

Instructions: For each category, select the description that best fits your child or your family. It is important to indicate the most common or typical pattern and not what you would like to happen.

Family meals	Never / Almost never	Sometimes	Often	Very often / always
1. How often does your child eat breakfast, either at home or at school?				
2. How often does your child eat at least one meal a day with one or more other family member(s)?				
Family Eating practices				
3. How often does your child eat while watching TV? [Includes meals or snacks]				
4. How often does your family eat “fast food?” / takeaways				
Food Choices				
5. How often does your family use packaged “ready-to-eat” foods? [Includes refrigerated, frozen or on-the-shelf varieties, often designed to be microwaved]				
6. How often does your child eat fruits and vegetables at meals or as snacks? [Not including juice]				
Beverage Choices				
7. How often does your child drink fizzy drinks or sweetened beverages? [Includes regular or diet fizzy drinks, Sunny-D, Capri Sun, fruit juice drinks (Fruit Shoot/Ribena), caffeinated energy drinks (Monster/Red Bull), Powerade/Gatorade, etc.]				
8. How often does your child drink low-fat milk with meals or as snacks? [Includes 1% or skimmed, semi-skimmed, dairy, flavoured, soy, almond, etc.]				

Restriction and Reward	Never / Almost never	Sometimes	Often	Very often / always
9. How often does your family monitor the amount of confectionery (sweets and chocolate), crisps, and biscuits/cookies your child eats?				
10. How often does your family use confectionery (sweets and/or chocolate), ice cream or other foods as a reward for good behaviour?				
Screen Time				
11. How often does your child have less than 2 hours of “screen time” in a day? [Includes TV, computer, game system, or any mobile device with visual screens]				
12. How often does your family monitor the amount of “screen time” your child has?				
Healthy environment				
13. How often does your child engage in screen time in his/her bedroom?				
14. How often does your family provide opportunities for physical activity?				
Family Activity				
15. How often does your family encourage your child to be physically active?				
16. How often does your child do physical activities with at least one other family member?				

Child Activity

17. How often does your child do something physically active when he/she has free time?

18. How often does your child participate in organised sports or physical activities with a coach or leader?

Family schedule / sleep routine

19. How often does your child follow a regular routine at bedtime?

20. How often does your child get enough sleep at night?