Consent Form

The Family Nutrition and Physical Activity Screening Tool is provided for your use by the Academy of Nutrition and Dietetics Foundation. It was developed in partnership with Iowa State University.

By using this tool, you agree to provide valid and accurate information. The primary purpose of this tool is to provide you with information that may be helpful for you and your family. Your completion of this brief survey provides your consent to allow the Academy Foundation to combine your data with others so that reports can be created and averages may be calculated. The data will be summarized, however, it will not be individually identified.

I Agree, Start Survey

Demographics

Child’s Age: ______________
Child’s Gender:  Male  Female
Parent/Guardian’s Age: ______________
Parent/Guardian’s Gender:  Male  Female

Family Meals

My child eats breakfast at home or at school:  Never  Sometimes Usually  Always
Our family eats meals together:  Never  Sometimes  Usually  Always

Family Eating Habits

Our family eats while watching TV:  Never  Sometimes  Usually  Always
Our family eats fast food:  Never  Sometimes  Usually  Always

Food Choices

Our family uses pre-prepared, heat-and-serve meals such as microwave dinners, frozen pizza, or macaroni-and-cheese:  Never  Sometimes  Usually  Always
My child eats fruits and vegetables at meals or snacks:  Never  Sometimes  Usually  Always

Beverage Choices

My child drinks soda pop or sweetened beverages:  Never  Sometimes  Usually  Always
My child drinks 1% or non-fat milk at meals or snacks:  Never  Sometimes  Usually  Always
Restriction / Reward

Our family monitors eating of chips, cookies, and candy: □ Never □ Sometimes □ Usually □ Always

Our family uses candy, ice cream or other foods as a reward for good behavior: □ Never □ Sometimes □ Usually □ Always

Screen Time and Monitoring

My child spends less than 2 hours on TV, video games and/or computer per day: □ Never □ Sometimes □ Usually □ Always

Our family limits the amount of TV our child watches: □ Never □ Sometimes □ Usually □ Always

Healthy Environment

Our family allows our child to watch TV in their bedroom: □ Never □ Sometimes □ Usually □ Always

I find time to exercise every day for my health: □ Never □ Sometimes □ Usually □ Always

Family Activity Involvement

Our family encourages our child to be active every day: □ Never □ Sometimes □ Usually □ Always

Our family does physical activity together for example playing in the park, playing soccer, or dancing at home: □ Never □ Sometimes □ Usually □ Always

Section: Child Activity Involvement

My child does physical activity during his/her free time: □ Never □ Sometimes □ Usually □ Always

My child is enrolled in sports or activities with a coach or leader: □ Never □ Sometimes □ Usually □ Always

Section: Family Routine

Our family has a daily routine for our child’s bedtime: □ Never □ Sometimes □ Usually □ Always

My child gets 9 hours of sleep a night: □ Never □ Sometimes □ Usually □ Always