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We will reach out to you in several months to update us on the impact of this program.



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### Pre-Program Healthy Habits Questionnaire

1. On average, how many servings of fruits and vegetables does your child eat each day? (Serving = 1/2 cup or the size of a light bulb) Circle one answer.

- 0 1 2 3 4 5 More than 5

2. Are there any barriers to getting or eating fruits and vegetables? No Yes

If yes, circle all that apply:

- A. Cost
- B. I don't know how to prepare or cook
- C. My child refuses to eat
- D. Foods we eat aren't easily accessible
- E. Other: \_\_\_\_\_

3. On average, how many hours of recreational screen time does your child participate in a day? Circle one answer.

- 0 1 2 3 4 5 More than 5

4. On average, how many hours of moderate to vigorous physical activity does your child participate in each day? Circle one answer.

- 0 1 2 3 4 5 More than 5

5. On average, how many soda and/or sugar sweetened sports and fruit drinks does your child drink in a day? Circle one answer.

- 0 1 2 3 4 5 More than 5

6. How many times per week do you eat takeout or fast food? \_\_\_\_\_

Please return this completed form to your program coordinator. **Thank you!**

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