Lifestyle Questionnaire

Today's Date:_____

Participating Child's Name: _____
Sex:_____ Age: _____ Grade:_____ Date of Birth: _____
Emails(parent&youth)_____
Parent cell_____; home_____ Other_____
Address:_____

Family Structure and Primary Caregivers (Parent can complete)

We would like to get a sense of the family structure and which adults play an influential role in the participating child's lifestyle.

Please mark the box in front of all family members and caregivers who live with the participating child most of the time (include the participating child in this list and circle P if they are the one participating).

Check box if this person lives with child		Check box if this person lives with child	
❑	Biological Father	❑	Biological Mother
❑	Stepfather	❑	Stepmother
❑	Oldest Child f / m age_____ P	❑	3rd Oldest Child f / m age_____ P
❑	2nd Oldest Child f / m age_____ P	❑	4th Oldest Child f / m age_____ P
❑	Paternal Grandfather	❑	Maternal Grandfather
❑	Paternal Grandmother	❑	Maternal Grandmother
❑	Nanny /Housekeeper	❑	Other _____ P

Now, please circle any additional primary caregivers or individuals who spend sufficient time with the participating child to have an impact on their eating and activity patterns.

If there is any other pertinent information about the way the family is set up (recently moved, recently re-married, going through divorce, two households, etc.) please share that below:

_____
_____
_____
_____

Questions for Initial Interview

Questions on this form refer to the child who is the focus of healthy lifestyle coaching. Teens can complete on their own or collaborate with parents. For children younger than 12, we request that a parent (or parents) and the child complete this questionnaire in a collaborative fashion, reaching agreement on answers wherever possible. Feel free to make notes if opinions vary, and we can discuss during our behavioral interview.

Eating Habits and Situations

Where do you usually get your lunch?	❑ Bring from home (mom dad prepares) ❑ Bring from home (child prepares) ❑ School Cafeteria Food ❑ Vending Machines at School ❑ Convenience Store or Food Truck
How often do you eat meals, snacks, or desserts out with friends or at friend's houses? (including sweet/iced drinks)	_____ times per week (include weekdays and weekends)
How often do you go to a birthday party or other social, family, or holiday event that involves high-calorie food?	❑ 1/month ❑ 2-3x/month ❑ 3-5x/month ❑ 2x/week ❑ More than 2x/week
Who prepares your meals at home? _____	
Who does the food shopping? _____	
Compared to peers, this child eats: About the same amount More Less **Compared to peers, this child eats: About as healthy More healthy Less healthy**	

Please list your six favorite foods?

_____ _____ _____

_____ _____ _____

Do you have any food allergies? (Circle one) Yes No Keep Kosher? Yes No
If yes, please specify foods not eaten:

Fluid Intake:

Please specify the amount <u>in cups</u> (8 oz.) of the following fluids you typically consume in <u>a week.</u>

_____ skim milk	_____ low-fat milk	____ whole milk	_____ smoothie
_____ diet soda	<u>Zero Calorie</u> _____ Powerade, Vitamin water Gatorade	_____ water _____ seltzer	_____ Crystal Light _____ iced tea (unsweetened) e.g., Diet Snapple Diet Arizona
_____ regular soda	Powerade, _____ Gatorade, Vitamin Water	_____ fruit drink (Hi-C)	_____ fruit juice
_____ iced tea (sweetened) e.g., Arizona, Snapple	_____ hot coffee	_____ latte	_____ frozen coffee beverages (Frappacino, Dunca..)
_____Slurpee	_____Chocolate Milk	_____ hot chocolate	_____ milkshake
_____wine	_____ beer	_____ hard liquor	____other_____

Typical Food Intake:

Please indicate the foods you consume on a typical **weekday**

Meal	Time	Number of weekdays/week that you typically do eat something for this meal or this snack (0-5)	Location	Food Consumed	Amount
Breakfast					
Morning Snack					
Lunch					
Afternoon Snack					
Dinner					
Evening Snack					

Please indicate the foods you consume on a typical weekend day

Meal	Time	Number of weekend days/week that you typically do eat something for this meal or this snack (0-2)	Location	Food Consumed	Amount
Breakfast					
Morning Snack					
Lunch					
Afternoon Snack					
Dinner					
Evening Snack					

Questionnaire of Eating and Weight Patterns

1. During the past six months did you ever eat what most people, like your friends, would think was a really big amount of food?

