

Healthy Heroes Initial Questionnaire

Name of Trainee Healthy Hero (child):

Member of family discussed with:

Talk to a member of your family about these questions and circle the answer which best fits what you do:

Please tick which activities you would be most interested in doing with a member of your family:

<p>Do you walk, cycle or scoot to school? Yes Sometimes No</p>	<input type="checkbox"/> Eat a Balance of Foods <input type="checkbox"/> 5 Fruit and Vegetables A Day <input type="checkbox"/> Eat Breakfast <input type="checkbox"/> Look After your Teeth <input type="checkbox"/> Drink Plenty of Water <input type="checkbox"/> Dancing Games <input type="checkbox"/> Get Active as a Family <input type="checkbox"/> I Spy Walk Game <input type="checkbox"/> The Circuit Game <input type="checkbox"/> Skipping Games
<p>Do you watch more than 3½ hours of television each day? Yes Sometimes No</p>	
<p>Do you take part in activity as a family group? (e.g. walking, swimming) Yes Sometimes No</p>	
<p>Do you think you are active for at least an hour throughout the day? (e.g. walking, playing active games) Yes Sometimes No</p>	
<p>Do you eat a wide variety of foods every day? Yes Sometimes No</p>	
<p>Do you eat at least five portions of fruit and vegetables a day? Yes Sometimes No</p>	
<p>Do you have sugary drinks and snacks between meals? Yes Sometimes No</p>	
<p>Do you have breakfast every day? Yes Sometimes No</p>	
<p>Do you cook with a member of your family? Yes Sometimes No</p>	
<p>Do you sit down at a table as a family and eat together? Yes Sometimes No</p>	