



Family Lifestyle Evaluation

Description of typical foods:

Breakfast:

Lunch:

Dinner:

Snacks:

Beverages:

Please check all boxes that apply:

- My child eats less than 5 fruits and vegetables every day.
- My child usually starts his/her day with sugar (sweetened cereals, waffles with syrup, donuts or pastries, toast with jelly).
- My child watches TV, plays video games, or works or plays on the computer for more than 2 hours each day.
- My child participates in sports, dance, or other physical activity less than 3 times each week.
- Our family does some type of group fitness activity together less than once a week.
- Our family eats dinner together at the table less than once per week.
- My child drinks 2%, whole, or chocolate milk.
- My child eats white grains more than whole grains.

- My child has a TV in his/her bedroom.
- My child eats while watching TV more than 3 times per week.
- My child drinks soda, juice, sports drinks, or other sugar sweetened drinks more than 3 times per week.
- My child eats fast food or take out food more than once per week.

What do you feel that you could change to provide a healthier lifestyle for your family?

Are there currently any unusual stressors in your family that may affect your family's ability to commit to a healthy lifestyle plan?

What are the biggest challenges that you see in trying to help your family live fit and healthy?

What do you hope to accomplish for your child and your family by participating in Operation Get Fit?