❑ Yes ❑ No (If no, go to Question #5)

1a) Did you ever eat a really big amount of food within a short time (2 hours or less)?

❑ Yes ❑ No (If no, go to Question #5)

2. When you ate a really big amount of food, did you ever feel that you could not stop eating? Did you feel that you could not control what or how much you were eating?

❑ Yes ❑ No (If no, go to Question #5)

3. During the past six months, how often did you eat a really big amount of food with the feeling that your eating was out of control? There may have been some weeks when you did not eat this way, and some weeks when you may have eaten like this a lot. But, in general, how often did this happen?

❑ Less than one day a week
❑ One day a week
❑ Two or three days a week
❑ Four or five days a week
❑ Almost every day

4. When you ate a really big amount of food and you could not control your eating, did you:

4a) Eat very fast?

❑ Yes ❑ No

4b) Eat until your stomach hurt or you felt sick in your stomach?

❑ Yes ❑ No

4c) Eat really big amounts of food even when you were not hungry?

❑ Yes ❑ No

4d) Eat really big amounts of food during the day without regular meals like breakfast, lunch, dinner?

❑ Yes ❑ No

4e) Eat by yourself because you did not want anyone to see how much you were eating?

❑ Yes ❑ No

4f) Feel really bad about yourself after eating a lot of food?

❑ Yes ❑ No

5. During the past six months, how bad did you feel when you ate too much or more food than you think is best for you?

❑ Not at all
❑ Just a little
❑ Pretty much
❑ Very much
❑ Very, very much
❑ I did not eat too much.

6. How bad did you feel that you could not stop eating or could not control what or how much you were eating?

❑ Not at all
❑ Just a little
❑ Pretty much
❑ Very much
❑ Very, very much
❑ I did not lose control over my eating

7. During the past six months, has your weight or the shape of your body mattered to how you feel about yourself? Compare this feeling to how you feel about other parts of your life, like how you get along with your parents, how you get along with friends and how you do at school.

❑ Weight and shape were not important at all to how I felt about myself.
❑ Weight and shape were somewhat important to how I felt about myself.
❑ Weight and shape were pretty important to how I felt about myself.
❑ Weight and shape were very important to how I felt about myself

8. Did you ever make yourself vomit, throw up, or get sick to keep from gaining weight after eating a really big amount of food?

❑ Yes ❑ No (If no, go to Question #9)

8a) How often, on average, did you do that?

❑ Less than once a week
❑ Once a week
❑ Two or three times a week
❑ Four or five times a week
❑ More than five times a week

9. Have you ever taken medicine (pills, liquid, gum, powder) that would make you go to the bathroom in order to not gain weight after eating a really big amount of food?

❑ Yes ❑ No (If no, go to Question #10)

9a) Were these laxatives (makes you have a bowel movement or B.M.) or diuretics (makes you urinate or pee)?

Circle which one(s): Laxatives Diuretics

9b) Did you ever take more than twice the amount you were told to take on the box or bottle?

❑ Yes ❑ No

9c) How often, on average, did you do that?

❑ Less than once a week
❑ Once a week
❑ Two or three times a week
❑ Four or five times a week
❑ More than five times a week

10. Did you ever not eat anything at all for at least 24 hours (a full day) to keep from gaining weight after eating a really big amount of food?

❑ Yes ❑ No (If no, go to Question #11)

10a) How often, on average, did you do that?

