

**CHILD QUESTIONNAIRE**  
(to be completed by the participant)

Child's Name: \_\_\_\_\_ Date: \_\_\_\_\_  
Birth Date: \_\_\_\_\_ Age: \_\_\_\_\_  
Parent(s) Name: \_\_\_\_\_

**SECTION 1: Please read each statement and put a check (✓) under YES or NO. Choose the answer that best says how you feel.**

	YES	NO
1. I go on diets often.	<input type="checkbox"/>	<input type="checkbox"/>
2. I want to learn about healthy eating habits.	<input type="checkbox"/>	<input type="checkbox"/>
3. I want to find out the best ways to exercise.	<input type="checkbox"/>	<input type="checkbox"/>
4. My family wants me to lose weight.	<input type="checkbox"/>	<input type="checkbox"/>
5. I want to lose weight.	<input type="checkbox"/>	<input type="checkbox"/>
6. I do things to control my weight.	<input type="checkbox"/>	<input type="checkbox"/>
7. I often think about food.	<input type="checkbox"/>	<input type="checkbox"/>
8. I get upset if I miss an exercise session or play time.	<input type="checkbox"/>	<input type="checkbox"/>
9. Do you try to be the first one done with your meal?	<input type="checkbox"/>	<input type="checkbox"/>
10. Do you eat when you are upset?	<input type="checkbox"/>	<input type="checkbox"/>
11. Do you trade foods at school from your lunch?	<input type="checkbox"/>	<input type="checkbox"/>
12. Do you get up at night to eat?	<input type="checkbox"/>	<input type="checkbox"/>
13. Do you keep food in your room?	<input type="checkbox"/>	<input type="checkbox"/>
14. I have someone to talk to if it gets too hard for me to eat healthy.	<input type="checkbox"/>	<input type="checkbox"/>
15. I have people that can help me with physical activity.	<input type="checkbox"/>	<input type="checkbox"/>
16. I notice other people who are starting to eat healthier.	<input type="checkbox"/>	<input type="checkbox"/>
17. I look for ideas on how to eat healthy when I read, watch T.V. or use the computer.	<input type="checkbox"/>	<input type="checkbox"/>

**Additional Information**

List all the fruits you like to eat

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List all the vegetables you like to eat

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What are your favorite foods?

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What are your favorite activities?

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