

Height _____

Weight _____

WV Adolescent Self-Management Survey

Name: _____

ID: _____

Date: _____

Age: _____

Please take a moment to answer the following questions. We will review your answers during your visit today. **Please Circle your answer for each question**



- I eat this many servings of fruits and vegetables most days.
1 or less 2 3 4 5 or more
- I eat dinner/supper at the table with my family at least 2 times a week.
True False
- I eat breakfast every day. **True False**
- I eat take-out, fast food or other restaurant food less than 2 times per week.
True False



- When add up or all together, I watch TV or videos, play computer games and use instant messaging less than 2 hours per day. **True False**
- I have a TV in my bedroom. **True False**



- I participate in some type of physical activity in or outside of school for at least 1 hour each day. **True False**

Note: This would include activities such as walking, household chores or general play intense enough to make me sweat.



- On most days I do not drink soda/pop, punch or fruit drinks that are less than 100% fruit juice. **True False**
- I drink skim/non-fat or 1% milk rather than 2% or whole milk.
True False

I want to take steps to be healthier? I already am I'm making plans
 I'm thinking about it I can't
 I won't