

Healthy Lifestyle Screening Questionnaire (Middle/High School)

Student Name: _____

Date: _____

Please answer these questions about your physical activity and nutrition habits and choose one or more goals to improve your health.

On most school days, how many hours of screen time (watching tablets, TV, phones, or playing video games) do you spend lying down or sitting?	Less than 2 hours	2-3 hours	4-6 hours	7-8 hours	9+ hours
On most school days, how many hours do you spend being physically active outside or in the gym?	None	Less than 1 hour	More than 1 hour		
Do you have a physical fitness, PE, or exercise class this quarter or semester?	Yes	No			
On most days, how many times do you eat (meals and snacks)?	1	2	3	4	5+
On most days, do you eat breakfast?	Yes	No			
On most days, how many times do you eat vegetables?	0	1	2	3	4+
On most days, how many times do you eat fruit?	0	1	2	3	4+
On most days, how many sugar-sweetened beverages (pop, sports drinks, juice, energy drinks, flavored milk, sweetened tea, lemonade or certain coffee drinks) do you drink?	0	1	2	3	4+
About how many times each week (school days and the weekend) do you eat meals with your family?	0-1	2	3	4	5+
When eating at home, does your family usually eat meals while watching TV?	Yes	No			
What do you eat for snacks?					
Do you ever not have food at home?	Yes	No			
About how many times each week (school days and the weekend) do you eat fast food or take-out?	1	2	3	4	5+
Do you eat when you are bored or upset?	Yes	No			
Do you ever eat when you are not hungry?	Yes	No			
Do you ever not eat when you are hungry?	Yes	No			
Who makes most of your meals?					
On most school days, what time do you go to bed and what time do you wake up?	Bedtime:				
	Morning wake-up time:				
Do you want to talk more about healthy food, sleep or physical activity?	Yes	No			

School nurse/teacher may assist student/parent(s) with establishing a SMART goal(s) and set a date and time to follow up with student to assess progress. (See page 2 for SMART goal form). Refer to *“Motivational Interviewing (MI) for School Nurses Overview of Steps and Implementation Tools”* for additional information.

Healthy Weight SMART Goals Worksheet

(This worksheet can be used to develop clearly defined goals)

WHO is going to do WHAT, WHEN, and TO WHAT EXTENT?

S	<p>Specific: <i>Guide students to set specific goals for changes to behaviors or habits for healthy eating, activity levels, or weight management.</i></p> <p>What EXACTLY do I want to happen? What are some healthy eating habits that you feel you can start doing? What are some physical activities that you would like to start? Can you begin 1 or 2 of these before our next visit?</p>
M	<p>Measurable: <i>Ask the student how they will measure their progress toward achievement or know when they have achieved their goals.</i></p> <p>What is the best way for you to track your new habits or progress toward your goals? I will know I have reached my goal when... (e.g., using a calendar or a mobile app to record, posting a reminder of the goal, asking a parent to remind me, etc.)</p>
A	<p>Attainable: <i>Discuss with student how confident they feel about achieving their goal. This is a chance for a reality check to revise the goal if they don't feel confident that the goal is achievable.</i></p> <p>Do you feel confident that this is an achievable goal? On a scale of 1 to 10, with 1 being "not at all confident" and 10 being "completely confident," how confident are you that you can achieve this goal?</p>
R	<p>Realistic: <i>Ask student about how their starting goals are relevant to their "big-picture" goals.</i></p> <p>Why is this behavioral goal relevant or important to your overall plan? Is this goal too difficult to reach? Too easy? My goal is important enough for me to put a plan into action. I will follow this specific plan to reach my goal.</p>
T	<p>Timely: <i>Place a relatively short time frame on the initial goals and revisit whether they are achievable in that time frame (e.g., two weeks or less). Establish a time to meet again to review progress.</i></p> <p>When will you begin? Setting individual student goals I will reach my goal by...</p>

Sample Goals:

- "During the next 2 weeks, I will reduce sugar-sweetened beverages to no more than 3 servings per week."
- "On week day nights, I will charge my phone outside my bedroom each night, and not use it from 10:00 p.m. to 6:00 a.m."