



# Survey for All Patients (Age 9—18) at Well-Child Visits

In our office, we are interested in providing the best care to our patients. This includes discussing with all our patients, steps that you can take to improve your health. While you are waiting to see your provider, it would be helpful if you would please take a few moments to answer the following questions. Your healthcare provider will go over your answers during your visit. We understand how difficult it is to follow healthy lifestyle recommendations. The questions below will help us discuss how you might best start to make small changes to improve your health.

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

		Yes	No
5	I eat fruits and vegetables 5 or more times on most days.	<input type="checkbox"/>	<input type="checkbox"/>
	I eat breakfast every day.	<input type="checkbox"/>	<input type="checkbox"/>
	I eat dinner at the table with the family at least 2 times per week.	<input type="checkbox"/>	<input type="checkbox"/>
	I eat take-out (takeout, fast food places, restaurants) less than 2 times per week.	<input type="checkbox"/>	<input type="checkbox"/>
2	I watch TV, videos or plays computer games less than 2 hours per day.	<input type="checkbox"/>	<input type="checkbox"/>
	I do not have a TV in the bedroom.	<input type="checkbox"/>	<input type="checkbox"/>
1	I participate in some type of moderate physical activity for at least 1 hour every day.	<input type="checkbox"/>	<input type="checkbox"/>
	0	I do not regularly drink fruit-drinks, sports drinks, soda or punch.	<input type="checkbox"/>
		I drink fat-free/skim or 1% rather than 2% or whole milk.	<input type="checkbox"/>

**FOR PHYSICIAN USE ONLY:** Physician Initials: \_\_\_\_\_ Date: \_\_\_\_\_

FH Risk Factors: Y N BMI: \_\_\_\_\_ BMI%: \_\_\_\_\_

	5	2	1	0	BMI Classification
Achieved	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Underweight <5 <sup>th</sup>
Discussed	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Healthy Weight 5 <sup>th</sup> –84 <sup>th</sup>
Goal	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> At-Risk Overweight 85 <sup>th</sup> –94 <sup>th</sup>
					<input type="checkbox"/> Overweight ≥ 95 <sup>th</sup>

