

Nutrition and Physical Activity



Nutrition & Physical Activity Self-History Form

to be completed by patient and/or parent or guardian

Please complete the questions below:

Sex Male female

Age ___ years grade in school _____

Family History:

Health Conditions: *Do any family members have any of the following health conditions?(circle):*

Diabetes	Patient	mother	father	grandparent	aunt	Uncle	other
Heart Disease/Attack	Patient	mother	father	grandparent	aunt	Uncle	other
High Blood Pressure	Patient	mother	father	grandparent	aunt	Uncle	other
Obesity	Patient	mother	father	grandparent	aunt	Uncle	other

Name: _____
Date of Birth: _____
Address: _____
Patient email : _____

Parent Dieting History(if any): _____

Who grocery shops? _____ Who does most of cooking? _____

Please circle the answers to the questions below:

1. Food Choices- how many **times per day** does the patient:

- Eat vegetable (exclude french fries)* ___0-1 times/day ___2-3 times/day ___4-5 times/day ___6-7 times/day
- Eat fruit?* ___0-1 times/day ___2-3 times/day ___4-5 times/day ___6-7 times/day
- Eat fried food?* ___0-1 times/day ___2-3 times/day ___4-5 times/day ___6-7 times/day
- Eat sweets* ___0-1 times/day ___2-3 times/day ___4-5 times/day ___6-7 times/day
- Eat salty snacks?* ___0-1 times/day ___2-3 times/day ___4-5 times/day ___6-7 times/day
- Drink soda or sweetened fruit drinks?* ___0-1 times/day ___2-3 times/day ___4-5 times/day ___6-7 times/day

What type of milk does the patient drink? ___regular/whole ___2% ___1% ___skim ___soy
How many 8 oz. glasses of milk/day ___glasses

2. Meal Patterns - how many **days per week** does the patient:

- Eat breakfast?* ___0-1 days/wk ___2-3 days/wk ___4-5 days/wk ___6-7 days/wk
- Eat dinner with family?* ___0-1 days/wk ___2-3 days/wk ___4-5 days/wk ___6-7 days/wk
- Eat "fast food" meals?* ___0-1 days/wk ___2-3 days/wk ___4-5 days/wk ___6-7 days/wk
- Eat meals or snacks in front of tv?* ___0-1 days/wk ___2-3 days/wk ___4-5 days/wk ___6-7 days/wk
- Eat meals or snacks in the car?* ___0-1 days/wk ___2-3 days/wk ___4-5 days/wk ___6-7 days/wk

3. Physical Activity:

- How many **days per week** does the patient:
- Participate in physical education?* ___0-1 days/wk ___2-3 days/wk ___4-5 days/wk ___6-7 days/wk
 - Participate in physical activity (walk, ride bike, play games, sports, etc) for a combined total of 60 minutes or more?* ___0-1 days/wk ___2-3 days/wk ___4-5 days/wk ___6-7 days/wk

- How many **hours per day** does the patient:
- Watch TV?* ___0-1 hours/day ___2-3 hours/day ___4-5 hours/day ___6-7 hours/day
 - Use computer or play video games?* ___0-1 hours/day ___2-3 hours/day ___4-5 hours/day ___6-7 hours/day
 - Does the patient have a tv in his/her bedroom?* ___Yes ___No

4. Sleep Schedule: When does patient go to sleep during week? _____ Weekends? _____

5. Questions for Parent/Guardian:

- Do you use food as a reward? ___yes ___no ___sometimes
- Are you concerned about your own weight? ___yes ___no
- Are you concerned about your child's weight? ___yes ___no

For the Patient:

- How concerned am I about my weight?
Very concerned ___ sort of concerned ___ Not very concerned ___
- How much do I want to do something about my weight right now?
Very much ___ Sort of ___ Not very much ___
- How confident am I that I can do something about my weight?
Very confident ___ Sort of confident ___ Not very confident ___
- Do I think I can do something about the things that are getting in my way?
Very much so ___ Maybe ___ Not really ___
- How ready am I to change my eating habits?
Very ready ___ Sort of ready ___ Not ready ___
- How ready am I to become more physically active?
Very ready ___ Sort of ready ___ Not ready ___
- Is my family ready to support me in my efforts?
Very ready ___ Sort of ready ___ Not ready ___