

Name \_\_\_\_\_

Date \_\_\_\_/\_\_\_\_/\_\_\_\_

Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_

# Healthy Weight Assessment & Plan



## A. ASSESSING HABITS

- 1. How many servings of **FRUITS AND VEGETABLES** does your child eat a day?  5 or more  3-4  2 or less
- 2. Outside of school, how many hours a day does your child sit in front of a **SCREEN** (TV, computer, video game, phone)?  0  1-2  3-4  5 or more
- 3. On most days, how many hours does your child spend in **ACTIVE PLAY** (fast breathing, sweating)?  2 or more  1  1/2  0
- 4. How many servings of **SODA** or sugary drinks (fruit juice, sweet tea, sports drinks) does your child drink each day? (1 serving = 6 oz. = 3/4 cup = 1/2 can of soda)  0  1-2 (up to 1 1/2 c. or 1 can)  3-4 (up to 3 c. or 2 cans)  5-6 (up to 4 1/2 c. or 3 cans)  More than 6
- 5. How many **SNACKS** like cookies, ice cream, candy or chips does your child get each day?  0  1  2 or more
- 6. How many days a week does your child eat **BREAKFAST**?  Everyday  Some days  Rarely or never
- 7. How many times a week does your child **EAT** a meal **AT THE TABLE AT HOME WITH** the **FAMILY**?  5 or more  2-4  0-1
- 8. Does your child have a **TV** in the room where s/he **SLEEPS**?  No  Yes
- 9. What kind of **MILK** does your child drink?  Skim or 1%  2%  Whole  None  Other: \_\_\_\_\_

## B. ARE YOU READY TO MAKE CHANGES?

Please circle a number.



## C. WHAT WOULD YOU LIKE TO DO?

-   Eat more fruits and vegetables: \_\_\_\_\_ servings daily.
-   Set limits on screen time: \_\_\_\_\_ hour(s)/daily.
- Other: \_\_\_\_\_
-   Play (sweat and breathe fast) everyday: \_\_\_\_\_ minutes.
-   Reduce sugar-sweetened beverages: less than \_\_\_\_\_ servings a week.

What might make it hard to do this? \_\_\_\_\_

## D. HOW CONFIDENT ARE YOU THAT YOU CAN MAKE CHANGES?

Please circle a number.

