



Healthy Habits Survey [Age 10 and Older]

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

Patient Name: _____ Age: _____ Today's Date: _____

How many servings of fruits or vegetables do you eat a day? _____
One serving is most easily identified as the size of your palm.

How many times a week do you eat dinner at the table with the family? _____

How many times a week do you eat breakfast? _____

How many times a week do you eat takeout or fast food? _____

How many hours a day do you watch TV, movies, DVD's or
sit and play video / computer games? _____

Do you have a TV in the room where you sleep? Yes No

Do you have a computer in the room where you sleep? Yes No

How many hours a day do you spend being physically active?
[faster breathing/heart rate or sweating] _____

How many 8 ounce servings of the following do you drink a day?
100% Juice _____ Fruit drinks or sports drink _____ Soda or punch _____ Water _____
Whole milk _____ Fat free or reduced fat milk _____

Based on your answers, is there ONE thing you would like to change now?

- | | |
|--|--|
| <input type="checkbox"/> Eat more fruits & vegetables. | <input type="checkbox"/> Drink less soda, juice, or punch. |
| <input type="checkbox"/> Spend less time watching TV, sitting & playing video/ computer games. | <input type="checkbox"/> Switch to skim or low-fat milk. |
| <input type="checkbox"/> Take the TV and or computer out of the bedroom. | <input type="checkbox"/> Drink more water. |
| <input type="checkbox"/> Be more physically active more often. | <input type="checkbox"/> Eat less fast food / takeout. |
| <input type="checkbox"/> Eat breakfast every day. | |

Please give the completed form to your clinician. Thank you.