A. WHAT ARE YOUR HEALTH HABITS?
Please mark the boxes with the answers true for most days.

1. How many servings of **FRUITS AND VEGETABLES** do you eat a day?
   - 0
   - 1-2
   - 3-4
   - 5 or more

2. Outside of school, how many hours a day do you sit in front of a **SCREEN** (TV, computer, video game, phone)?
   - 0
   - 1-2
   - 3-4
   - 5 or more

3. On most days, how many hours do you spend in **ACTIVE PLAY** (fast breathing, sweating)?
   - 0
   - 30 minutes
   - 1 hour
   - 2 or more hours

4. How many servings of **SODA** or sugary drinks (fruit juice, sweet tea, sports drinks) do you drink each day?
   - 0
   - 1-2 (up to ½ cups or 1 can)
   - 3-4 (up to 3 cups or 2 cans)
   - 5 or more

5. How many **SNACKS** like cookies, ice cream, candy or chips do you get each day?
   - 0
   - 1-2
   - 3-4
   - 5 or more

6. How many days a week do you eat **BREAKFAST**?
   - 0
   - 1-2
   - 3-4
   - 5 or more

7. How many times a week do you **EAT** a meal **AT THE TABLE, AT HOME WITH** your **FAMILY**?
   - 0
   - 1-2
   - 3-4
   - 5 or more

8. Do you have a **TV** in the room where you **SLEEP**?
   - Yes
   - No

9. What kind of **MILK** do you drink?
   - Whole
   - 2%
   - Skim or 1%
   - Other

B. ARE YOU READY TO MAKE CHANGES?
Please circle a number.

1 2 3 4 5 6 7 8 9 10
Not yet Thinking about it Let's go!

C. WHAT WOULD YOU LIKE TO DO?
Please mark one box and write in your goal.

- Eat more fruits and vegetables:
  - ________ servings daily.

- Set limits on screen time:
  - ________ hour(s)/daily.

D. WHAT MIGHT MAKE IT HARD TO DO THIS?
Please write your answer on the line below.

- Play (sweat and breathe fast) everyday:
  - ________ minutes.

- Reduce sugar-sweetened beverages: less than ________ servings a week.

E. 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

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Adapted by WNC Healthy Kids from NICHQ, The Nemours Foundation, and Eat Smart Move More NC