

Where Are You Now!

1. **Physical activity:** How many minutes does your child spend playing/exercising hard each day?

- | | | | |
|--------------------------|------------------|--------------------------|-----------------|
| <input type="checkbox"/> | Less than 15 min | <input type="checkbox"/> | 15 min |
| <input type="checkbox"/> | 30 min | <input type="checkbox"/> | 45 min |
| <input type="checkbox"/> | 60 min | <input type="checkbox"/> | 90 mins or more |

2. **Screen time:** How many hours a day is your child in front of a screen (TV, computer, video game, cell phone)?

- | | | | |
|--------------------------|----------------|--------------------------|-----------------|
| <input type="checkbox"/> | 1 hour or less | <input type="checkbox"/> | 1.5 hours |
| <input type="checkbox"/> | 2 -3 hours | <input type="checkbox"/> | 3-4 hours |
| <input type="checkbox"/> | 4-5 hours | <input type="checkbox"/> | 5 or more hours |

3. **Milk and yogurt:** How many times a day does your child drink milk?

- | | | | |
|--------------------------|--------------------|--------------------------|-------------|
| <input type="checkbox"/> | Once a day or less | <input type="checkbox"/> | Twice a day |
| <input type="checkbox"/> | Three times a day | | |
| <input type="checkbox"/> | Many times a day | | |

4. **Water:** How many times does your child drink plain water?

- | | |
|--------------------------|--------------------|
| <input type="checkbox"/> | Once a day or less |
| <input type="checkbox"/> | Twice a day |
| <input type="checkbox"/> | Three times a day |
| <input type="checkbox"/> | Many times a day |

The fun begins @ www.jcprd.com



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What do **YOU** do for fun?

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Parent Assessment, cont.

5. **Beverages:** What other beverages does your child drink in a day?

Juice (100%)

Soda, fruitade or sports drinks

Diet pop/soda or unsweetened coffee/tea

Other:

How many times do you drink sodas or sports drinks?

Once a day or less

twice a day

Three times a day

many times a day

6. **Fruits and vegetables:** How many times a day does your child eat fruits or vegetables?

1 or less

2

3

4

5 or more

Parent Name: _____

Child Name: _____

Date: _____

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What do **YOU** do for fun?