

# 5-2-1-ALMOST NONE

## EQUALS MORE FUN!

Survey for all Patients/Families at Well Child Visits



In our office, we are interested in discussing the aspects of a healthy lifestyle with all of our families. While you and your child are waiting to see the doctor, please take a moment to answer the following questions. We will review your answers during your visit today. We realize how busy parents are and how difficult it is to do all the right things! The questions below reflect only a small number of the challenges that face families each day.

Patient Name: \_\_\_\_\_ Age: \_\_\_\_\_

Date: \_\_\_\_\_

**Please circle TRUE or FALSE for each question.**

### 5

My child eats 5 or more servings of fruits and vegetables most days. T F



My child eats breakfast every day. T F

My child eats dinner at the table with the family at least 2 times per week. T F

My child eats take-out, fast food or other restaurant food less than 2 times per week. T F

### 2

My child watches TV or videos, plays computer games and uses instant messaging less than 2 hours per day. T F



My child does not have a TV in the bedroom. T F

### 1

My child participates in some type of physical activity in or outside of school for at least 1 hour each day. T F

*Note: This would include activities such as walking, household chores or general play where my child is up and moving.*



## Almost None

My child does not regularly drink soda, punch or fruit drinks that are less than 100% juice. T F



My child drinks skim/non-fat or 1% milk rather than 2% or whole milk. T F