

# Parent Questionnaire: Healthy Eating

- |  |   |   |
|--|---|---|
| 1. Does your child eat five fruits and vegetables daily?   | N | Y |
| 2. Does your child eat foods with whole grains and fiber?  | N | Y |
| 3. Does your child eat 2-3 servings of dairy daily?  | N | Y |
| 4. Does your child drink soda or sugared fruit drinks?   | Y | N |
| 5. Does your child eat breakfast daily?  | N | Y |
| 6. Does your child eat three meals a day?  | N | Y |
| 7. Does your child eat more than two snacks a day?   | Y | N |
| 8. Does your child eat Fast Food on a regular basis?   | Y | N |
| 9. Does your family eat meals together on a regular basis?   | N | Y |
| 10. Does your child eat after dinner and before bedtime?   | Y | N |
| 11. Does your child have a TV in his/her room?   | Y | N |
| 12. Does your child watch more than 2 hours of TV daily?   | Y | N |
| 13. Does your child play outside on a daily basis?   | N | Y |
| 14. Does your child get physical exercise on a daily basis?  | N | Y |
| 15. Are Carbohydrates the main part of your child's diet?<br>(i.e. breads, cereals, pasta, rice, potatoes, etc.) | Y | N |

Name: \_\_\_\_\_ Date: \_\_\_\_\_