





Healthy Lifestyle Screening

Has anyone in your family ever been diagnosed with:

Diabetes / Gestational diabetes	No <input type="checkbox"/>	Yes <input type="checkbox"/>	Who: _____
High blood pressure	No <input type="checkbox"/>	Yes <input type="checkbox"/>	Who: _____
Heart disease (heart attack, stroke, high cholesterol)	No <input type="checkbox"/>	Yes <input type="checkbox"/>	Who: _____
Overweight	No <input type="checkbox"/>	Yes <input type="checkbox"/>	Who: _____

		0-1 servings	2-3 servings	4-5 servings	More than 5 servings
	How many servings (1 serving = 1/2 cup) per day of fruits and vegetables does your child eat?				
	In total, how many hours per day does your child watch TV or movies, play video or computer games?	More than 4 hours	3-4 hours	1-2 hours	1 hour or less
	How many days per week is your child physically active, outside of school time, for at least 60 minutes? (walking, running, biking, swimming, playing outside, dancing, etc.)	0-1 days	2-3 days	4-5 days	6-7 days
	How many times per week does your family do something active together?	0-1 days	2-3 days	4-5 days	6-7 days
	How many times per day does your child drink any of the following: juice, soda, sports drinks, energy drinks, flavored milk, lemonade, sweetened tea or coffee drinks?	4 or more times	3 times	1-2 times	0 times
O T H E R	How many times per week does your child eat breakfast?	0-1 times	2-3 times	4-5 times	6-7 times
	How many times per week does your child eat food outside the home/school?	6-7 times	4-5 times	2-3 times	0-1 times
	How many days per week does your family eat dinner together at the table?	0-1 times	2-3 times	4-5 times	6-7 times
	Are you ever worried that food will run out before you get more money to buy more?	Often	Sometimes	Rarely	Never
	Is your child having difficulty with sleeping or snoring?	Often	Sometimes	Rarely	Never
	How worried are you about your child's health?	8-10 (Very)	5-7	2-4	0-1 (Low)
	How worried are you about your child's weight?	8-10 (Very)	5-7	2-4	0-1 (Low)
	Is now a good time to work on family eating and activity habits?	8-10 (Definitely)	5-7 (Yes)	2-4 (Maybe)	0-1 (No)

Childhood Action Plan to Promote Healthy and Fit Families

Goals are most successful when all family members participate and support one another.

Choose one or two goals your family will work to achieve:



5 servings of fruits and vegetables

5 servings of fruits and vegetables daily

- Include at least one fruit or vegetable with every snack or meal
- Add color: make ½ your plate fruits or vegetables at most meals
- Add extra vegetables to tacos, stews, burritos, soups, etc.



2 hours or less of screen time

2 or less hours of screen time daily

- Remove TV and screens from bedrooms
- Enjoy time outside: daily green hour without any screens
- Unplug the family for 1-2 weeks, plan activities without screens
- Join after school activities or community centers
- Turn off TV during meals



1 hour or more of physical activity

1 or more hours of physical activity daily

- Walk or bike to school (or at least the last 5 blocks)
- Join a sports team, dance group or outdoor club
- Play outside daily: invent games, jump in leaves, build snow forts, etc.
- Sign up for a recreation pass as a family or with friends
- Spend family time together hiking, playing a sport or other activities



0 sweetened beverages

0 sweetened beverages daily

- Drink nonfat milk, water, or water flavored with fruit
- Save money: do not buy soda, sports drinks, fruit drinks
- Reduce amount of soda, sports drinks, fruit drinks to ____/week

Other

- Eat breakfast daily
- Eat dinner as a family ____ times/week
- Serve smaller portions (see mypyramid.gov)
- Eat out/take out less than ____ times/week
- Additional goal: _____

Signatures

Patient _____
 Parent or Caregiver _____
 Provider _____

Date _____
 Date _____
 Date _____

For resources on how to achieve your family goals, please visit www.healthteamworks.org.