



Survey for All Patients at Well-Child Visits

In our office, we are interested in discussing the aspects of a healthy lifestyle with all our patients. While you are waiting to see the doctor, it would be helpful if you would please take a moment with your child to answer the following questions and we will review the answers during your visit.



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

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|--|------|-------|
| My child eats 5 or more servings of fruits and vegetables most days. | True | False |
| My child eats breakfast every day. | True | False |
| My child eats dinner at the table with the family at least 2 times per week. | True | False |
| My child eats take-out (fast-food, restaurants) less than 2 times per week. | True | False |
| My child watches TV, video games or the computer less than 2 hours per day. | True | False |
| My child does not have a TV in the bedroom. | True | False |
| My child participates in some type of physical activity for at least 1 hour every day. | True | False |
| My child does not regularly drink juice, soda, punch, or other sugary drinks. | True | False |
| My child drinks fat-free or 1% milk instead of 2% or whole milk. | True | False |