



Survey for All Patients (Age 2—8) at Well-Child Visits

In our office, we are interested in providing the best care to our patients. This includes discussing with all our patients, steps that you can take to improve your family's health. While you are waiting to see your provider, it would be helpful if you would please take a few moments with your child to answer the following questions. Your healthcare provider will go over your answers during your visit. We understand how difficult it is to follow healthy lifestyle recommendations. The questions below will help us discuss how you might best start to make small changes to improve your family's health.

Patient Name: _____ Age: _____ Date: _____

		Yes	No
5	My child eats fruits and vegetables 5 or more times on most days.	<input type="checkbox"/>	<input type="checkbox"/>
	My child eats breakfast every day.	<input type="checkbox"/>	<input type="checkbox"/>
	My child eats dinner at the table with the family at least 2 times per week.	<input type="checkbox"/>	<input type="checkbox"/>
	My child eats take-out (takeout, fast food places, restaurants) less than 2 times per week.	<input type="checkbox"/>	<input type="checkbox"/>
2	My child watches TV, videos or plays computer games less than 2 hours per day.	<input type="checkbox"/>	<input type="checkbox"/>
	My child does not have a TV in the bedroom.	<input type="checkbox"/>	<input type="checkbox"/>
1	My child participates in some type of moderate physical activity for at least 1 hour every day.	<input type="checkbox"/>	<input type="checkbox"/>
	0	My child does not regularly drink fruit-drinks, sports drinks, soda or punch.	<input type="checkbox"/>
		My child drinks fat-free/skim or 1% rather than 2% or whole milk.	<input type="checkbox"/>

FOR PHYSICIAN USE ONLY: Physician Initials: _____ Date: _____

FH Risk Factors: Y N BMI: _____ BMI%: _____

	5	2	1	0	BMI Classification
Achieved	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Underweight <5 th
Discussed	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Healthy Weight 5 th –84 th
Goal	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> At-Risk Overweight 85 th –94 th
					<input type="checkbox"/> Overweight ≥ 95 th

