

FOR EACH QUESTION, PLEASE SELECT THE ANSWER THAT BEST REPRESENTS YOUR CHILD/FAMILY

	Almost Never	Some- times	Usually	Almost Always
1. My child eats breakfast....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Our family eats meals together.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Our family eats while watching TV ...	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Our family eats fast food....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Our family uses microwave or ready to eat foods ...	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. My child eats fruits and vegetables at meals or snacks...	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. My child drinks soda pop or sugar drinks...	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. My child drinks low fat milk at meals or snacks...	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9. Our family limits eating of chips, cookies, and candy...	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10. Our family uses candy as a reward for good behavior...	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11. My child spends less than 2 hours on TV/games/computer per day	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12. Our family limits the amount of TV our child watches...	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
13. Our family allows our child to watch TV in their bedroom...	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
14. Our family provides opportunities for physical activity	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
15. Our family encourages our child to be active every day	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
16. Our family finds ways to be physically active together ...	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
17. My child does physical activity during his/her free time...	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
18. My child is enrolled in sports or activities with a coach or leader...	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
19. Our family has a daily routine for our child's bedtime...	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
20. My child gets 9 hours of sleep a night ...	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Scoring: Add up scores for each scale (items should be scored 1,2,3,4 from left to right except for items that are reverse coded (3,4,5,7,10, and 13), These should be scored 4,3,2,1 from left to right. See Back for Feedback.

Family Meal Patterns	Item 1 _____	+	Item 2 _____	=	_____
Family Eating Habits	Item 3 _____	+	Item 4 _____	=	_____
Food Choices	Item 5 _____	+	Item 6 _____	=	_____
Beverage Choices	Item 7 _____	+	Item 8 _____	=	_____
Restriction / Reward	Item 9 _____	+	Item 10 _____	=	_____
Screen time behavior and monitoring	Item 11 _____	+	Item 12 _____	=	_____
Healthy Environment	Item 13 _____	+	Item 14 _____	=	_____
Family Activity Involvement	Item 15 _____	+	Item 16 _____	=	_____
Child Activity Involvement	Item 17 _____	+	Item 18 _____	=	_____
Family Routine	Item 19 _____	+	Item 20 _____	=	_____
				Total Score	_____

Family Meals (Recommended Practice)

It is important that children not skip breakfast as breakfast skipping has been linked to increased risk of overweight, particularly among older children and adolescents. Eating together as a family is also important for establishing positive family interactions related to eating.

Family Eating Practices (Recommended Practice)

Regular consumption of food away from home, particularly at fast food establishments, has been associated with increased risk for overweight, especially among adolescents. It is harder to make healthier choices when eating out so reducing meals out can promote healthier eating. It is also important to not watch television while eating meals as this may cause children to eat too much or to eat less healthy foods.

Food Choices (Recommended Practice)

Prepackaged foods generally contain more fat and salt than freshly prepared meals, and dietary fat intake is associated with higher overweight levels in youth. Eating more fruits and vegetables reduces a child's risk for overweight. The effect may be direct or indirect (by reducing consumption of other foods).

Beverage Choices (Recommended Practice)

Intake of sugar-sweetened beverages is related to increased risk of overweight in children. Studies also suggest that a child with a low intake of calcium may be at increased risk for becoming overweight.

Restriction/Reward (Recommended Practice)

It is important that parents not restrict highly palatable foods (such as snack food and candy) as this promotes a child's desire for such forbidden foods. It is important to monitor consumption of foods (but not to restrict it) since moderate consumption lets children learn to regulate their behavior. Foods should generally not be used as rewards because it causes children to value these foods over other healthier options.

Screen Time and Monitoring (Recommended Practice)

Excessive television viewing and video game use is associated with increased overweight in youth. Children should have 2 hours or less of screen time (television, video games, and computer time) per day. Parents should monitor and limit screen time.

Healthy Environment (Recommended Practice)

Creating a healthy environment is important for physical activity. Remove televisions from bedrooms is a good practice since it reduces likelihood of excess television viewing. Provide opportunities to be active.

Family Activity Behavior (Recommended Practice)

Parents are important role models for their children, so it is important to remind children about the importance of being physically active. By being active as a family you can help establish healthy lifestyle practices that promote and reinforce physical activity as a family value.

Child Activity Behavior (Recommended Practice)

A child's participation in regular physical activity is associated with a reduced risk of overweight. Parents can plan activity into their day but kids may need reminders or specific opportunities to help them be active every day.

Family Schedule/Sleep Routine (Recommended Practice)

It is important that a child has a daily routine or schedule for bedtime. Research suggests that lack of sleep and irregular routines may increase a child's risk for overweight.