

FAMILY INFORMATION SHEET

Please answer these questions, which will help us to work with you to create a plan for your child. Answer honestly, your answers will be kept private.

FAMILY HISTORY

Father's Name _____ Birth Date ____/____/____

Job Title _____ Employer _____

Mother's Name _____ Birth Date ____/____/____

Job Title _____ Employer _____

Caregiver's Current Marital Status: ___Never Married ___Living together ___Married ___Separated
___Divorced ___ Living with Partner___Widow(er) Years Married/ Living together: _____

Date of Separation/Divorce _____

Who has legal custody of the child? _____

Please list all other people living in household, other than caregivers and this child:

Name	Age	Relationship to Child	*Grade in School

*List present grade or highest grade finished. List any other people who are with the child for a large amount of time.

THOUGHTS ABOUT YOUR CHILD'S HEALTH

Please describe your child's eating habits and any concerns you have about his/her eating habits _____

Are there any family traditions that you can remember about food and eating habits (ex. Clean your plate because there are starving families in China.) _____

Does your child participate in physical activity ? If not, please explain:

What do you think needs to be done to make change happen?

Do you feel that your child is ready to change? Why or why not?

Do you feel your whole family needs to make changes to help improve everyone's health? Please explain.

How do you feel about your child's being overweight?

What will make it hard to be successful?

PREVIOUS TREATMENT HISTORY

Has your child or the family been involved in some kind of counseling to address behavior or emotional problems? YES NO. If yes, When? _____

By whom _____;

What problem? _____

What do you think caused your child's problem(s)?

At what age did you first notice your child's behavior or emotional problem(s)?

Has/have the problem(s) changed over time? YES NO NOT SURE

If so, how? _____

What have you been told by doctors, teachers, friends, etc. about your child's problem(s)?

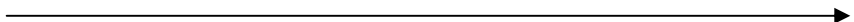
Please add any additional comments not already covered.

Signature


Date

Healthy Lifestyle Change Questionnaire (Caregiver)


7. How confident are you that your child can make healthy lifestyle changes?

Not confident  Very confident
1 2 3 4 5

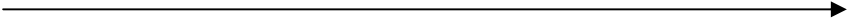
8. How ready is your child to increase physical activity?

Not ready  Very ready
1 2 3 4 5

9. How ready is your child to make changes to his/her eating habits?

Not ready  Very ready
1 2 3 4 5

10. How ready is your child to get less screen time (watching TV, using the computer)?

Not ready  Very ready
1 2 3 4 5

11. What is the hardest part about helping your child make changes?

12. What do you believe will help your child make changes to his/her habits?

Healthy Lifestyle Change Questionnaire (Child)

Pt Name _____

These questions will help us understand you a little better. Please answer honestly so we can work together to create a plan.

1. What is the reason you came to the Healthy Weight Clinic?

2. What would habits would you like to work on?

Read the questions carefully then circle the number that matches how you fee

Example: How interested are you in playing basketball.

Not interested _____ Very interested
1 2 3 4 5

3. How interested are you in making your habits healthier?

Not interested _____ Very interested
1 2 3 4 5

4. How ready are you to make changes to your habits?

Not ready _____ Very Ready
1 2 3 4 5

5. How much support can your family give you?

No support _____ Much Support
1 2 3 4 5

6. How much support can your friends give you?

No support _____ Much Support
1 2 3 4 5

