

Physical Activity & Nutrition Behaviors Monitoring Form

1. NAME												
2. HSIS ID #												
3. Date of Birth												
										Month	Day	Year
4. Race: <input type="checkbox"/> 1. White <input type="checkbox"/> 2. Black <input type="checkbox"/> 3. Am. Indian <input type="checkbox"/> 4. Asian <input type="checkbox"/> 5. Native Hawaiian/Other Pacific Islander <input type="checkbox"/> 6. Unknown Ethnicity: Country of Origin: _____ Hispanic or Latino Origin? <input type="checkbox"/> 1. Yes <input type="checkbox"/> 2. No <input type="checkbox"/> 3. Unknown												
5. Sex <input type="checkbox"/> 1. Male <input type="checkbox"/> 2. Female												
6. County of Residence												
7. Medicaid Number or N/A												
8. Person Completing Form: Name _____ Title _____ Date Form Completed ____/____/____												
9. Patient's Height _____ in Date ____/____/____												
10. Patient's Weight _____ lb _____ oz Date ____/____/____												

PHYSICAL ACTIVITY/INACTIVITY

<p>11. ACTIVITY LEVEL - Compared to others of the same age/sex, is your child (are you)?</p> <p><input type="checkbox"/> 01 - a lot more physically active than most <input type="checkbox"/> 02 - a little more physically active than most <input type="checkbox"/> 03 - Average - same as most <input type="checkbox"/> 04 - a little less physically active than most <input type="checkbox"/> 05 - a lot less physically active than most <input type="checkbox"/> 09 - Don't know/not sure</p>	<p>12. EXERCISE DAYS - On how many of the past 7 days did your child (did you) exercise or participate in physical activity for at least 20 minutes that made you/your child sweat or breathe hard?</p> <p><input type="checkbox"/> 01 - 1 Day <input type="checkbox"/> 06 - 6 Days <input type="checkbox"/> 02 - 2 Days <input type="checkbox"/> 07 - 7 Days <input type="checkbox"/> 03 - 3 Days <input type="checkbox"/> 08 - 0 Days <input type="checkbox"/> 04 - 4 Days <input type="checkbox"/> 09 - Don't know/not sure <input type="checkbox"/> 05 - 5 Days</p>
<p>13. TV WEEKDAY - How many hours of television does your child (do you) watch on the typical school day (week day)?</p> <p><input type="checkbox"/> 01 - 1 hour or less <input type="checkbox"/> 05 - 5 hours <input type="checkbox"/> 02 - 2 hours <input type="checkbox"/> 06 - 6 hours or more <input type="checkbox"/> 03 - 3 hours <input type="checkbox"/> 08 - None <input type="checkbox"/> 04 - 4 hours <input type="checkbox"/> 09 - Don't know/not sure</p>	<p>14. TV WEEKEND - How many hours of television does your child (do you) usually watch on the typical weekend day?</p> <p><input type="checkbox"/> 01 - 1 hour or less <input type="checkbox"/> 05 - 5 hours <input type="checkbox"/> 02 - 2 hours <input type="checkbox"/> 06 - 6 hours or more <input type="checkbox"/> 03 - 3 hours <input type="checkbox"/> 08 - None <input type="checkbox"/> 04 - 4 hours <input type="checkbox"/> 09 - Don't know/not sure</p>

SWEETENED BEVERAGES

<p>15. SODA TIMES - On a typical day, how many times does your child (do you) drink soda? Do not count "diet" soda.</p> <p><input type="checkbox"/> 01 - 1 time <input type="checkbox"/> 02 - 2 times <input type="checkbox"/> 03 - 3 or more times <input type="checkbox"/> 08 - None <input type="checkbox"/> 09 - Don't know/not sure</p>	<p>16. SWEETENED BEVERAGE TIMES - On a typical day, how many times does your child (do you) drink sweetened beverages such as sweet tea, punch, kool aid, sports drinks or fruit drinks? Do not count 100% fruit juices.</p> <p><input type="checkbox"/> 01 - 1 time <input type="checkbox"/> 02 - 2 times <input type="checkbox"/> 03 - 3 or more times <input type="checkbox"/> 08 - None <input type="checkbox"/> 09 - Don't know/not sure</p>	<p>17. SODA AMOUNT - How much soda or other sweetened beverage does your child (do you) typically drink each time?</p> <p><input type="checkbox"/> 01 - Small glass (4-6 ounces) <input type="checkbox"/> 02 - Medium glass (8-12 ounces) <input type="checkbox"/> 03 - Large glass (16 - 20+ ounces) <input type="checkbox"/> 04 - 1 can (12 ounces) <input type="checkbox"/> 05 - 1 bottle (16 - 20 ounces) <input type="checkbox"/> 08 - Don't typically drink soft drinks or soda <input type="checkbox"/> 09 - Don't know/not sure</p>
---	--	--

FAST FOOD FREQUENCY

18. FAST FOOD - How many times a week does your child (do you) eat food from a fast food restaurant like Burger King, Chick-Fil-A, Bojangles, or Pizza Hut?

