5210 Healthy Habits Questionnaire (Ages 10–18)

We are interested in the health and well-being of all our patients. Please take a moment to answer the following questions.

Patient Name: _____ Age: _____ Today's Date: _____

1. How many servings of fruits or vegetables do you eat a day? _____
   One serving is most easily identified by the size of the palm of your hand.

2. How many times a week do you eat dinner at the table together with your family? _____

3. How many times a week do you eat breakfast? _____

4. How many times a week do you eat takeout or fast food? _____

5. How many hours a day do you watch TV/movies or sit and play video/computer games? _____

6. Do you have a TV in the room where you sleep? Yes ☐ No ☐

7. Do you have a computer in the room where you sleep? Yes ☐ No ☐

8. How much time a day do you spend in active play (faster breathing/heart rate or sweating)? _____

9. How many 8-ounce servings of the following do you drink a day?

   100% Juice _____ Fruit drinks or sports drinks _____ Soda or punch _____
   Water _____ Whole milk _____ Nonfat or reduced fat milk _____

10. Based on your answers, is there <u>ONE</u> thing you would be interested in changing now? Please check one box.

- ☐ Eat more fruits & vegetables.
- ☐ Take the TV out of the bedroom.
- ☐ Play outside more often.
- ☐ Switch to skim or low fat milk.
- ☐ Spend less time watching TV/movies and playing video/computer games.
- ☐ Eat less fast food/takeout.
- ☐ Drink less soda, juice, or punch.
- ☐ Drink more water.

www.multicare.org/marybridge/5210

www.letsgo.org

Please give the completed form to your clinician. Thank you.

Adapted by MaineHealth® and Maine Medical Center from the High Five for Kids in Massachusetts and Keep ME Healthy in Maine.

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