

# Healthy Behaviours Questionnaire

Tick your answer for each question

Name..... Date.....

## NUTRITION

1. Do you eat **breakfast, lunch and dinner** every day?



Yes



No

2. Do you eat breakfast **during the week**?



Yes



Sometimes



No

3. Do you eat breakfast at the **weekend**?



Yes



Sometimes



No

4a. Out of the following foods, what do you have for **breakfast most days**?



Cereal



Toast



Fruit



Other



Nothing

4b. Bonus Question - Only answer the question that applies to you.

What cereal do you have?.....

What spread do you have on your toast?.....

What fruit do you eat for breakfast?.....

If none of these foods, what foods do you eat?.....

5. Do you eat **fruits and vegetables** most days?



Yes



No

6. If the previous questions answer was yes, answer the question below. If you answered no, then go to question 7.

How many portions of **fruits and vegetables** do you eat each day? (a portion is roughly the size of your hand, ask your practitioner for a portion guide to use as a tool to measure your portions).

0    1    2    3    4    5    6    7+

7. Do you like eating new **fruits and vegetables**?



Yes



Sometimes



No

8. What do you **drink** the most throughout the day?



Water



Squash



Juice



Milk



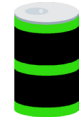
Milkshake



Fizzy Drink



Sports Drink

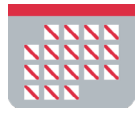


Energy Drink



Other

9. How often do you have **fizzy/sugary drinks** such as Coca-Cola, Pepsi, Sprite, Fanta, Mountain Dew etc?



Every Day



Every Other Day



Twice Per Week

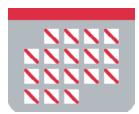


Once A Month



Special Occasions

10. How often do you eat **sweets/treats** such as chocolates, candy, marshmallows, ice-cream etc?



Every Day



Every Other Day



Twice Per Week



Once A Month



Special Occasions

11. How often do you eat **savoury treats** such as crisps, sausage rolls, popcorn etc?



Every Day



Every Other Day



Twice Per Week



Once A Month



Special Occasions

12. How often do you have a **takeaway or fast food** such as McDonalds, Domino's, KFC etc?



Every Day



Every Other Day



Twice Per Week



Once A Month



Special Occasions

# SCREEN TIME

1. Outside of school, on average, how many hours of **screen time** do you have on a daily basis? (screen time includes mobile phones, tablets, laptops, video games and T.V.)



30 minutes  
or less



1 hour



2 hours



3+ hours

2. Does your **screen time** increase over the weekend? (which means you are in front of screens for longer)



Yes



Same as the week



No

3. Tick the activities you spend the most time on **outside of school**.



Mobile  
Phone



Laptop



T.V.



Video Games



Tablet



Playing  
with Friends



Sports  
& Clubs



Chores



Homework



Arts & Crafts



Other Hobbies

# SLEEP

1. Tick all of the activities you do in the **hour before going to bed**.



Brushing  
Teeth



Have a Bath  
or Shower



Reading/  
Storytime



Listening  
to Music



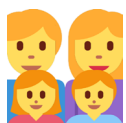
Meditation/  
Yoga



Gentle  
Stretching



Having a  
Hot Drink



Time with  
Family



Doing  
Homework



Playing a  
Board Game



Using  
Screens



Doing  
Chores



Writing in  
a Journal



Sports or  
Activities

2. What time do you normally go to bed at **night**?



6pm



7pm



8pm



9pm



10pm

3. What time do you normally wake up in the **morning**?



6am



7am



8am



9am

4. How energetic do you feel when you wake up in the **morning**?



Full of Energy



Normal



Sleepy/  
Tired

5. How often do you have **nightmares**?



Most  
Nights



Every 2  
Weeks



Once a  
Month



Every Few  
Months



Not Very  
Often



Never

6. Do you struggle to stay **awake** during the day?



Yes



Sometimes



No