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 participate in more than 2 hours of screen time?  Y  N
   (TV, computer, texting, etc.)
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?  Y  N
   (i.e. breads, cereals, pasta, rice, potatoes, etc.)

Name: ___________________________ Date: ____________________

11/2010