

HOW READY IS YOUR FAMILY?

Please check the boxes below to let us know your family's desire to make changes in the following ways:

Has your family cut back on sweet drinks? This includes sodas, lemonade, Kool-Aid, sweet teas, frappes and juices.



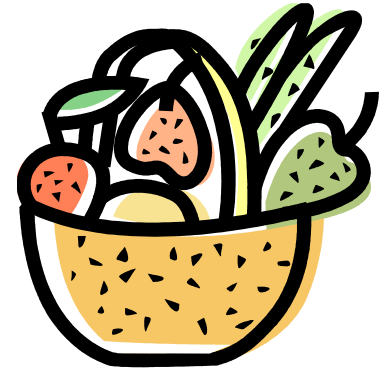
- Not Yet Maybe
 Thinking About It Let's Go!
 Already Doing It

Do you limit fast food to no more than one time per week?



- Not Yet Maybe
 Thinking About It Let's Go!
 Already Doing It

Do you try to make half your plate fruits and vegetables? Do you avoid going back for second helpings after you finish your plate?



- Not Yet Maybe
 Thinking About It Let's Go!
 Already Doing It

Are your snacks healthy? Hidden fat, sugar, and calories can be in many snacks.



- Not Yet Maybe
 Thinking About It Let's Go!
 Already Doing It

Do you try to stay away from high fat and high sugar foods when you shop?



- Not Yet Maybe
 Thinking About It Let's Go!
 Already Doing It

Are you active as a family 4-5 times a week? Do you limit screen time in your home?



- Not Yet Maybe
 Thinking About It Let's Go!
 Already Doing It

Patient's Name: _____

Date of Birth: _____ Today's Date: _____



Community Care
of North Carolina

