



5, 4, 3, 2, 1, 0... Brenner FIT – Families In Training

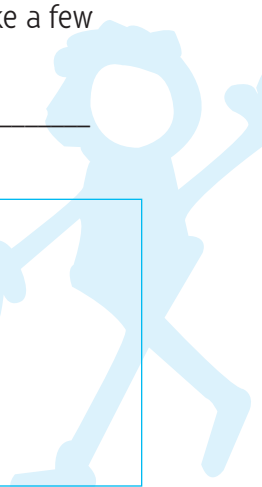
We are very interested in the health and well-being of our patients and their families. Please take a few minutes to answer the following questions. This will help us improve the care we provide.

Today's Date: _____ Your child is a: Boy Girl Child's Date of Birth: _____

Parents/Caregivers – please answer these questions:

Does your family (parents, grandparents, aunts/uncles) have any of the following:

Diabetes (sugar problems, high sugar, sugar diabetes)	Yes	No
High Blood Pressure (high blood, hypertension)	Yes	No
Sleep Apnea (CPAP, BiPAP, sleep machine, bad snoring)	Yes	No
Heart Disease (high cholesterol, heart attacks, stroke, heart problems)	Yes	No
Overweight/Obese	Yes	No



How many servings of fruit and vegetables does your child eat per day?	0	1	2	3	4	5+
How many times a week , does your family eat a meal together at the table?	0	1	2	3	4	5+
How many times a week , if at all, does your child skip a meal?	0	1	2	3	4	5+
How many hours a day does your child watch TV, play video games, use the computer, and/or talk on the phone?	0	1	2	3	4	5+
How many days a week is your child physically active, outside of school time, for a total of at least 60 minutes? (Examples: walking, running, swimming, playing basketball, dancing, playing outside or bike riding.)	0	1	2	3	4	5+
How many times a day does your child drink any of the following: 100% fruit juice, regular soda, sports drinks, juice drinks, juice boxes, flavored milk, lemonade or Kool-Aid®?	0	1	2	3	4	5+

Circle the number that best describes how you feel about the following:	Not at all		Some-what		Very much
How worried are you about your child's health?	1	2	3	4	5
How worried are you about your child's weight?	1	2	3	4	5
Is now a good time for your family to start making changes?	1	2	3	4	5
If now is a good time to make changes, which of these would your family be ready to start with? (please circle ONE)					
Eating more fruits and vegetables		More family meals		Not skipping meals	
Less sitting time		More physical activity		Less sugary drinks	

Medical Staff Only Below This Line

W_____ H_____ B_____ B% ≥ 95th 85-94th < 85th

Goal Area Selected: **5** Eating more fruits and vegetables **4** More family meals **3** Not skipping meals
2 Less sitting time **1** More physical activity **0** Less sugary drinks

Referral: Labs _____ Other _____ Comments: _____

Follow up: Phone call Clinic Next WCC Other _____ Comments: _____