

# Healthy Habits Pocket Questionnaire for Health Care Providers

## Healthy Habits Pocket Questionnaire

Use the following questions to talk with your patient about having a healthy lifestyle.

### Habits:

#### Good Habits:



- Do you complete 150 minutes of physical activity a week (30 minutes, 5 days a week)?
- Do you get 7-8 hours of sleep most nights?
- Do you eat whole foods and whole grains (nuts, beans, fish, and lean protein) most days?
- Do you eat at least 5 servings of fruits and vegetables most days?

#### Habits to Improve:

- Do you use TV/screen/media for over 2 hours a day?
- Do you smoke?
- Do you drink more than 36 ounces (4.5 cups) of sugary beverages a week?
- Do you eat red or processed meats daily?
- Do you eat while distracted (watching TV, reading, texting, etc.)?

### Instructions:

1. Print double sided (flipping along long end).
2. Cut around outside border of boxes.

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## Medical/ Family History:

*Have you or your family had any of the following conditions?*

- Diabetes
- Heart Disease
- Stroke
- Overweight or Obesity
- High Blood Pressure



*Based on your answers:*

Is there **ONE** thing you are willing to change about your lifestyle?

- Eat more fruits and vegetables
- Spend less time watching TV/on the computer
- Drink fewer sugary drinks
- Be more physically active
- Eat less fast/processed food
- Quit smoking

<http://suffolkcountyny.gov/Departments/HealthServices/ObesityPrevention.aspx>

Adapted from Harvard School of Public Health-  
Healthy Weight Checklist



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