Healthy Lifestyle Assessment

Date:
Name:
Age:
Date of birth:

Dear Parent,

We would like to help you, your child and your whole family with healthy eating. To do this, it is helpful to have you fill out this initial assessment of your child's current eating and living routine. Please fill it out as accurately as possible. Someone in the office will then go over it with you and will ask additional questions. No judgment will be placed on you or your child based on your answers. The healthy lifestyle assessment is intended to help us tailor an individualized program by identifying areas that your child and family may want to change in order to achieve or maintain a healthy weight and lifestyle.

Please bring the healthy lifestyle assessment completely filled out to your next appointment. The assessment should be completed by a parent with the help of the child. Teenagers are welcome to fill it out on their own.

Topic: Sleep

What time do you wake up on a school day? ______

What time do you go to bed on a school night? _______

What time do you wake up on Saturday and Sunday? _______

What time do you go to bed on Friday and Saturday night? _______

Topic: Activity

List activities that you do in a week that get your heart rate up. Also write the time that you spend doing these activities.

	Monday	Tuesday	Wednesday	Thursday	Friday	Saturda y	Sunday
Activity							
Time							

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spent							

Are there other activities you would like to tell us about?

Are there any reasons why you feel that you cannot be active (i.e. safety, disability, or cost of sport programs)?

Do you like to participate in sport activities? Yes No Sometimes

If you answered “No” or “Sometimes”, what makes you feel this way?

Topic: Screen time

Do you have a TV in your room? Yes No

Approximately how many hours do you spend on the computer, watching TV or playing video games during a weekday?

Approximately how many hours do you spend on the computer, watching TV or playing video games on a weekend day (Saturday/Sunday)?

Do you eat in front of the TV or while using a computer?
Always   Sometimes   Rarely   Never

Topic: Drink

√	**Place a check (√) next to the drinks you drink during the day.**
	Water
	Regular soda
	Diet soda
	Gatorade/sports drinks/ Vitamin Water
	Juice
	Calorie-free juices and drinks (i.e. Crystal light, Fruit$_2$O, Diet Snapple)
	Skim milk
	1% milk
	2% milk
	Whole milk
	Other drink

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Topic: Food and Drink

Help us understand the types of foods you eat and drink at the different times in your day. Be as specific as possible with the foods (for example, if you eat cereal, tell us what type of cereal and the type of milk used).

Breakfast at home and/or school
Food:
Drink:
Do you ever skip breakfast in the morning? Yes No
If yes, how many days per week do you skip breakfast? 1 2 3 4 5 6 7
Do you eat breakfast at school? Yes No
Are there days when you eat breakfast at home and at school? Yes No Sometimes

Snack between breakfast and lunch
Do you have a morning snack? Yes No
If yes, who provides snack? School Home
Food:
Drink:

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Lunch

Who provides lunch? School Home Both

How many days per week do you bring lunch to school? 1 2 3 4 5

Food:

Drink:

Do you trade/eat parts of other people's lunches at school? Yes No
If yes, what things do you trade or ask for from other people?

Snack at after school program or sport

Who provides snack? Program Home Both

Food:

Drink:

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Snack at home
Food: Drink: Do you eat more than one snack in the afternoon? Yes No Sometimes Do you feel like you are "constantly hungry" in the afternoons? Yes No Sometimes Do you have a snack at an after school program and when you get home? Yes No Sometimes

Dinner
Who (if anyone) makes dinner in the house? Food: Drink:

After dinner
Food/Drink:

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Topic: Eating out/ Take out /Fast food

How many times per week do you eat out or get take-out?

Where do you eat out or get take-out?

What kinds of things do you order to eat and drink?

Topic: Parent/caretaker – To be completed by parent

Name:
Relationship to child:

Do you feel like your child needs to make changes to the way he or she eats?
If yes, what things would you change?

Do you feel like your child needs to make changes to his or her activity level?

Do you feel the whole family needs to be eating healthfully?
If no, why not?

Do you, as a parent or caretaker, think you are a good role model for healthy eating habits?

Do you like fruits?

Do you like vegetables?

Do you eat vegetables everyday?

Do you drink regular soda?
If yes, how much regular soda do you drink in a day?

Do you consider yourself an active adult?

Are you willing to try and change your habits if needed to better role model healthy eating habits for your child?

Are you willing to try to make changes for the whole family?

We look forward to visiting with you at your appointment!

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