|  |
| --- |
| 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.
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| **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.
 |

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| **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) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_