Patient's Name: ___________________________ Date of Birth: ________________

Race/Ethnicity:  □ Asian/Pacific Islander  □ Black  □ Caucasian  □ Hispanic  □ Native American

How often outside of gym class are you actively playing, exercising, or in sports, that your heart beats fast and you breath hard for 30 minutes or more at a time? (check the one that applies)

☐ Everyday  ☐ 5-6 days/week  ☐ 3-4 days/week  ☐ 1-2 days/week  ☐ Less than 2 days/week

How many minutes a day do you spend being physically active? ______________________

How many hours per day do you:
• Play Outside?  ☐ Less than 1 hour  ☐ 1-2 hours  ☐ 3-4 hours  ☐ 5 hours or more
• Watch TV?  ☐ Less than 1 hour  ☐ 1-2 hours  ☐ 3-4 hours  ☐ 5 hours or more
• Use the Computer?  ☐ Less than 1 hour  ☐ 1-2 hours  ☐ 3-4 hours  ☐ 5 hours or more
• Play Video Games?  ☐ Less than 1 hour  ☐ 1-2 hours  ☐ 3-4 hours  ☐ 5 hours or more
• Cell phone/Music/Tablet?  ☐ Less than 1 hour  ☐ 1-2 hours  ☐ 3-4 hours  ☐ 5 hours or more

How many times a week do you eat breakfast? ______________________

How many times a week do you eat dinner at the table together with your family? ________________

Food Group | Every Day | Several Times Weekly | Once a Week | Once a Month | Less than Once a Month | Never
---|---|---|---|---|---|---
Vegetables | ☐ | ☐ | ☐ | ☐ | ☐ | ☐
Fruits | ☐ | ☐ | ☐ | ☐ | ☐ | ☐
Fried Foods | ☐ | ☐ | ☐ | ☐ | ☐ | ☐
Fast Food | ☐ | ☐ | ☐ | ☐ | ☐ | ☐
100% Juice | ☐ | ☐ | ☐ | ☐ | ☐ | ☐
Juice/Flavored Drinks | ☐ | ☐ | ☐ | ☐ | ☐ | ☐
Sports Drinks | ☐ | ☐ | ☐ | ☐ | ☐ | ☐
Regular Soda | ☐ | ☐ | ☐ | ☐ | ☐ | ☐
Milk | ☐ | ☐ | ☐ | ☐ | ☐ | ☐

please indicate type ____%

Problem Eating Areas (Please check all that apply)

☐ I usually skip meals  ☐ I usually eat two or more helpings of food
☐ I eat too large of portions  ☐ We usually use food as a reward at home
☐ I eat at the wrong time of day  ☐ Sometimes I hide when I am eating
☐ I love sweets and can't stay away from them  ☐ I am never sure when I am full
☐ I eat the wrong kinds of foods  ☐ I snack too much
☐ I drink several high calorie beverages daily  ☐ I eat too fast
(whole milk, sodas, juices, sports drinks)
☐ I eat a lot of fried foods  ☐ I eat when I am happy
☐ I eat when I am bored  ☐ I eat when I am stressed
☐ I eat when I am sad/depressed  ☐ I eat when I am angry
☐ I usually eat in front of the TV or computer at least once a day  ☐ I usually eat at night (after 10pm)

Based on your answers, is there ONE thing you would be interested in changing now? (check one)

☐ Eat more fruits & vegetables  ☐ Eat less fast food/takeout
☐ Take the TV out of the bedroom  ☐ Limit portion sizes at meals and snacks
☐ Increase physical activity  ☐ Drink less soda, juice or punch
☐ Switch to skim or low fat milk  ☐ Replace sweet drinks including 100% juice with water
☐ Spend less time watching TV/movies and playing video/computer games