Name
Date/
Date of Birth/

## Healthy Weight Assessment & Plan



## A. ASSESSING HABITS

drinks (fruit juice, sweet tea, sports drinks) does your child drink each day? (1 serving = 6 oz. = ¾ cup = ½ can of soda)  5. How many SNACKS like cookies, ice cream, candy or chips does your child get each day? 6. How many days a week does your child eat BREAKFAST? 7. How many times a week does your child EAT a meal AT THE TABLE AT HOME WITH the FAMILY? 8. Does your child have a TV in the room where s/he SLEEPS? 9. What kind of MILK does your child drink? Skim or 2% Whole None Other:  1 2 3 4 5 6 7 8 9 1  Not yet Thinking about it Let's go!	2. Ou do (TV) 3. On chi (fa 4. Ho dri do (1) 5. Ho cre gei 6. Ho ear 7. Ho EA	utside of schooes your child IV, computer, on most days, hild spend in A ast breathing, ow many servinks (fruit juic oes your child serving = 6 ozow many SNA ream, candy oet each day?  ow many days at BREAKFAS ow many time AT a meal AT ITH the FAN oes your child	does your child only how many how many hours how many hours a CTIVE PLAY sweating)?  Ings of SODA on the case of t	eat a day? Durs a day SCREEN One)? S does your  r sugary Ports drinks) an of soda) s, ice Ir child Dur child T HOME	□ 0 □ 2 or more □ 0 □ 0 □ 0 □ Everyday	1-1   1   1   1   1	2	3-4 1/2 3-4 (up to 3 c. or 2 cans) 2 or more Rarely or never	□ 0 □ 5-6 (up to 4½ c. or	☐ More than	
does your child sit in front of a SCREEN (TV, computer, video game, phone)?  3. On most days, how many hours does your	do. (TV) 3. On chi (fa) 4. Ho dri do. (1) 5. Ho cre gei 6. Ho ear 7. Ho EA	oes your child IV, computer, on most days, hild spend in A ast breathing, ow many servinks (fruit juic oes your child serving = 6 ozow many SNA ream, candy oet each day? ow many days at BREAKFAS ow many time AT a meal AT AITH the FAN oes your child	sit in front of a syideo game, photo wideo game, photo how many hours a critical play sweating)?  Ings of SODA or ce, sweet tea, sp drink each day?	screen one)? s does your r sugary orts drinks) an of soda) s, ice ir child our child rour child rour child	2 or more 0 0	1   1   1   (u   1)   1   1	ip to //2 c. or can)	1/2  3-4 (up to 3 c. or 2 cans) 2 or more  Rarely or never	□ 0 □ 5-6 (up to 4½ c. or	☐ More than	
child spend in ACTIVE PLAY (fast breathing, sweating)?  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)  5. How many SNACKS like cookies, ice cream, candy or chips does your child get each day? 6. How many days a week does your child eat BREAKFAST? 7. How many times a week does your child EAT a meal AT THE TABLE AT HOME WITH the FAMILY? 8. Does your child have a TV in the room where s/he SLEEPS? 9. What kind of MILK does your child drink?   Skim or   2%   Whole   None   Other:  1 2 3 4 5 6 7 8 9 1  Not yet Thinking about it Let's go!  C. WHAT WOULD YOU LIKE TO DO?    Set limits on screen time:   Play (sweat and breathe fast) everyday: minutes.	chi (fa 4. Ho dri do (1 5. Ho cre gei 6. Ho eai 7. Ho EA Wi	nild spend in A ast breathing, ow many serverinks (fruit juice oes your child serving = 6 oz ow many SNA ream, candy o et each day? ow many days at BREAKFAS ow many time AT a meal AT VITH the FAN oes your child	weating)?  sweating)?  sings of SODA or  ce, sweet tea, sp  drink each day?  c. = 3/4 cup = 1/2 ca  ACKS like cookie  r chips does you  s a week does you  s a week does you  THE TABLE AT  MILY?	r sugary ports drinks) an of soda) s, ice r child our child rour child T HOME	0 0 Deveryday	1-: (u 11/1 1 0 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	2	3-4 (up to 3 c. or 2 cans) 2 or more Rarely or never	5-6 (up to 4½ c. or	_	
