

Personal Health Behaviors Survey

Name: _____ Date: _____

Instructions: Take these questions home and answer them with the help of an adult or family member. Base your answers on a normal day or week for you. No one else needs to see your answers, so answer the questions honestly.

1. How many times per day do you eat fruit?
 - a. 0
 - b. 1
 - c. 2
 - d. 3
 - e. More than 3
2. How many times per day do you eat vegetables?
 - a. 0
 - b. 1
 - c. 2
 - d. 3
 - e. More than 3
3. How many times per week do you skip a meal?
 - a. 0
 - b. 1
 - c. 2
 - d. 3
 - e. More than 3
4. On average, how many hours per day outside of school do you watch TV, play video games, or use a computer, tablet or phone?
 - a. 0
 - b. 1
 - c. 2
 - d. 3
 - e. More than 3



5. How many days per week are you physically active for at least 60 minutes?
- a. 0
 - b. 1
 - c. 2
 - d. 3
 - e. 4
 - f. 5
 - g. More than 5
6. How many times per day do you drink any of the following: 100% fruit juice, regular soda, sports drinks, juice drinks, juice boxes, flavored milk, lemonade or Kool-Aid?
- a. 0
 - b. 1
 - c. 2
 - d. 3
 - e. More than 3
7. How many times per week do you eat at restaurants, including fast food?
- a. 0
 - b. 1
 - c. 2
 - d. 3
 - e. More than 3
8. How many times per week does your family eat a meal together at the table?
- a. 0-3 times
 - b. 4-6 times
 - c. 7-9 times
 - d. 10-12 times
 - e. More than 12 times
9. How many nights per week do you get at least 10 hours of sleep?
- a. 0
 - b. 1
 - c. 2
 - d. 3
 - e. 4
 - f. 5
 - g. More than 5