Name _____

Date ____/____/____

Date of Birth ____/____/____

Healthy Weight Assessment & Plan

five two one almost none

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. = ¾ cup = ½ can of soda)	☐ 0	☐ 1-2 (up to 1½ c. or 1 can)	☐ 3-4 (up to 3 c. or 2 cans)	☐ 5-6 (up to 4½ 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.

1 2 3 4 5 6 7 8 9 10

Not yet — Thinking about it — Let's go!

C. WHAT WOULD YOU LIKE TO DO?

☐ Eat more fruits and vegetables: _____ servings daily.

☐ Set limits on screen time: _____ hour(s)/daily.

☐ Play (sweat and breathe fast) everyday: _____ minutes.

☐ Reduce sugar-sweetened beverages: less than _____ servings a week.

☐ Other: _____

What might make it hard to do this? _____

_____

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

Please circle a number.

1 2 3 4 5 6 7 8 9 10

Not confident — Somewhat confident — Very confident

Adapted by WNC Healthy Kids from NICHQ, The Nemours Foundation, and Eat Smart Move More NC