day?   | Yes | No |
| 3. Do you eat breakfast every day?   | Yes | No |
| 4. Do you watch TV, videos, or play computer games for two hours or less per day?                              | Yes | No |
| 5. Do you take gym class or participate in sports or dance in or outside of school three or more times a week? | Yes | No |
| 6. Do you have a favorite sport or physical activity that you love to do?                                      | Yes | No |
| 7. Do you eat dinner at the table with your family at least once a week?                                       | Yes | No |
| 8. Do you have a TV in your bedroom?   | Yes | No |
| 9. Do you eat in front of the TV?  | Yes | No |
| 10. Do you drink more than one soda, juice, or other sugar-sweetened drink a week?                             | Yes | No |

## 5-2-1 Daily Prescription for Better Health (to be completed by clinician)

Height: \_\_\_\_\_ Weight: \_\_\_\_\_ BMI: \_\_\_\_\_ BMI Percentile: \_\_\_\_\_

To help you get healthy and grow strong, begin doing what we’ve discussed and I’ve marked below.

### At Least 5 Fruits & Vegetables

Servings (1/2 cup)

- \_\_\_\_\_ Apples/Bananas/Oranges
- \_\_\_\_\_ Apricots/Pears/Plums
- \_\_\_\_\_ Asparagus/Broccoli
- \_\_\_\_\_ Beans/Lentils/Peas
- \_\_\_\_\_ Berries/Grapes/Kiwi
- \_\_\_\_\_ Carrots/Celery/Spinach
- \_\_\_\_\_ Dates/Figs/Raisins
- \_\_\_\_\_ Guava/Mango/Papaya
- \_\_\_\_\_ Lettuce/Tomatoes/Peppers
- \_\_\_\_\_ Other:

### No More Than 2 Hours of Screen Time

Minutes

- \_\_\_\_\_ TV/Videos/DVDs
- \_\_\_\_\_ Video/Computer
- \_\_\_\_\_ Games
- \_\_\_\_\_ Game Boy
- \_\_\_\_\_ Movies
- \_\_\_\_\_ Computer/IM Chat
- \_\_\_\_\_ Other:

### At Least 1 Hour of Physical Activity

Minutes

- \_\_\_\_\_ Aerobics/Dance
- \_\_\_\_\_ Baseball/Softball/Basketball
- \_\_\_\_\_ Bicycle/Swim/Tennis
- \_\_\_\_\_ Football/Soccer
- \_\_\_\_\_ Gymnastics/Martial Arts
- \_\_\_\_\_ Hockey/Field Hockey
- \_\_\_\_\_ Ice-skate/Roller-skate
- \_\_\_\_\_ Jump Rope/Run/Walk
- \_\_\_\_\_ Skate-Snowboard/Ski
- \_\_\_\_\_ Other:

### Weekly Recommendations:

No more than one sugar-sweetened beverage: \_\_\_\_\_ Soda    \_\_\_\_\_ Fruit Drink    \_\_\_\_\_ Sports Drink

### Other Suggestions/Recommendations:

