



Survey for All Patients at Well-Child Visits

In our office, we are interested in discussing the aspects of a healthy lifestyle with all our patients. While you are waiting to see the doctor, it would be helpful if you would please take a moment with your child to answer the following questions and we will review the answers during your visit. We realize how difficult it is to do all the right things all the time and recognize the question below only reflect a small portion of the challenges that face us every day.

Patient name: _____ **Age:** _____ **Date:** _____

		True	False
5	I/my child eats fruits and vegetables 5 or more times a day.	<input type="checkbox"/>	<input type="checkbox"/>
	I/my child eats breakfast every day.	<input type="checkbox"/>	<input type="checkbox"/>
	I/my child eats dinner at the table with the family at least 2 times per week.	<input type="checkbox"/>	<input type="checkbox"/>
2	I/my child watches TV, videos or plays computer games less than 2 hours per day.	<input type="checkbox"/>	<input type="checkbox"/>
	I/my child <i>does not</i> have a TV in the bedroom.	<input type="checkbox"/>	<input type="checkbox"/>
1	I/my child participates in some type of physical activity in or outside of school for at least 1 hour every day.	<input type="checkbox"/>	<input type="checkbox"/>
0	I/my child <i>does not</i> regularly drink juice, soda or punch.	<input type="checkbox"/>	<input type="checkbox"/>
	I/my child drinks skim/nonfat milk or 1% rather than 2% or whole milk.	<input type="checkbox"/>	<input type="checkbox"/>
