





## Healthy Lifestyle Screening

**Has anyone in your family ever been diagnosed with:**

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

	How many servings (1 serving = 1/2 cup) per day of fruits and vegetables does your child eat?	<b>0-1 servings</b>	<b>2-3 servings</b>	<b>4-5 servings</b>	<b>More than 5 servings</b>
	In total, how many hours per day does your child watch TV or movies, play video or computer games?	<b>More than 4 hours</b>	<b>3-4 hours</b>	<b>1-2 hours</b>	<b>1 hour or less</b>
	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.)	<b>0-1 days</b>	<b>2-3 days</b>	<b>4-5 days</b>	<b>6-7 days</b>
	How many times per week does your family do something active together?	<b>0-1 days</b>	<b>2-3 days</b>	<b>4-5 days</b>	<b>6-7 days</b>
	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?	<b>4 or more times</b>	<b>3 times</b>	<b>1-2 times</b>	<b>0 times</b>
<b>O T H E R</b>	How many times per week does your child eat breakfast?	<b>0-1 times</b>	<b>2-3 times</b>	<b>4-5 times</b>	<b>6-7 times</b>
	How many times per week does your child eat food outside the home/school?	<b>6-7 times</b>	<b>4-5 times</b>	<b>2-3 times</b>	<b>0-1 times</b>
	How many days per week does your family eat dinner together at the table?	<b>0-1 times</b>	<b>2-3 times</b>	<b>4-5 times</b>	<b>6-7 times</b>
	Are you ever worried that food will run out before you get more money to buy more?	<b>Often</b>	<b>Sometimes</b>	<b>Rarely</b>	<b>Never</b>
	Is your child having difficulty with sleeping or snoring?	<b>Often</b>	<b>Sometimes</b>	<b>Rarely</b>	<b>Never</b>
	How worried are you about your child's health?	<b>8-10 (Very)</b>	<b>5-7</b>	<b>2-4</b>	<b>0-1 (Low)</b>
	How worried are you about your child's weight?	<b>8-10 (Very)</b>	<b>5-7</b>	<b>2-4</b>	<b>0-1 (Low)</b>
	Is now a good time to work on family eating and activity habits?	<b>8-10 (Definitely)</b>	<b>5-7 (Yes)</b>	<b>2-4 (Maybe)</b>	<b>0-1 (No)</b>

# 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 \_\_\_\_\_

Date \_\_\_\_\_

Parent or Caregiver \_\_\_\_\_

Date \_\_\_\_\_

Provider \_\_\_\_\_

Date \_\_\_\_\_

For resources on how to achieve your family goals, please visit [www.healthteamworks.org](http://www.healthteamworks.org).