**Healthy Homes, Healthy Futures**

*History Assessment*

**History**

**Goal 5-3-2-1-Almost None(5 fruits/vegetables;3 structured meals;≤2hrs TV time;≥1hr physical activity;Almost no Sugary Bev) Child**

1. 24hr Food Recall(Meal Times/Snacks/Beverages)

2. Sleep habits:

3. Fruits & Vegetables:

4. # meals/snacks daily (Quality):

Family meals together:

Television on during meals:

-Does your Television remain on regardless if anyone is watching it?

5. Television/Video Games/Computer time:

6. Physical Activity:

-What do you do now for physical activity? What do you enjoy doing?

7. Sugary Beverages daily(sodas, juice, etc)?

-Is food used as a reward for a desired behavior? What do you usually promise?

8. Concerns about weight in family? Who is concerned and what has been done?

What would you say are your biggest barriers to living healthier?

Why do you want to be healthier (Child and Adult)?

**Review of Symptoms**

|  |  |  |  |
| --- | --- | --- | --- |
|  | Yes | No | Comments |
| Snoring |  |   |  |
| Daytime Fatigue |  |  |  |
| Headaches |  |  |  |
| Bed Wetting |  |  |  |
| Heartburn |  |  |  |
| Emesis |  |  |  |
| Hip/Knee Pain |  |  |  |
| Hirsuitism |  |  |  |
| Abdominal Pain/Jaundice |  |  |  |
| Constipation |  |  |  |
| Irregular Periods |  |  |  |
| Emotional Distress |  |  |  |
| Bullying |  |  |  |
| Other |  |  |  |

**Medical Hx:**

**Meds:**

**Allergies/Food Allergies:**

**Social Hx**

1. Child’s School (DCPS?)(Breakfast/lunch in schools)

2. How do you access your groceries (Food stamps/WIC/Food Bank)

3. 2 Validated Hunger Screening Questions:

A. Within the past 12 months we worried whether our food would run out before we got money to buy more"

B. Within the past 12 months the food we bought just didn't last and we didn't have money to get more.

4. Do you have support and help from family or friends in raising your children?

5. Do you feel your cooking skills as parents have been enough to cook home style, cost effective healthy meals for your family?

6. Can you and/or your partner cook a healthy meal easily without a recipe?

7. Is your child having the normal family diet i.e.: you are not preparing separate food

8. Any food hiding or sneaking food?

**Assessment:**

**Plan:**

**Goal 5-3-2-1-Almost None(5 fruits/vegetables; 3 structured meals; ≤2hrs TV time; ≥1hr physical activity) Parent & Child**

**S.M.A.R.T. (Specific, Measureable, Attainable, Reachable, Timely) Goal Setting**

Adult-Please set a Healthy Eating and Physical Activity Goal for the family and for yourself:

Adult-On a scale of 1-10, how well do you think she will be able to attain the goal

Why not 1 point below? How do we get you 1 point higher.

Child-Please set a Healthy Eating Goal & Physical Activity goal for yourself:

Child-On a scale of 1-10, how much do you believe that you can do it?

Why not 1 point below? How do we get you 1 point higher.