

**Diet and Activity History**

**Patient Name:** \_\_\_\_\_ **Phone:** \_\_\_\_\_ **Dear**

**Parent:** *Please answer these questions about your child's diet and activity.*

*Thank you for your time.*

**1. Where your child eats**

- Does your child eat breakfast? \_\_\_\_\_
- \_\_\_\_\_
- Does your child usually eat breakfast at: home, school, baby sitters/daycare relative or friend's house? \_\_\_\_\_
- \_\_\_\_\_
- Does your child usually eat lunch at: school, home, baby sitters/daycare, relative or friend's house? \_\_\_\_\_
- \_\_\_\_\_
- Does your child usually eat supper at: home, baby sitters/daycare, relative or friend's house? \_\_\_\_\_

**2. What your child eats**

- Usual breakfast \_\_\_\_\_
- Usual lunch \_\_\_\_\_
- Usual supper \_\_\_\_\_

**3. Snack foods**

- How many snacks does your child eat on a typical day? \_\_\_\_\_
- What are the usual snacks your child eats? Please check if your child ate the snack in the past 7 days.

- |  |                  |
|--|------------------|
| _____ Potato chips/corn chips/nachos/Doritos/Cheetos | _____ Pretzels   |
| _____ Popcorn  | _____ Ice cream  |
| _____ Peanut butter crackers                         | _____ Cereal     |
| _____ Other crackers                                 | _____ Yogurt     |
| _____ Pop Tarts                                      | _____ Cheese     |
| _____ Candy or candy bars                            | _____ Fruit      |
| _____ Snack cakes/Twinkies/pie                       | _____ Vegetables |
| _____ Donuts/sweet rolls/pastry                      | _____ Sandwich   |
| _____ Cookies/brownies                               |                  |
| _____ Jell-O/pudding                                 |                  |
| _____ Fun Fruit/Fruit Rollups/Skittles               |                  |

- Please list any snacks we have not listed that your child usually eats.

\_\_\_\_\_  
\_\_\_\_\_

**4. Sugar-sweetened drinks**

- How many glasses of the following does your child drink on a typical day?

- Juice (orange, apple, grape, other) \_\_\_\_\_
- Fruit drinks (Hi-C, Hawaiian Punch, lemonade) \_\_\_\_\_
- Sodas (cans, bottles, or glasses) \_\_\_\_\_
- Sweet tea \_\_\_\_\_
- Kool-Aid \_\_\_\_\_
- Water \_\_\_\_\_
- Sport Drinks (Gator-ade, Poweraid etc) \_\_\_\_\_

5. **Milk**

- How many glasses of milk does your child drink on a typical day? \_\_\_\_\_
- What kind of milk? Whole milk, 2%, 1%, skim milk, chocolate milk? \_\_\_\_\_

6. **Restaurants**

**Fast food restaurants**

- How many times in the past 7 days did your child eat or have take-out food from a fast-food restaurant (McDonald's, Wendy's, Burger King, KFC, Taco Bell, Hardee's, Subway, Pizza Hut, etc.)?

<u>Meal</u>	<u>Number of Times</u>	<u>What does your child usually eat and drink?</u>
Breakfast		
Lunch		
Supper		
Drink or Snack		

**Other restaurants**

- How many times in the past 7 days did your child eat at other restaurants (steakhouse, Chinese, seafood, etc.)? \_\_\_\_\_
- What do they usually eat and drink? \_\_\_\_\_

7. **Fruits and vegetables**

- How many servings of fruit does your child usually eat on a typical day? \_\_\_\_\_  
List some of the fruits your child eats: \_\_\_\_\_
- How many servings of vegetables does your child usually eat on a typical day? \_\_\_\_\_  
List some of the vegetables your child eats: \_\_\_\_\_

8. **Activity**

- How many hours of active play (including school) does your child have on a typical weekday (walking, running, playing ball, etc.)? \_\_\_\_\_
- How many hours of active play does your child have on a typical weekend day? \_\_\_\_\_

9. **Television**

- How many of hours of TV/video games/Playstation does your child watch on a typical weekday including evenings? \_\_\_\_\_
- How many hours of TV/video games/Playstation does your child watch on a typical weekend day including evenings? \_\_\_\_\_
- Does your child have a TV in his/her bedroom?    YES            NO

**Table 2. Diet and Activity Recommendations**

<b>Area of Concern</b>	<b>Recommendation</b>
Fruits	At least 2 servings a day
Vegetables	At least 3 servings a day
Sugar-Sweetened drinks (juice, Kool-aid, sport drinks, sodas, sweet tea)	No more than 6 ounces of 100% juice (not juice drinks) and no sodas or sweet tea
Low fat milk (1% or Skim)	2 – 3 glasses a day
Water	No limit
High fat/High calorie sweet and salty snacks	No more than 2 times a week
Restaurant/Fast Food	No more than 2 times a week
Television	No more than 2 hours a day
Physical Activity	60 minutes a day

PLEASE mail or fax back to Dr. Soeder. Thank you very much.

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