Child’s Initials___________  
Harbor View Elementary School Parent Survey  
February 2012

Please answer the following questions about your family’s healthy habits. This survey will not be used to identify you. The results will be compiled and you will receive a copy of them, so that you can see what healthy habits other families at Harbor View usually practice.

How often do your children drink milk?  
1) In cereal only__  
2) At most meals__  
3) Never because we are allergic__  
4) Other________________

What other beverages do your children drink on most days? (check all that apply)  
1) Juice___  
2) Koolaid___  
3) Capri Sun/ Hawaiian Punch or other sweet drinks__  
4) Water___  
5) Sweet Tea___

How many servings (6-8 ounces) of sweet drinks per day?  
1) 0- 1__  
2) 2-3__  
3) 4 or more__

How many servings of fresh fruits and veggies are your children served on the average day at home?  
1) We don’t have fresh fruits and veggies__  
2) We only have them occasionally__  
3) We have 1-2 servings per day__  
4) We have 3-4 servings per day__  
5) We have 5 or more servings per day__

How often do you use whole grains (oatmeal, whole wheat, brown rice) at home?  
1) We eat white bread__  
2) We usually use whole grain bread__  
3) We have allergy and don’t eat wheat__  
4) We try to eat ½ of the grains we eat as whole grains__

On average, how many hours a day are your children outside playing (includes organized sports)  
1) They are rarely outside because there is no safe playground.__  
2) They are rarely outside because parent/s work full time.__  
3) Less than 1 hour per day__  
4) 1-2 hours per day__  
5) More than 2 hours per day__  
6) Other________________

My child snacks:  
1) All afternoon__  
2) Rarely__  
3) A brief snack after school__  
4) Before bed__  
5) Whenever he/she is hungry__

Snacks I make available to my child usually include (check 2 you usually use)
1) Goldfish__
2) Cheese__
3) Fruit__
4) Raw Veggies__
5) Candy__
6) A sandwich__
7) Milkshake__
8) Nuts__
9) Peanut butter__
10) Crackers__
11) Chips__
12) Other_____________

My child eats breakfast:
  1) Rarely__
  2) Most days__
  3) Every day__

Breakfast consists of
  1) School breakfast__
  2) Pop-tart__
  3) Eggs and bacon or sausage__
  4) Cereal with milk__
  5) Breakfast sandwich__
  6) Juice only__
  7) Soda only__
  8) None__

A family member smokes: (Check all that apply.)
  1) Outside the house__
  2) In the car__
  3) In the house__
  4) No one smokes__