|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| What are you hoping for in the Click here to enter text. Clinic/Program? | | | | | |
| Click here to enter text. Program is doing this survey to help us understand how we can best meet your family’s needs and help your child get healthier.  **Please rate your interest in learning about each topic below.**  **Please write in any other topics that are not listed.** | | | | | |
| **INTERESTED IN HEALTHIER FOODS AND DRINKS?** | | | | | |
|  | Not at All | A little Bit | Somewhat | Quite a Bit | Extremely |
|  | | | | | |
| 1. Finding affordable fruits/vegetables |  |  |  |  |  |
| 1. Preparing fruits/vegetables |  |  |  |  |  |
| 1. Shopping for healthy foods/drinks we can afford |  |  |  |  |  |
| 1. Making healthier meals at home |  |  |  |  |  |
| 1. Preparing meals more quickly |  |  |  |  |  |
| 1. Healthier recipes for cultural foods |  |  |  |  |  |
| 1. Healthier choices when eating out |  |  |  |  |  |
| 1. Eating healthier at school/work |  |  |  |  |  |
| 1. Choosing healthier drinks |  |  |  |  |  |
| 1. Eating more fruits/vegetables |  |  |  |  |  |
| 1. Eating a healthier breakfast |  |  |  |  |  |
| 1. Eating less junk food |  |  |  |  |  |
| 1. Eating smaller portions, have fewer section portions |  |  |  |  |  |
| 1. Eating together as a family |  |  |  |  |  |
| 1. Drinking healthier drinks |  |  |  |  |  |
| 1. Other healthier food/drinks topics:   What topic? Click here to enter text. |  |  |  |  |  |
| 1. **Which of the above items in this section is most important to you? Select only one and write the question number here**: Click here to enter text. | | | | | |

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **INTERESTED IN HELP WITH PHYSICAL ACTIVITY/EXERCISE?** | | | | | | | | | |
|  | Not at All | | A little Bit | | Somewhat | | Quite a Bit | | Extremely |
|  | | | | | | | | | |
| 1. Finding activities my child likes to do |  | |  | |  | |  | |  |
| 1. Comfortable activities for my child |  | |  | |  | |  | |  |
| 1. Watching less TV |  | |  | |  | |  | |  |
| 1. Texting less |  | |  | |  | |  | |  |
| 1. Playing fewer video games |  | |  | |  | |  | |  |
| 1. Spending less time on the computer |  | |  | |  | |  | |  |
| 1. Being more physically active |  | |  | |  | |  | |  |
| 1. Other physical activity topics:   What topic? Click here to enter text. |  | |  | |  | |  | |  |
| 1. **Which of the above items in this section is most important to you? Select only one and write the question number here**: Click here to enter text. | | | | | | | | | |
|  | | | | | | | | | |
| **INTERESTED IN HELP WITH FAMILY SUPPORT/BEHAVIOR?** | | | | | | | | | |
|  | Not at All | | | A little Bit | | Somewhat | | Quite a Bit | Extremely |
|  | | | | | | | | | |
| 1. Helping my child handle teasing or bullying |  |  | | |  | |  | |  |
| 1. Helping my child make friends more easily |  |  | | |  | |  | |  |
| 1. Helping my child feel better about himself/herself |  |  | | |  | |  | |  |
| 1. Being more motivated to eat healthy |  |  | | |  | |  | |  |
| 1. Being more motivated to be physically active |  |  | | |  | |  | |  |
| 1. Helping my significant other get “on board” with healthy eating changes |  |  | | |  | |  | |  |
| 1. Helping my significant other get “on board” with being more physically active |  |  | | |  | |  | |  |
| 1. Helping other family members get “on board” with healthy eating changes |  |  | | |  | |  | |  |
| 1. Helping other family members get “on board” with being more physically active |  |  | | |  | |  | |  |
| 1. Other family support/behavior topics:   What topic? Click here to enter text. |  |  | | |  | |  | |  |
| 1. **Which of the above items in this section is most important to you? Select only one and write the question number here** : Click here to enter text. | | | | | | | | | |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **PLEASE RATE HOW IMPORTANT THE FOLLOWING ARE TO YOU AS MARKERS OF YOUR CHILD’S PROGRESS IN THE CLINIC/PROGRAM:** | | | | | |
|  | Not at All | A little Bit | Somewhat | Quite a Bit | Extremely |
| 1. He/she lost a certain number of pounds. **Please write the number of pounds here: \_\_\_\_\_ pounds** |  |  |  |  |  |
| 1. He/she had fewer medical problems due to weight |  |  |  |  |  |
| 1. He/she felt better about himself/herself |  |  |  |  |  |
| 1. We got healthier as a family |  |  |  |  |  |
| 1. Our family had less conflict about eating healthy |  |  |  |  |  |
| 1. Our family had less conflict about being physically active |  |  |  |  |  |
| 1. Other markers of success:   What marker? Click here to enter text. |  |  |  |  |  |
| 1. **Which of the above items in this section is most important to you? Select only one and write the question number here**: Click here to enter text. | | | | | |

How are you related to the patient? Please check all that apply.

Biologic or birth mother

Adoptive Mother

Stepmother

Foster Mother

Grandmother

Biologic or birth father

Adoptive father

Stepfather

Grandfather

Legal guardian

Other (please describe) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_