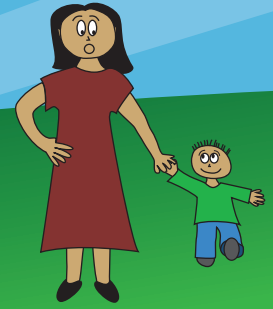


Healthy Kids

These questions are about the 3-5 year old child in your care.



Name _____ Date _____ Child's Name _____ Age _____

Think about what you and your child usually do. Do not include school time.

1.



My child is outside _____ hours a day.

0-1

1-2

2-4

4+

2.



My child eats vegetables.

no

some days

most days

every day

3.



My child goes to bed around P.M.

4.



My child gets up around A.M.

Remember, do not include childcare time. Include any time you are with your child.

5.



My child plays outside.

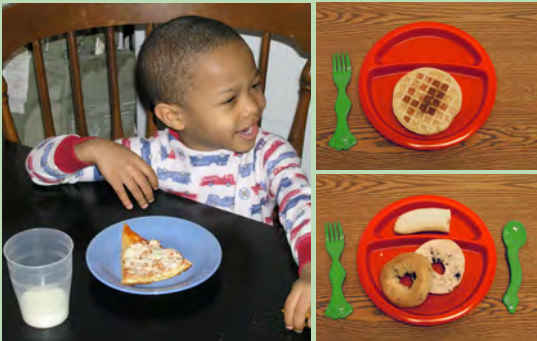
no

1-3 days
a week

4-6 days
a week

everyday

6.



My child eats breakfast times a week.

7.



My child eats fruit.

no

some
days

most
days

every
day

8.



My child drinks milk times a day.

My child drinks milk.

9.



no

whole

2% reduced fat

1% lowfat

skim/nonfat

soy

10.



My child likes to play inside instead of watching TV.

no

some days

most days

every day

11.



I plan meals.

no

sometimes

often

very often

12.



I eat fruit times a day.

13.



I buy vegetables.

no

sometimes

often

very often

14.



I buy fruits.

no

sometimes

often

very often

Remember, do not include childcare time. Include any time you are with your child.

15.



I know what my child watches on TV.

no

sometimes

often

very often

16.



I drink milk times a day.

17.



I play outside with my child _____ days a week.

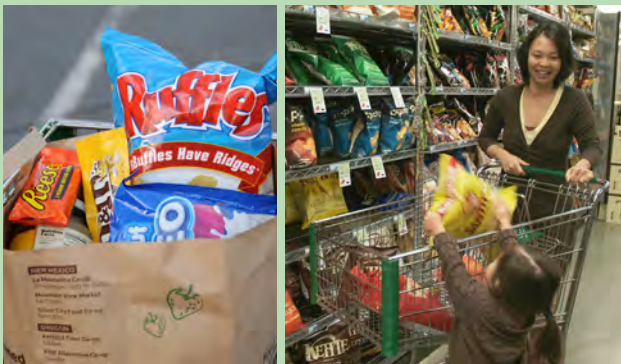
0-1

2-3

4-6

7

18.



I buy chips, candy or cookies.

no

sometimes

often

very often

19.



I keep fruit ready for my child to eat.

no

some
days

most
days

every
day

20.



My child eats beans _____ times a week.

0-1

2-3

4-5

6+

21.



My child eats snack foods like cookies, chips and candy.

no

some days

most days

every day

22.



My child has a TV in his bedroom.

no

yes

23.



My child eats meals while watching TV.

no

some days

most days

every day

24.



My child watches TV _____ hours a day.

0-1

1-2

2-3

3-4

4+

Remember, do not include childcare time. Include any time you are with your child.

25.



My child is picky about the foods he eats.

no

sometimes

often

very often

26.



My child eats snack foods like apples, bananas or carrots.

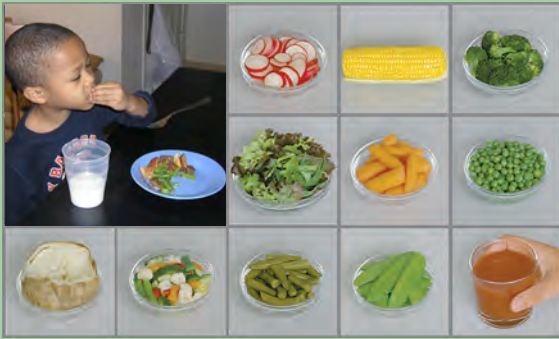
no

some days

most days

every day

27.



My child eats _____ vegetables at his main meal.

0

1

2

3

28.



My child eats cereal for breakfast _____ times a week.

29.



My child eats more than one kind of vegetable a day.

no

some days

most days

every day

30.



My child plays video or computer games _____ hours a day.

0-1

1-2

2-3

3-4

4+

31.



My child eats candy, cake or cookies _____ times a day.

0

1-2

3-4

5+

32.



My child drinks soda or sugared drinks with meals.

no

some days

most days

every day

33.



My child drinks soda _____ times a day.

34.



My child drinks sport drinks or sugared drinks _____ times a day.

Do not include childcare time. Include any time you are with your child.

35.



My child eats fast food times a week.

36.



My child eats chips for snacks _____ times a day.

0

1-2

3-4

5+

37.



My child sees me eat vegetables.

no

some days

most days

every day

38.



My family eats fried foods times a week.

39.



I keep vegetables ready for my child to eat.

no

some days

most days

every day

40.



We eat out times a week.

41.



I sit and eat a meal with my child.

no

some days

most days

every day

42.



I fix meals for my child.

no

some days

most days

every day

43.



I trim fat before eating meat.

no

sometimes

often

very often

44.



I eat the skin on chicken.

no

sometimes

often

very often

45.



I watch TV hours a day.

Healthy Kids Instruction Guide is available at <http://townsendlab.ucdavis.edu/>

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