

[Insert Your Company Name]

Health and Nutrition Questionnaire

Patient Name: _____ **Phone Number:** _____

Contact email: _____

May our staff contact you (parent) for additional follow-up by phone? Yes _____ No _____

At [Insert Your Company Name], we want to provide you, your children and family with the best medical care we can. Our approach to health includes: physical, emotional, nutrition, and exercise. We find better nutrition is often a significant issue for many of our families. The questions below are to help us better understand the nutritional needs of our families. Responses are confidential and part of the medical record.

Please respond to the following statements:	Often True	Sometimes True	Not Sure	Never True
I worry about my child/children's eating habits				
Within the past 12 months we worried whether our food would run out before we got money to buy more				
I would attend classes at Burke Pediatrics offices on preparing balanced meals				
I am concerned about my child/children being or becoming overweight				
I would like more information on preparing balanced meals and healthy family nutrition				
When school is closed, I become more concerned with my children's nutrition				
Within the past 12 months the food we bought just didn't last and we didn't have money to get more				