drinks (fruit juice, sweet tea, sports drinks) does your child drink each day? (1 serving = 6 oz. = ¾ cup = ½ can of soda)  5. How many SNACKS like cookies, ice cream, candy or chips does your child get each day? 6. How many days a week does your child eat BREAKFAST? 7. How many times a week does your child EAT a meal AT THE TABLE AT HOME WITH the FAMILY? 8. Does your child have a TV in the room where s/he SLEEPS? 9. What kind of MILK does your child drink? Skim or 2% Whole None Other:  1 2 3 4 5 6 7 8 9 1  Not yet Thinking about it Let's go!  WHAT WOULD YOU LIKE TO DO?    Eat more fruits and vegetables:    Play (sweat and breathe fast) everyday:    minutes.	dri do (1) 5. Ho cre gei 6. Ho eat 7. Ho EA W: 8. Do wh	rinks (fruit juices your child serving = 6 oz ow many SNA ream, candy oet each day? ow many days ow many time AT a meal AT /ITH the FAN oes your child	ce, sweet tea, sp drink each day? c. = 34 cup = 1/2 ca ACKS like cookie r chips does you s a week does you s a week does you the table at MILY?	orts drinks) an of soda) as, ice ar child our child rour child r HOME	□ 0 □ Everyday	(u 11/1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	op to  /2 c. or  can)	(up to 3 c. or 2 cans) 2 or more Rarely or never	up to 4½ c. or	_	
cream, candy or chips does your child get each day?  6. How many days a week does your child eat BREAKFAST?  7. How many times a week does your child EAT a meal AT THE TABLE AT HOME WITH the FAMILY?  8. Does your child have a TV in the room No Yes where s/he SLEEPS?  9. What kind of MILK does your child drink? Skim or 2% Whole None Other:  ARE YOU READY TO MAKE CHANGES?  Please circle a number.  1 2 3 4 5 6 7 8 9 1  Not yet Thinking about it Let's go!  WHAT WOULD YOU LIKE TO DO?    Eat more fruits and vegetables: Play (sweat and breathe fast) everyday: minutes.   Set limits on screen time: Play (sweat and breathe fast) everyday: minutes.   Reduce sugar-sweetened beverages: less than servings a week.	cre ge 6. Ho eat 7. Ho EA W: 8. Do wh	ream, candy of et each day?  ow many days at BREAKFAS ow many time AT a meal AT //ITH the FAN oes your child	r chips does you s a week does yo sT? es a week does y THE TABLE AT	our child our child our child T HOME	☐ Everyday	☐ So	ome 🔲	Rarely or never			
eat BREAKFAST?   days   never    7. How many times a week does your child   EAT a meal AT THE TABLE AT HOME   WITH the FAMILY?  8. Does your child have a TV in the room   No   Yes   Whole   None   Other:    ARE YOU READY TO MAKE CHANGES?  Please circle a number.  1	eat 7. Ho <b>EA</b> <b>W</b> : 8. Do wh	at BREAKFAS ow many time AT a meal AT /ITH the FAN oes your child	ST? es a week does y THE TABLE AT MILY?	our child <b>F HOME</b>	_ , ,	da	ays	never			
EAT a meal AT THE TABLE AT HOME WITH the FAMILY?  8. Does your child have a TV in the room	<b>EA</b> <b>W</b> : 8. Do wh	AT a meal AT /ITH the FAN oes your child	THE TABLE AT	Г НОМЕ	☐ 5 or more	☐ 2- <i>-</i>	4 🗆	0-1			
where s/he SLEEPS?  9. What kind of MILK does your child drink?	wh	•	have a <b>TV</b> in th	o room							
ARE YOU READY TO MAKE CHANGES?  Please circle a number.  1 2 3 4 5 6 7 8 9 1  Not yet Thinking about it Let's go!  WHAT WOULD YOU LIKE TO DO?    Eat more fruits and vegetables:	9. Wł	TICIC STIE SEE	EPS?	ie room	□ No	☐ Ye	es				
Please circle a number.  1 2 3 4 5 6 7 8 9 1  Not yet Thinking about it Let's go!  WHAT WOULD YOU LIKE TO DO?    Eat more fruits and vegetables:		/hat kind of <b>M</b>	<b>ILK</b> does your c	child drink?		□ 29	<b>%</b> □	Whole	☐ None	Other:	
Not yet Thinking about it Let's go!  WHAT WOULD YOU LIKE TO DO?    Eat more fruits and vegetables: servings daily minutes.     Set limits on screen time: hour(s)/daily.     Other: Other:     Other: Other:     Not yet Thinking about it Let's go!    Play (sweat and breathe fast) everyday: minutes.     Reduce sugar-sweetened beverages: less than servings a week.				NGES?							
Not yet Thinking about it Let's go!  WHAT WOULD YOU LIKE TO DO?    Eat more fruits and vegetables:	1			1	Б	6		7	0	0 1/	
WHAT WOULD YOU LIKE TO DO?    Eat more fruits and vegetables:	1			4				/			
Bat 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.	WHAT WO	•		?	THIRING AL	out it	-		Lets	s go:	
Set limits on screen time:  hour(s)/daily.  Other:  Set limits on screen time:  hour(s)/daily.  Description:  Reduce sugar-sweetened beverages: less than servings a week.	X							everyday:			
	2				almost none			beverages: less than			
			Other:								
wnat might make it hard to go this?											
	What m	might make it	nard 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