

Physical Activity and Nutrition Survey

While you're waiting, please take a moment to answer questions 1 - 10 below.

Patient Name: _____ **Age:** _____ **Date:** _____

		True	False
1.	I/my child eats 5 or more portions of fruits and vegetables per day .		
2.	I/my child eats breakfast everyday .		
3.	I/my child drinks skim/nonfat or 1% milk (not 2% or whole milk).		
4.	I/my child eats food from a fast food restaurant less than twice a week.		
5.	I/my child watches TV, videos or play computer games for less than 2 hours per day.		
6.	I/my child gets sustained physical activity at least 1 hour every day of the week .		
7.	I/my child eats dinner at the table with the family at least once a week.		
8.	I/my child has a TV in the bedroom .		
9.	I/my child eats in front of the TV .		
10.	I/my child drinks soda, juice, or other sugar containing drinks more than 4 to 6 oz. per day.		

To Be Completed by the Doctor or Nurse Practitioner

Height: _____ **Weight:** _____

BMI: _____ **BMI Percentile:** _____

BMI is a measurement that compares weight to height.

BMI **percentile** compares your/your child's BMI to others of the same age and sex.

A BMI percentile of 5% to under 85% is considered normal.

Anyone with a BMI percentile of 85% or greater is considered overweight.

Anyone with a BMI percentile of under 5% is considered underweight.

To learn more about BMI (Body Mass Index), you can go

to: <http://www.cdc.gov/nccdphp/dnpa/healthyweight/assessing/bmi/index.htm>

or go to <http://www.cdc.gov/> and click on "BMI Calculator" at the bottom right of the page under "Tool & Resources".