00 - Less than once a week 05 - More than 5 times a week
 01 - Once a week
 02 - 2 times a week 09 - Don't know/not sure
 03 - 3 to 5 times a week

FAT SNACK INTAKE

19. CHIPS - On a typical day, how many times does your child (do you) eat French fries or chips? Chips are potato chips, tortilla chips, cheetos, corn chips or other snack chips.

01 - 1 time 08 - None
 02 - 2 times 09 - Don't know/not sure
 03 - 3 or more times

LOW FAT DAIRY INTAKE

<p>20. MILK AMOUNT - On a typical day, how many glasses of milk does your child (do you) drink? (A glass is the amount in a small carton at school or an 8 ounce drinking glass.)</p> <p><input type="checkbox"/> 00 - <1 glass <input type="checkbox"/> 04 - 4 or more <input type="checkbox"/> 01 - 1 glass <input type="checkbox"/> 08 - None <input type="checkbox"/> 02 - 2 glasses <input type="checkbox"/> 09 - Don't know/not sure <input type="checkbox"/> 03 - 3 glasses</p>	<p>21. MILK TYPE - What type of milk does your child (do you) usually drink?</p> <p><input type="checkbox"/> 01 - Skim or non-fat <input type="checkbox"/> 05 - Flavored lowfat or skim <input type="checkbox"/> 02 - Lowfat (1/2 - 1%) <input type="checkbox"/> 06 - Flavored 2% or whole <input type="checkbox"/> 03 - Reduced fat (2%) <input type="checkbox"/> 09 - Don't know/not sure <input type="checkbox"/> 04 - Whole</p>
--	--

FRUIT AND VEGETABLE INTAKE

<p>22. VEGETABLES - On a typical day, how many servings of vegetables does your child (do you) eat? Do not include french fries.</p> <p><input type="checkbox"/> 01 - 1 serving <input type="checkbox"/> 08 - None <input type="checkbox"/> 02 - 2 serving <input type="checkbox"/> 09 - Don't know/not sure <input type="checkbox"/> 03 - 3 or more servings</p>	<p>23. FRUITS - On a typical day, how many servings of fruit does your child (do you) eat?</p> <p><input type="checkbox"/> 01 - 1 serving <input type="checkbox"/> 08 - None <input type="checkbox"/> 02 - 2 serving <input type="checkbox"/> 09 - Don't know/not sure <input type="checkbox"/> 03 - 3 or more servings</p>
--	--

Instructions for Physical Activity and Nutrition Behaviors Monitoring Form (DHHS 4062)

- PURPOSE:** This form may be used by health department clinic staff and/or community- or school-based program staff to document and monitor select physical activity and nutrition behaviors that are key to maintaining a healthy weight. Information collected on this form may be entered on HSIS Screen 67 and local reports generated from HSIS Screen 19. These data will be useful in nutrition and physical activity program planning and evaluation.
- PREPARATION:**
- 1-6 Attach in this space the computer generated identification label or emboss the information imprinted on the client's plastic identification card. If a label or plastic card is not available, record by hand the name, identification number, date of birth, race, ethnicity, and sex.
 - 7 Record respondent's (child's) Medicaid number or leave blank.
 - 8 Record the name and title of the person completing the form and the date the form was completed.
 - 9 Record the patient's height in inches and the date the measurement was taken.
 - 10 Record the patient's weight in pounds and the date the weight was taken.
 - 11-23 Physical Activity and Nutrition Behavior questions may be asked of older children and adolescents, parents of toddlers and preschoolers, and adults. The form is not designed to be self-administered by clients. In general, the person administering the questionnaire should read each question and assist the respondent with identifying the response that most closely matches his/her behavior. A detailed explanation for information to collect for each item is explained in the North Carolina Physical Activity & Nutrition Behavior -HSIS Data Collection and Reporting Guidance Manual.
- DISTRIBUTION:** May be included in the respondent's (child's) health or WIC record if completed as part of a clinic assessment.
- DISPOSITION:** Dependent on use of the form (community-based surveillance vs clinical screening) the form may be disposed of in accordance with local agency policy or following the *Records Disposition Schedule* as published by the Division of Archives and History.
- ORDER FROM:** Nutrition Services Branch
Women's and Children's Health Section
NC DHHS Division of Public Health
1914 Mail Service Center
Raleigh, NC 27699-1914
- Copies of this form may be downloaded from the Eat Smart Move More Website: <http://www.eatsmartmovemorenc.com/>