



## Diet & Physical Activity Form

Patient Name \_\_\_\_\_ Date of Birth \_\_\_\_\_

### DIET

*(Circle options that apply)*

#### Breakfast

Does your child normally eat breakfast?    Yes    No

What does your child normally eat for breakfast? \_\_\_\_\_

#### Lunch

Where does your child normally eat lunch?    Home    School    Babysitter    Daycare    Relative    Friend's House

What does your child usually eat for lunch? \_\_\_\_\_

#### Dinner

Where does your child normally eat for dinner?    Home    School    Babysitter    Daycare    Relative    Friend's House

What does your child usually eat for dinner? \_\_\_\_\_

#### Snacks

How many snacks does your child eat in a typical day?    0    1    2 or more

*Which types? (Circle items below)*

Potato Chips	Pop Tarts	Cookies/Brownies	Ice Cream
Popcorn	Candy or Candy Bars	Jell-O/Pudding	Cereal
Peanut Butter Crackers	Snack Cakes/Twinkies/Pies	Fun Fruit/Fruit Roll-Ups/Skittles	Yogurt
Other Crackers	Donuts/Sweet Rolls/Pastry	Pretzels	Cheese
Fruit	Vegetables	Sandwich	Other

#### Fruits & Vegetables

How many fruits do you eat each day? \_\_\_\_\_ Which type? \_\_\_\_\_

How many servings of vegetable do you eat each day? \_\_\_\_\_ Which type? \_\_\_\_\_

#### Sugar-Sweetened Drinks

Do you drink sweetened drinks each day? (yes/no) \_\_\_\_\_ How many servings each day? \_\_\_\_\_

#### Water

How many servings of water does your child drink each day? \_\_\_\_\_

#### Milk

How many servings of milk your child drinks per day? \_\_\_\_\_

Which type of milk? (*skim, 1%, 2%, whole, chocolate, almond, other*) \_\_\_\_\_

#### Food NOT eaten from home (Restaurants, Fast Food Restaurants, Convenient Stores, Vending Machines)

How many meals are normally eaten out per week? \_\_\_\_\_ Which type of foods? \_\_\_\_\_

## ACTIVITY

	Typical Weekday	Typical Weekend Day
How many hours of active play does your child have?		
How many hours of outdoor play does your child have?		
How many hours of TV, Video Games, Computer time does your child have?		

Does your child have a TV in his/her bedroom? (Circle one)    Yes    No

### How do you feel about making some changes to help your child eat healthy or be active?

	Check Mark
I am <b>NOT</b> interested in making changes at this time	
I am <b>NOT</b> ready to make changes yet, but want to talk more	
I <b>AM READY</b> to make changes now and would like help	
I am <b>ALREADY</b> working to eat healthy and be active and I don't feel there is much more to do.	