❑ Less than once a week
❑ Once a week
❑ Two or three times a week
❑ Four or five times a week
❑ More than five times a week

11. Did you ever exercise for more than one hour at a time only to keep from gaining weight after eating a really big amount of food?

❑ Yes ❑ No (If no, go to Question #12)

11a) How often, on average, did you do that?

❑ Less than once a week
❑ Once a week
❑ Two or three times a week
❑ Four or five times a week
❑ More than five times a week

12. During the past three months, did you ever take diet pills to keep from gaining weight after eating a really big amount of food?

❑ Yes ❑ No (If no, STOP HERE)

12a) Did you ever take more than twice the amount you were told to take on the box or bottle?

❑ Yes ❑ No

12b) How often, on average, did you do that?

❑ Less than once a week
❑ Once a week
❑ Two or three times a week
❑ Four or five times a week
❑ More than five times a week

Activity Patterns of Participating Child

Use the <u>past two weeks</u> as your time frame for all activity questions (unless there were very unusual circumstances like a broken bone or vacation, in which case use the last typical two week period you can recall)

Please answer as honestly and accurately as you can. Answers refer to the <u>participating child</u> (except for the few question focused on the family unit).

1. To what extent to do you **enjoy physical activity** in general? (check one)

   _____not at all
   _____slightly
   _____moderately
   _____greatly

2. Do you have any **physical problems** or handicaps that limit your physical activity? (Circle one) Yes No

   If yes, please describe _____

3. Approximately how many "city blocks" or the equivalent (about 100 steps per block) does the participating child regularly walk each day? _____**blocks per day.**

4. How many flights of stairs does the participating child climb up each day? _____**flights per day** (1 flight= 10-13 steps)

Sitting/Sedentary Activities:

Please check the box below the <u>average</u> number of minutes the <u>participating child</u> does each of the following activities. As indicated, rate each WEEKday on left side of table and each WEEKEND/HOLIDAY on right.
(Remember to give <u>average per day, not the total for the weekday or weekend)</u>

	Average minutes per WEEKDAY? (divide total of weekdays by 5)							Average minutes per WEEKEND (divide total by 2) or holiday?						
	<15 min	15-30	30-60	1-2 hrs	2-3 hrs	3-4 hrs	4+ hrs	<15 min	15-30	30-60	1-2 hrs	2-3 hrs	3-4 hrs	4+ hrs
Watch TV?	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
Watch Videos/DVD?	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
Play video or computer games?	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
Other seated activities (art, games, cards)?	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
Riding in a car or bus?	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
Riding on an escalator or elevator?	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐

What times during the day and week, and in what situations do you most often find yourself being sedentary (not moving around much)?

_____

	Average minutes per WEEKDAY?							Average minutes per WEEKEND or holiday?						
All Sitting /Sedentary Activities done as a family unit (at least one parent and participating child)	<15 min	15-30	30-60	1-2 hrs	2-3 hrs	3-4 hrs	4+ hrs	<15 min	15-30	30-60	1-2 hrs	2-3 hrs	3-4 hrs	4+ hrs
	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐

Moving Activities:

Please indicate the <u>number of days</u> (left side) the <u>participating child</u> does each of the following types of activities. Then tell us the <u>average number of minutes spent</u> (right side) on days when that type of activity is done.

	Number of Days					Average Number of Minutes each day activity is performed				
	<1x per mon	2x per mon	1 day/ wk	2-4 days/ wk	5- 7 days/ wk	<15 mins	15-30 mins	30-45 mins	45-60 mins	60+ mins
Light Standing Activities **Examples:** slow walking, light cleaning, play with friends in the house, playing catch, ping pong, or pool, bouncing on fitball. **Which light standing activities do you do?** _____	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
Strength Training Exercises or Activities **Examples:** Lifting weights, using exercise bands/tubing, push-ups, squats, sit-ups, crunches, pilates **Which strength training activities do you do?** _____	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐

