

What is ONE thing you would like help with?

Eating more vegetables and fruit

Eating fewer fast foods and takeaways

Taking screens out of the bedroom

Spending less time looking at screens

Going outside to play more often

Drinking fewer sugary drinks and more water

Is there anything else?

I consent to this information being used to report on and develop this or other health programmes.

I understand that all the information will remain confidential and that no material which could identify me, my child, or my family/whānau will be used in any reports.

I do not consent to this information being used to report on and develop this or other health programmes.

Signature: _____

Name: _____

Date: _____



Te ara hauora tika
The healthy way to go

Healthy Habits Questionnaire

For more information: www.toiteora.govt.nz



TOI TE ORA
PUBLIC HEALTH
Bay of Plenty + Lakes Districts



Last Name: _____

First Name: _____

Date of Birth: _____

NHI: _____

Age: _____

Date: _____

Review Date: _____



Family information:

Has anyone in your family/whānau ever been diagnosed with:

	No	Yes	Unsure
Diabetes or diabetes in pregnancy	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
High blood pressure	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
High cholesterol	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Heart disease	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Stroke	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Older children and young people may want to complete this for themselves.

How many servings a day of vegetables and fruit does your child eat? (1 serve = 1/2 cup)	0-1 serve	2-3 serves	4-5 serves	6+ serves
How many times a week does your child eat breakfast?	0-1 times	2-3 times	4-5 times	6-7 times
How many days a week do you eat dinner together as a family at the table?	0-1 day	2-3 days	4-5 days	6-7 days
How many times a week does your child eat takeaway food, fast food or restaurant food?	0-1 times	2-3 times	4-5 times	6+ times
Are you ever worried that food will run out before you get money to buy more?	Often	Sometimes	Rarely	Never
How many sugary drinks such as fizz, juice, cordial, flavoured milk and energy drinks, does your child drink each week? (1 drink = 1 cup)	0 drinks	1-2 drinks	3-4 drinks	5+ drinks
How many days a week is your child physically active, for at least 1 hour (e.g. walking, biking, playing)?	0-1 day	2-3 days	4-5 days	6-7 days
Roughly, how many hours a day does your child spend looking at a screen (TV, games, tablet/iPad, computer, phone)?	3 hours or more	2 hours	1 hour or less	
Does your child have a screen in the room they sleep in (e.g. TV, games, computer, phone)?	Yes		No	
On week nights, your child usually goes to sleep at:				
On week days, your child usually wakes up at:				

Use a different coloured pen to complete this at the review date

