

# 5210 Healthy Habits Questionnaire ages 10+

Your Name: \_\_\_\_\_

Age: \_\_\_\_\_ Today's Date: \_\_\_\_\_

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

1. How many servings of fruits or vegetables do you have 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 much recreational (*outside of school work*) screen time do you consume daily? \_\_\_\_\_
6. Is there a television set or Internet-connected device in your bedroom? \_\_\_\_\_
7. How many hours do you sleep each night? \_\_\_\_\_
8. How much time a day do you spend being active? \_\_\_\_\_  
*(faster breathing/heart rate or sweating)?*
9. How many 8-ounce servings of the following do you drink a day?

100% juice _____	Whole milk _____
Water _____	Soda or punch _____
Fruit or sports drinks _____	Nonfat (skim), low-fat (1%), or reduced-fat (2%) milk _____

10. Based on your answers, is there ONE thing you would be interested in changing now?  
Please check one box.
  - Eat more fruits and vegetables.
  - Eat less fast food/takeout.
  - Drink less soda, juice, or punch.
  - Drink more water.
  - Spend less time watching TV/movies and playing video/computer games.
  - Take the TV out of the bedroom.
  - Be more active – get more exercise.
  - Get more sleep.

Please give the completed form to your clinician. **thank you!**

