



PE4ME JR FOLLOW-UP SURVEY

DATE: / /

STUDENT NAME#: _____

STUDENT ID# GRADE:

DOB: / /

Waist Circumference: . cm

HEIGHT: . cm

WEIGHT: . kg

BLOOD PRESSURE: /

Abnormal Recheck (2 times) WNL

SCHOOL NAME/ ID #: 0 3 3 Our Lady of Guadalupe School (Kindergarten)

HOW MANY HOURS PER DAY DOES YOUR CHILD PARTICIPATE IN?

Less than
2 hours

2 hours

More than
2 hours

1. Screen Time (TV, video games, or computer, etc.):

¹

²

³

0-2 Days

3-5 Days

6+ Days

2. How many days per week does your child eat fast food/at restaurants

¹

²

³

3. How many days per week does your child eat breakfast?

¹

²

³

4. How many days per week does your child participate for 60 minutes or more in physical activity (walking, biking, running, sports)

¹

²

³

5. How many days per week does your child eat 5 or more fruits and/or vegetables in a day?

¹

²

³

6. How many days per week does your child eat junk food? (Cookies, candy, soda, Cheetos ©, Doritos ©, etc.)?

¹

²

³

7. How many days per week does your child drink 2-3 8 oz. cups of milk in a day?

¹

²

³

8. How many days per week does your child eat healthy snacks?

¹

²

³

9. Please indicated **ONE** type of milk that your child drinks most often:

¹ Whole

² 2% low fat

³ Nonfat

⁴ 1% low fat

⁵ Soymilk

⁶ None

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10. Does your child typically eat healthy snacks while watching TV, playing video games or on the computer? ¹ Always ² Sometimes ³ Never

	Very Important	Somewhat Important	Not at all Important
11. How important is it for your child to improve his/her physical activity?	<input type="radio"/> ¹	<input type="radio"/> ²	<input type="radio"/> ³
12. How important is it for your child to improve his/her nutritional habits?	<input type="radio"/> ¹	<input type="radio"/> ²	<input type="radio"/> ³

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