Nutrition & Physical Activity Self-History Form				Name:			
to be completed by patient and/or parent or guardian							
Please complete the questions below:				Date of Birth:			
Sex Male female				Address:			
Ageyears	grade in so	chool					
Family History:	· ·			Patient email:			
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
Parent Dieting Histor	y(if any):				_		
Who grocery shops? Who does most of cooking?							
Please circle the answe	•						
 Food Choices- how ma 			•				
Eat vegetable (exclu	de french fries)		0-1 times/day			-	
Eat fruit?						-	6-7 times/day
Eat fried food?						-	6-7 times/day
Eat sweets			0-1 times/day			-	6-7 times/day
Eat salty snacks?			0-1 times/day	-		-	6-7 times/day
Drink soda or sweete			0-1 times/day			-	6-7 times/day
What type of milk does the	•		regular/whole	2%	1%		skimsoy
How many 8 oz. glas			glasses	5			
2. Meal Patterns - how m	any days per wee	k does th					
Eat breakfast?			0-1 days/wk	2-3 days/wk			6-7 days/wk
Eat dinner with famil			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		days/wk	6-7 days/wk
Eat meals or snacks				2-3 days/wk		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			0.1.40.40/44	0.0 daya / vdc	4 5	deve hada	C 7 days hads
Participate in physica				2-3 days/wk		•	6-7 days/wk
Participate in physica	ai activity (waik, ric	ле ыке, ры	0-1 days/wk				
How many hours pe	or day doos the na	tiont:	U-1 days/wk	2-3 uays/wk	4-5	uays/wk	0-7 days/wk
Watch TV?	uoes ine pa	ueni.	0-1hours/day	2-3 houre/day	1-5	houre/day	6-7 hours/day
Use computer or pla	v vidoo gamos?		0-1hours/day				
			0-1110u15/uay	Yes	4-5 No		0-7 Hours/day
Does the patient have a tv in his/her bedroom? 4. Sleep Schedule: When does patient			no to sleep during	103 week?		ends?	
4. Olcop Concadio.	Wilch doc	5 patient (go to sicep during	WCCK:	VVCCR	C1103:	
5. Questions for Parent	/Guardian:						
Do you use food as a			yes	nc)	sometimes	.
Are you concerned about your own weight?		yes					
Are you concerned a			yes				
For the Patient:							
How concerned am I abo	ut mv weight?						
Very concerned sor	, ,		Not very concerne	ed			
How much do I want to do		-	•	<u></u>			
	rt of	, ,	Not very much				
How confident am I that I		about my					
Very confident So			Not very confiden	t			
Do I think I can do somet							
Very much so Maybe			Not really	•			
How ready am I to change		?	,				
	rt of ready		Not ready				
How ready am I to become		active?					
	rt of ready		Not ready				
Is my family ready to supp	port me in my effo	orts?					
Very ready So	rt of ready		Not ready				