	Number of Days					**Average Number of Minutes each day activity is performed**				
	<1x per mon	**2x per mon**	**1 day/ wk**	**2-4 days/ wk**	**5- 7 days/ wk**	**<15 mins**	**15-30 mins**	**30-45 mins**	**45-60 mins**	**60+ mins**
Flexibility Exercises **Examples:** Warm-up Stretches, yoga, stretches after exercises, stretches in front of TV or in bed **Which flexibility activities do you do?** _____	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐

Cardio Activities

Please indicate the <u>number of days</u> (left side) the <u>participating child</u> does each of the following types of activities. Then tell us the <u>average number of minutes spent</u> (right side) on days when that type of activity is done. Moderate and vigorous Cardio activities are exercises that get you breathing heavier, raise your heart rate, and sometimes make you sweat.

	Number of Days						Average Number of Minutes each day activity is performed				
	<1x per mon	2x per mon	1 day/ wk	2-4 days/ wk	5- 7 days/ wk		<15 mins	15-30 mins	30-45 mins	45-60 mins	60+ mins
Moderate Cardio **Examples:** Biking, climbing stairs, climbing hills or rocks, fast walking, martial arts, softball, volley ball, raking, mowing lawn, heavy housework, playing in the water, slow swimming, light aerobics, *also* ***"gym" or "P.E." at school.*** **Which moderate cardio activities do you do?** _____	☐	☐	☐	☐	☐		☐	☐	☐	☐	☐

	Number of Days						Average Number of Minutes each day activity is performed			
	<1x per mon	2x per mon	1 day/ wk	2-4 days/ wk	5- 7 days/ wk	<15 mins	15-30 mins	30-45 mins	45-60 mins	60+ mins
Vigorous Cardio Examples: Running, basketball, soccer, lacrosse, hard biking, fast swimming, skating, hard aerobics, fast dancing, chasing, jumping on a trampoline, heavy weight lifting, physically-demanding sports team **Which vigorous cardio activities do you do?** _____	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐

What kinds of physical activities (including all those above) are you considering <u>adding</u> to your life or doing <u>more often</u> in order to become healthier and burn more calories?

_____

Confidence and Body Image

Compared to other things in your life, how much does your weight or body shape affect the way you feel about yourself?

- ❑ My weight does not affect the way I feel about myself.
- ❑ My weight affects how I feel about myself a little, but not as much as other things affect the way I feel about myself
- ❑ My weight affects how I feel about myself a lot, but it's not the biggest thing that affects the way I feel about myself.
- ❑ My weight is the biggest thing that affects the way I feel about myself.

Please use a scale of 1-5 for the following questions: 1 = very low; 5 = very high

How would you rate your overall self confidence (how good you feel about yourself)?

_____

How would you rate your body self-confidence (how good you feel about your body)?

_____

Goals:

What are your top 3 health-related goals for the next 6 months?

How confident are you that you will meet these goals in the next 6 months?

not at all confident 0% 20% 40% 50% 60% 80% 100% **completely confident**

Please explain what made you give this rating of your confidence:

Behavioral Skills Questions:

In the past two weeks, please indicate how frequent or typical it was for THE PARTICIPATING CHILD to do the following behaviors when appropriate. For example, "Almost always" means that you did the behavior in almost all situations when you think it would have been appropriate and helpful to do so.

Please discuss questions to come up with an answer parent and child both agree to. If there is a difference of opinion, feel free to choose more than one answer and note who said what. We will discuss significant answers or difficult questions more thoroughly during our interview.

- ☺ Please be as honest and accurate as possible--there are no right answers.
- ☺ Feel free to jot down any notes that would help us understand your answers.

