

Thank you for completing the Family Nutrition & Physical Activity Tool!

Instructions: For each question, select the answer category that best fits your child or your family. It is important to indicate the most common or typical pattern for your family, and not what you would like to happen.

Family Meals.

	Never/ Almost Never	Sometimes	Often	Very Often / Always
1. How often does your child eat breakfast, either at home or at school?	1	2	3	4
2. How often does your child eat at least one meal a day with at least one other family member?	1	2	3	4

Family Eating Practices.

	Never/ Almost Never	Sometimes	Often	Very Often / Always
3. How often does your child eat while watching TV? [Includes meals or snacks]	1	2	3	4
4. How often does your family eat “fast food?”	1	2	3	4

Food Choices.

	Never/ Almost Never	Sometimes	Often	Very Often / Always
5. How often does your family use packaged “ready-to-eat” foods? [Includes purchased frozen or on-the-shelf entrees, often designed to be microwaved]	1	2	3	4
6. How often does your child eat fruits and vegetables at meals or snacks? [Not including juice]	1	2	3	4

Beverage Choices.

	Never/ Almost Never	Sometimes	Often	Very Often Always
7. How often does your child drink soda pop or sweetened beverages? [Includes regular or diet soda pop, Kool-Aid, Sunny-D, Capri Sun, fruit or vegetable juice, caffeinated energy drinks (Monster/Red Bull), Powerade/Gatorade, etc.]	1	2	3	4
8. How often does your child drink low-fat milk for meals or snacks? [Includes 1% or skim dairy, flavored, soy, almond, etc.]	1	2	3	4

Restriction/Reward.

	Never/ Almost Never	Sometimes	Often	Very Often / Always
9. How often does your family monitor the amount of candy, chips, and cookies your child eats?	1	2	3	4
10. How often does your family use candy, ice cream or other foods as a reward for good behavior?	1	2	3	4

Attachment 4: Subjective FNPA

Screen Time.

	Never/ Almost Never	Sometimes	Often	Very Often / Always
11. How often does your child have less than 2 hours of “screen time” in a day? [Includes TV, computer, game system, or any mobile device with visual screens]	1	2	3	4
12. How often does your family monitor the amount of “screen time” your child has?	1	2	3	4

Healthy Environment.

	Never/ Almost Never	Sometimes	Often	Very Often / Always
13. How often does your child engage in screen time in his/her bedroom?	1	2	3	4
14. How often does your family provide opportunities for physical activity?	1	2	3	4

Family Activity.

	Never/ Almost Never	Sometimes	Often	Very Often / Always
15. How often does your family encourage your child to be physically active?	1	2	3	4
16. How often does your child do physical activities with at least one other family member?	1	2	3	4

Child Activity.

	Never/ Almost Never	Sometimes	Often	Very Often / Always
17. How often does your child do something physically active when he/she has free time?	1	2	3	4
18. How often does your child participate in organized sports or physical activities with a coach or leader?	1	2	3	4

Family Schedule/Sleep Routine.

	Never/ Almost Never	Sometimes	Often	Very Often / Always
19. How often does your child follow a regular routine for your child’s bedtime?	1	2	3	4
20. How often does your child get enough sleep at night?	1	2	3	4

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