

## Physical Activity & Nutrition Behaviors Monitoring Form

1. Child's Name \_\_\_\_\_

2. Sex  1. Male  2. Female

3. Date of Birth \_\_\_\_\_  
 \_\_\_\_\_  
 Month Day Year

4. Race:  1. White  2. Black  3. Am. Indian  4. Asian  
 5. Native Hawaiian/Other Pacific Islander  6. Unknown  
 Ethnicity: Country of Origin: \_\_\_\_\_  
 Hispanic or Latino Origin?  1. Yes  2. No  3. Unknown

5. Child's Height \_\_\_\_\_ in Date \_\_\_\_/\_\_\_\_/\_\_\_\_

6. Child's Weight \_\_\_\_\_ lb \_\_\_\_\_ oz Date \_\_\_\_/\_\_\_\_/\_\_\_\_

7. County of Residence \_\_\_\_\_

8. Person Completing Form:

Name \_\_\_\_\_

Title \_\_\_\_\_

Date Form Completed \_\_\_\_/\_\_\_\_/\_\_\_\_

### PHYSICAL ACTIVITY/INACTIVITY

**9. ACTIVITY LEVEL - Compared to others of the same age/sex, is your child?**

01 - a lot more physically active than most  
 02 - a little more physically active than most  
 03 - Average - same as most  
 04 - a little less physically active than most  
 05 - a lot less physically active than most  
 09 - Don't know / not sure

**10. EXERCISE DAYS - On how many of the past 7 days did your child exercise or participate in physical activity for at least 20 minutes that made him/her sweat or breathe hard?**

01 - 1 Day  06 - 6 Days  
 02 - 2 Days  07 - 7 Days  
 03 - 3 Days  08 - 0 Days  
 04 - 4 Days  09 - Don't know / not sure  
 05 - 5 Days

**11. TV WEEKDAY - How many hours of television does your child watch on the typical week day?**

01 - 1 hour or less  05 - 5 hours  
 02 - 2 hours  06 - 6 hours or more  
 03 - 3 hours  08 - None  
 04 - 4 hours  09 - Don't know / not sure

**12. TV WEEKEND - How many hours of television does your child usually watch on the typical weekend day?**

01 - 1 hour or less  05 - 5 hours  
 02 - 2 hours  06 - 6 hours or more  
 03 - 3 hours  08 - None  
 04 - 4 hours  09 - Don't know / not sure

### SWEETENED BEVERAGES

**13. SODA TIMES - On a typical day, how many times does your child drink soda? Do not count "diet" soda.**

01 - 1 time  
 02 - 2 times  
 03 - 3 or more times  
 08 - None  
 09 - Don't know / not sure

**14. SWEETENED BEVERAGE TIMES - On a typical day, how many times does your child drink sweetened beverages such as sweet tea, punch, Kool-Aid, sports drinks or fruit drinks? Do not count 100% fruit juices.**

01 - 1 time  
 02 - 2 times  
 03 - 3 or more times  
 08 - None  
 09 - Don't know / not sure

**15. SODA AMOUNT - How much soda or other sweetened beverage does your child typically drink each time?**

01 - Small glass (4-6 ounces)  
 02 - Medium glass (8-12 ounces)  
 03 - Large glass (16 - 20+ ounces)  
 04 - 1 can (12 ounces)  
 05 - 1 bottle (16 - 20 ounces)  
 08 - Don't typically drink soft drinks or soda  
 09 - Don't know / not sure

### FAST FOOD FREQUENCY

**16. FAST FOOD - How many times a week does your child eat food from a fast food restaurant like Burger King, Chick-Fil-A, Bojangles, or Pizza Hut?**

00 - Less than once a week  05 - More than 5 times a week  
 01 - Once a week  
 02 - 2 times a week  09 - Don't know / not sure  
 03 - 3 to 5 times a week

### FAT SNACK INTAKE

**17. CHIPS - On a typical day, how many times does your child eat French fries or chips? Chips are potato chips, tortilla chips, cheetos, corn chips or other snack chips.**

01 - 1 time  08 - None  
 02 - 2 times  09 - Don't know / not sure  
 03 - 3 or more times

### LOW FAT DAIRY INTAKE

**18. MILK AMOUNT - On a typical day, how many glasses of milk does your child drink? (A glass is the amount in a small carton at school or an 8 ounce drinking glass.)**

00 - <1 glass  04 - 4 or more glasses  
 01 - 1 glass  08 - None  
 02 - 2 glasses  09 - Don't know / not sure  
 03 - 3 glasses

**19. MILK TYPE - What type of milk does your child usually drink?**

01 - Skim or non-fat  05 - Flavored lowfat or skim  
 02 - Lowfat (1/2 - 1%)  06 - Flavored 2% or whole  
 03 - Reduced fat (2%)  09 - Don't know / not sure  
 04 - Whole

### FRUIT AND VEGETABLE INTAKE

**20. VEGETABLES - On a typical day, how many servings of vegetables does your child eat? Do not include French fries.**

01 - 1 serving  08 - None  
 02 - 2 serving  09 - Don't know / not sure  
 03 - 3 or more servings

**21. FRUITS - On a typical day, how many servings of fruit does your child eat?**

01 - 1 serving  08 - None  
 02 - 2 serving  09 - Don't know / not sure  
 03 - 3 or more servings