<u>Budget Your Calories</u> by spending them only on food that is "worth it" to you in terms of enjoyment or nutrition (e.g., avoiding wasting calories on foods that don't give you much enjoyment or nutrition, or saving calories for something you want to eat later)

Almost Never	Infrequent	Not Sure	Frequent	Almost Always
1	2	3	4	5

<u>Look Up the Calorie Content</u> of an item (on a label, on a fact sheet, in a book, on line)

Almost Never	Infrequent	Not Sure	Frequent	Almost Always
1	2	3	4	5

<u>Look Up the Nutrition Content</u> of an item (on a label, on a fact sheet, in a book, on line)

Almost Never	Infrequent	Not Sure	Frequent	Almost Always
1	2	3	4	5

<u>Slow Down and Savor</u> your Food

Almost Never	Infrequent	Not Sure	Frequent	Almost Always
1	2	3	4	5

<u>Eat without doing anything else (like tv, homework, playing on computer or videogame)</u>

Almost Never	Infrequent	Not Sure	Frequent	Almost Always
1	2	3	4	5

<u>Plan in Advance</u> how you will approach eating in a challenging situation (e.g., bring healthy option to a party, think about what you will eat or avoid eating before getting somewhere, plan what to say when you are offered some high calorie food, eat before going out or going shopping to avoid being hungry)

Almost Never	Infrequent	Not Sure	Frequent	Almost Always
1	2	3	4	5

<u>Stop to Consider your Hunger BEFORE</u> starting to eat (in other words, ask yourself if your urge to eat is really hunger or whether you could delay eating or distract yourself until the urge goes away)

Almost Never	Infrequent	Not Sure	Frequent	Almost Always
1	2	3	4	5

<u>Stop to Consider your Fullness AFTER</u> you have been eating (and ask yourself if you can stop before you finish everything on your plate or before getting a second helping).

Almost Never	Infrequent	Not Sure	Frequent	Almost Always
1	2	3	4	5

<u>Eat out of Boredom</u> or for Emotional Reasons (upset, bored, lonely, nervous, happy, etc)

Almost Never	Infrequent	Not Sure	Frequent	Almost Always
1	2	3	4	5

<u>Overeat:</u> Eat more than your body needs or get overly full at one meal or sitting

Almost Never	Infrequent	Not Sure	Frequent	Almost Always
1	2	3	4	5

<u>Measure out your Portions</u> using a standard measure (cup, spoon, hand, …)

Almost Never	Infrequent	Not Sure	Frequent	Almost Always
1	2	3	4	5

<u>Reduce or Limit your Portion</u> to save calories

Almost Never	Infrequent	Not Sure	Frequent	Almost Always
1	2	3	4	5

<u>Put things out of sight to avoid triggers for</u> eating when not hungry (at home, school, or restaurant)

Almost Never	Infrequent	Not Sure	Frequent	Almost Always
1	2	3	4	5

<u>Use a Lower Calorie Substitute</u> (sugar free or lower fat substitute)

Almost Never	Infrequent	Not Sure	Frequent	Almost Always
1	2	3	4	5

<u>Use a Healthier Substitute</u> (like whole grain, or product that uses a healthier type of fat)

Almost Never	Infrequent	Not Sure	Frequent	Almost Always
1	2	3	4	5

<u>Set an Eating Goal</u> and take steps to meet it

Almost Never	Infrequent	Not Sure	Frequent	Almost Always
1	2	3	4	5

Set an Activity Goal and take steps/actions to meet the goal

Almost Never	Infrequent	Not Sure	Frequent	Almost Always
1	2	3	4	5

-

Keep Track of Foods you are Eating or specific nutrients like fiber or water or unhealthy fats

Almost Never	Infrequent	Not Sure	Frequent	Almost Always
1	2	3	4	5

Keep Track of Activities or exercises (minutes, miles, steps, number of times, etc)

Almost Never	Infrequent	Not Sure	Frequent	Almost Always
1	2	3	4	5

Use social support like: talking with your parent, talking to a friend, having internet conversations or phone conversations to help you live your Healthy Lifestyle.

Almost Never	Infrequent	Not Sure	Frequent	Almost Always
1	2	3	4	5

What other strategies have you or your parents used to help you manage your weight or your health?