Patient's Name:______________________________

Please answer the questions below based on your childs behaviors

Patient's Gender: ❐ Male ❐ Female Date of Birth:_____ /_______ /_____

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

Who lives with you:

Name	Relationship	Place of Employment
____________________	____________________	____________________
____________________	____________________	____________________
____________________	____________________	____________________
____________________	____________________	____________________
____________________	____________________	____________________

Current Grade in School: ❐ Preschool ❐ Grade School (_____ grade) ❐ College

Do you have an Individualized Education Plan (IEP)? ❐ Yes ❐ No

Special Education Classes? ❐ Yes ❐ No

Do you work or have a job? ❐ Yes ❐ No

What time do you go to bed? _____________ Wake up? ______________

Do you take naps? ❐ Yes ❐ No

Please check if any families members (child's parents, grandparents, aunts, uncles) have had any of the following diseases/conditions:

Diabetes (type 2/adult onset)	❐ Yes	❐ No	If yes, who:_____________________
Heart problems	❐ Yes	❐ No	If yes, who:_____________________
High blood pressure	❐ Yes	❐ No	If yes, who:_____________________
Overweight/Obese	❐ Yes	❐ No	If yes, who:_____________________
High cholesterol	❐ Yes	❐ No	If yes, who:_____________________
Gallbladder disease/removal	❐ Yes	❐ No	If yes, who:_____________________
Thyroid disease	❐ Yes	❐ No	If yes, who:_____________________
Mental health problems	❐ Yes	❐ No	If yes, who:_____________________
Substance abuse	❐ Yes	❐ No	If yes, who:_____________________
Weight loss surgery	❐ Yes	❐ No	If yes, who:_____________________

Family member died of heart problems, heart attack, or sudden death before age 55

❐ Yes ❐ No If yes, who:_____________________

Other Questions

1. In the past 12 months how often have you worried that your food would run out before you got the money to buy more? ❐ Often ❐ Sometimes ❐ Never ❐ Do not know or do not want to answer
2. In the past 12 months how often have you noticed the food you bought didn't last and you didn't have money to get more? ❐ Often ❐ Sometimes ❐ Never ❐ Do not know or do not want to answer

Physical Activity:

How many days 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?__________________

How many minutes a day do you spend being physically active? (circle the one that applies)

0min 15min 30min 45min 60min More than 60min

How often do you participate in physical education (gym)? _________Days/Week ❒ Quarterly ❒ None

Is it safe to be outside **alone** in your neighborhood during the day? ❒ Yes ❒ No

How many hours per day do you play outside? _______ hours/day ❒ Yes ❒ No

Do you participate in any organized school or community sports/activities? ❒ Yes ❒ No

If yes, please list____

What could prevent you from exercising? (circle all that apply)

1 ❒ None
2 ❒ Self conscious about looks when doing activities
3 ❒ Lack of knowledge about how to do activities
4 ❒ Lack of interest in physical activity
5 ❒ Lack of convenient place to do physical activity
6 ❒ Lack of self discipline
7 ❒ Too heavy
8 ❒ Lack of time
9 ❒ Physical activity is boring
10 ❒ Lack of energy
11 ❒ Friends don't like exercise
12 ❒ Doesn't have anyone to do physical activity
13 ❒ Friends tease me during exercise/sports
14 ❒ Does not enjoy physical activity
15 ❒ Chosen last for teams
16 ❒ Lack of equipment
17 ❒ Doesn't like to sweat
18 ❒ Weather too bad
19 ❒ Physical activity messes up appearance
20 ❒ Lack of skills
21 ❒ Doesn't want to get too strong/muscular
22 ❒ Too tired to exercise
23 ❒ Homework
24 ❒ Other: __________________________

Screen Time:

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

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

How many **hours** per day do you:

Watch TV?	❒None	❒Less than 1 hr	❒1 hr	❒2 hrs	❒3 hrs	❒4 hrs	❒5 hrs or more
Using Computer?	❒None	❒Less than 1 hr	❒1 hr	❒2 hrs	❒3 hrs	❒4 hrs	❒5 hrs or more
Play Video Games?	❒None	❒Less than 1 hr	❒1 hr	❒2 hrs	❒3 hrs	❒4 hrs	❒5 hrs or more
Cellphone/Music?	❒None	❒Less than 1 hr	❒1 hr	❒2 hrs	❒3 hrs	❒4 hrs	❒5 hrs or more

Nutrition:

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? ____________

How many times a day do you snack?__________

For each of the eating behaviors listed below, please indicate how often, if at all, you eat it.

Food Group	Every Day (A)	Several Times a Week (B)	Once a Week (C)	Once a Month (D)	Less than Once a Month (E)	Never (F)
1 Vegetables	❒	❒	❒	❒	❒	❒
2 Fruits	❒	❒	❒	❒	❒	❒
3 Fried Foods (e.g. chips)	❒	❒	❒	❒	❒	❒
4 Baked Goods (e.g. sweets)	❒	❒	❒	❒	❒	❒
5 Eating Out	❒	❒	❒	❒	❒	❒
6 100% Juice	❒	❒	❒	❒	❒	❒
7 Juice/Flavored Drinks	❒	❒	❒	❒	❒	❒
8 Sports Drinks	❒	❒	❒	❒	❒	❒
9 Regular Soda	❒	❒	❒	❒	❒	❒
10 Milk	❒	❒	❒	❒	❒	❒
please indicate type ____%						
11 Water	❒	❒	❒	❒	❒	❒

Eating Habits (Please check all that apply)

1 ❒ I usually skip meals
2 ❒ I eat too large of portions
3 ❒ I eat at the wrong time of day
4 ❒ I love sweets and can't stay away from them
5 ❒ I eat the wrong kinds of foods
6 ❒ I drink several high calorie beverages daily (whole milk, sodas, juices, sports drinks)
7 ❒ I eat a lot of fried foods
8 ❒ I eat when I am bored
9 ❒ I eat when I am sad/depressed
10 ❒ I usually eat in front of the TV daily
11 ❒ I usually eat two or more helpings of food
12 ❒ We usually use food as a reward at home
13 ❒ Uncomfortable eating in front of others
14 ❒ I am never sure when I am full
15 ❒ I snack too much
16 ❒ I eat too fast
17 ❒ I eat when I am happy
18 ❒ I eat when I am stressed
19 ❒ I eat when I am angry
20 ❒ I usually eat at night (after 8pm)
21 ❒ Sneaks food

Based on your answers, is there ONE thing you would be interested in changing now? Please check one box.

1 ❒ Eat more fruits & vegetables
2 ❒ Offer healthy snack choices
3 ❒ Eat at table with TV off
4 ❒ Switch to skim or low fat milk
5 ❒ Eat less fast food/takeout
6 ❒ Limit portion sizes at meals and sna
7 ❒ Work on set bedtime
8 ❒ Avoid sneaking foods
9 ❒ Avoid eating after 8pm
10 ❒ Drink fewer sugar sweetened drinks
12 ❒ Replace sweet drinks with water
13 ❒ Avoid eating when bored
14 ❒ Take the TV out of the bedroom
15 ❒ Increase physical activity