

## A Menu for Action - Physical Activity and Nutrition Survey Management Plan

Page 1

*While you are waiting to see the doctor please take a moment to answer questions 1-10*

1. Do you eat **5 or more** fruits and vegetables *per day*? YES ☐ NO ☐
2. Do you have a **favorite fruit or vegetable** that you would eat *everyday*? YES ☐ NO ☐
3. Do you eat **breakfast everyday**? YES ☐ NO ☐
4. Do you watch **TV, videos or play computer games for no more than 2 hours** per day? YES ☐ NO ☐
5. Do you take gym class or participate in sports or dance **in or outside of school more times per week**? YES ☐ NO ☐
6. Do you have a **favorite sport or physical activity** that you love to do? YES ☐ NO ☐
7. Do you eat dinner **at the table with your family** at least once a week? YES ☐ NO ☐
8. Do you have a TV in **your bedroom**? YES ☐ NO ☐
9. Do you eat **in front of the TV**? YES ☐ NO ☐
10. Do you drink soda, juice, or other **sugar sweetened drinks** one or more times a day? YES ☐ NO ☐

***Would you like to talk to your doctor about making changes to improve your health?***

YES ☐ NO ☐  
(if yes, continue to page 2)

Directions: Check the area you would like to change then choose one from the list or fill in your very own idea!

## 1 Increasing Physical Activity

\_\_\_ Take a walk everyday  
\_\_\_ Pedometer 10,000 steps

## 2 Decreasing TV & Screen Time

\_\_\_ Plan TV time  
\_\_\_ Take the TV out of my bed room  
\_\_\_\_\_

## Decreasing Portion Sizes

\_\_\_\_\_

## Decreasing Soft Drinks and Juices

\_\_\_ Cut down  
\_\_\_ NO soda  
\_\_\_\_\_

## 5 Increasing Fruits and Vegetables

\_\_\_ Try one new veg or fruit  
\_\_\_ Add fruit to my cereal  
\_\_\_\_\_

## \_OTHER\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

On a scale of 0 (not ready) to 10 (very ready)  
How ready are you (please circle appropriate number) to consider making a change?  
0-----1-----2-----3-----4-----5-----6-----7-----8-----9-----10

When I / my child reach goal I / my child will be rewarded by: (a special privilege, special activity etc.)

Patient Signature \_\_\_\_\_ Clinician Signature \_\_\_\_\_

Guardian Signature \_\_\_\_\_ Phone \_\_\_\_\_ Visit Date \_\_\_\_\_

Adapted from the Jump Up & Go! Physical Activity and Nutrition Survey and the Maine Center for Public Health Keep Me Healthy Goal Setting Worksheet