Staying Healthy Assessment (9-11 Years)

Question #	Question Text	Yes	No	Skip
1	Does your child drink or eat 3 servings of calcium rich foods daily such as formula, breastmilk, cheese, yogurt, soy milk or tofu?	☐	☐	☐
2	Does your child eat fruits and vegetables at least two times per day?	☐	☐	☐
3	Does your child eat high fat foods, such as fried foods, chips, ice cream or pizza more than once a week?	☐	☐	☐
4	Does your child drink more than one small cup (4-6oz) of juice per day?	☐	☐	☐
5	Does your child drink soda, juice drinks, sports drinks, energy drink or other sweetened drinks more than once per week?	☐	☐	☐
6	Does your child play actively most days of the week?	☐	☐	☐
7	Are you concerned about your child's weight?	☐	☐	☐
8	Does your child watch any tv or play video games less than 2 hours per day?	☐	☐	☐
9	Does your home have a working smoke detector?	☐	☐	☐
10	Does your home have the phone number of Poison Control Center (800-222-1222) posted by your phone?	☐	☐	☐
11	Do you always place your child in a booster seat in the back seat (or use a seat belt if your child is over 4'9"?	☐	☐	☐
12	Does your child spend time near a swimming pool, river or lake?	☐	☐	☐
13	Does your child spend time in a home where a gun is kept?	☐	☐	☐

14	Does your child spend time with anyone who carries a gun, knife or other weapon?	☐	☐	☐
15	Does your child always wear a helmet when riding a bike, skateboard or scooter?	☐	☐	☐
16	Has your child ever witnessed or been a victim of abuse or violence??	☐	☐	☐
17	Has your child been hit or hit someone in the past year?	☐	☐	☐
18	Has your child been bullied or felt unsafe at school or in your neighborhood?	☐	☐	☐
19	Do you help your child brush and floss her/his teeth daily?	☐	☐	☐
20	Does your child often seem sad or depressed?	☐	☐	☐
21	Does your child spend time with anyone who smokes?	☐	☐	☐
22	Has your child ever smoked cigarettes or chewed tobacco?	☐	☐	☐
23	Are you concerned that your child may be using drugs or sniffing substances such as glue, to get high?	☐	☐	☐
24	Are you concerned that your child may be drinking alcohol such as beer, wine wine coolers or liquor?	☐	☐	☐
25	Does your child have friends or family members who have a problem with drugs or alcohol?	☐	☐	☐
26	Has your child started dating or “going out” with boyfriends or girlfriends?	☐	☐	☐
27	Do you think your child might be sexually active?	☐	☐	☐
28	Do you have any other questions or concerns about your child’s health, development or behavior?	☐	☐	☐

If yes, please describe: _____

Is an interpreter needed today? Yes / No

School Attendance regular? Yes / No