

# HEALTHY HABITS ASSESSMENT



Child's Name \_\_\_\_\_

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

Circle the answer that best describes your child's average eating and activity habits.

My child eats veggies and fruits:



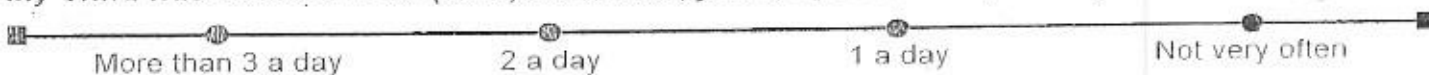
My child eats out:



My child is active:



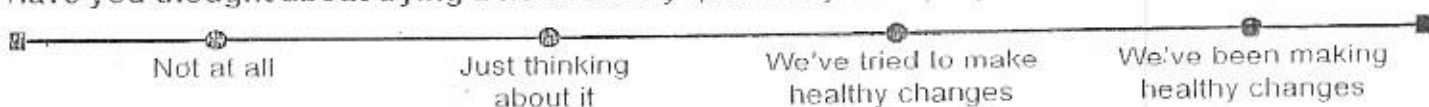
My child has sweet drinks (cola, sweet tea, juice, sport drinks, other juice drinks):



My child watches television or spends time on the computer or playing video games:



Have you thought about trying a new healthy habit for your family or child?



If you could work on one healthy habit, which would it be?

- Fill half your plate with veggies & fruits
- Limit screen time to one hour

- Be active for 60 minutes
- Drink more water and limit sugar drinks