



Tell Us about Your Child's Eating Habits and Physical Activity

1. What kind of milk does your child drink?

<input type="checkbox"/> Skim or 1%	<input type="checkbox"/> 2%	<input type="checkbox"/> Whole	<input type="checkbox"/> None
			<input type="checkbox"/> Other: _____
2. How much soda or other sugar-sweetened drinks (like sweet tea, punch, Kool-Aid®) does your child drink each day?

<input type="checkbox"/> None	<input type="checkbox"/> Less than 6 ounces (a half can of soda)	<input type="checkbox"/> More than 6 ounces
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3. How much fruit juice does your child drink each day?

<input type="checkbox"/> Less than 6 ounces (a small juice glass)	<input type="checkbox"/> 6-12 ounces	<input type="checkbox"/> More than 12 ounces
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4. How many days a week does your child eat breakfast?

<input type="checkbox"/> Every day	<input type="checkbox"/> Some days	<input type="checkbox"/> Rarely/Never
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5. How often do you help your child decide if s/he is really hungry before eating a snack or a second helping of a meal?

<input type="checkbox"/> Most of the time	<input type="checkbox"/> Some of the time	<input type="checkbox"/> Rarely/Never
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6. How many snacks like cookies, ice cream, chips or fast foods (like french fries) does your child get each day?

<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2 or more
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7. How many servings of fruit and/or vegetables does your child eat each day?

<input type="checkbox"/> 5 or more	<input type="checkbox"/> 3-4	<input type="checkbox"/> 2 or less
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8. How many family meals (cooked and eaten at home) do you have each week?

<input type="checkbox"/> 5 or more	<input type="checkbox"/> 2-4	<input type="checkbox"/> 0-1
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9. How many times a week does your child eat food bought away from home (like fast food, restaurants, convenience stores, cafeterias, "take out", or vending machines)?

<input type="checkbox"/> 0-1	<input type="checkbox"/> 2-3	<input type="checkbox"/> 4 or more
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10. How many hours of active play does your child get each day?

<input type="checkbox"/> 2 or more	<input type="checkbox"/> 1	<input type="checkbox"/> 0
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11. How many hours a day does your child sit in front of the TV, videos, DVDs, or computer?

<input type="checkbox"/> 0	<input type="checkbox"/> 1-2	<input type="checkbox"/> 3 or more
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12. How many days a week does your child play outdoors?

<input type="checkbox"/> 5 or more	<input type="checkbox"/> 3-4	<input type="checkbox"/> 2 or less
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13. How do you feel about making some changes to help your child eat healthy or be active?
 - I am *not* interested in making changes at this time.
 - I am *not* ready to make changes yet, but want to talk more.
 - I am ready to make some changes now and would like help.
 - I am already working to eat healthy and be active, and I don't feel there is much more to do.

