

## **HEALTHY HABITS FOR WELL CHILD VISITS**

## Parent Form (Child ages 2 - 8)

Your answers will provide valuable information for your healthcare provider and will help to evaluate your child's overall health. Please complete and give to your healthcare provider.

Child's	Name Age Today's Date
1.	How many servings of fruits and vegetables does your child eat each day? (one serving equal to the size of the palm of your child's hand).
2.	How many times a week does your child eat dinner at the table with the family?
3.	How many times a week does your child eat breakfast?
4.	How many times a week does your child eat take-out or fast food?
5.	How many hours a day does your child watch TV/movies or play video/computer games?
6.	Does your child have a TV in the room they sleep in?
7.	Does your child have a computer in the room they sleep in?
8.	How much time a day does your child spend in active play? (Faster breathing/heart rate or sweating).
9.	How many 8 oz. (1 cup) servings of the following does your child drink a day? 100% juiceFruit juice or sports drinksSoda or punch WaterWhole/2% milkNonfat or skim milk
Based	on your answers, is there <b>ONE</b> thing you would like to help your child change now?
	Eat more fruits and vegetables.
	Spend less time watching TV/movies and playing video/computer games.
	Take the TV/computer out of the bedroom.
	Eat less fast food/takeout.
	Drink less soda, fruit juice and/or sports drinks.
	Be more active.
	Eat breakfast every morning.
	Eat dinner at the table with family.

**5-2-1-0** was developed by the American Medical Association, the Centers for Disease Control and Prevention, and the Maternal and Child Health Bureau to address America's health crisis of overweight and obese children and families.

