



# Healthy Habits Questionnaire

(Ages 10-18)

We are interested in the health and well-being of all our patients. Please take a moment to answer the following questions.

Patient Name: \_\_\_\_\_ Age: \_\_\_\_\_ Today's Date: \_\_\_\_\_

1. How many servings of fruits or vegetables do you eat a day?  
(One serving is most easily identified by the size of the palm of your hand.) \_\_\_\_\_
2. How many times a week do you eat dinner at the table together with your family? \_\_\_\_\_
3. How many times a week do you eat breakfast? \_\_\_\_\_
4. How many times a week do you eat takeout or fast food? \_\_\_\_\_
5. How many hours a day do you watch TV/movies or sit and play video/computer games? \_\_\_\_\_
6. Do you have a TV in the room where you sleep? Yes No
7. Do you have a computer in the room where you sleep? Yes  No
8. How much time a day do you spend in active play  
(faster breathing/heart rate or sweating)? \_\_\_\_\_
9. How many 8-ounce servings of the following do you drink a day?  
\_\_\_\_\_ 100% juice      \_\_\_\_\_ Fruit or sports drinks      \_\_\_\_\_ Soda or punch  
\_\_\_\_\_ Water      \_\_\_\_\_ Whole milk      \_\_\_\_\_ Nonfat (skim), low-fat (1%), or reduced-fat (2%) milk

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

Eat more fruits & vegetables.  
Take the TV out of the bedroom.  
Play outside more often.

Spend less time watching TV/movies  
and playing video/computer games.  
Drink less soda, juice, or punch.

Eat less fast food/takeout.  
Drink more water.  
Switch to skim or low fat milk.

**Please give the completed form to your clinician. Thank you.**