

Date (dd/mm/yyyy): _____ / _____ / _____

Child Name: _____

Parent Name: _____



Circle card number(s)			
1	I like it when my clinician explains medical terms	23	I can't afford to register all my kids in sports
2	I like it when our clinician gives clear explanations	24	Our finances limit what we can do
3	Our clinician's attitude is important	25	It is hard to find time to exercise
4	I like it when our clinician asks us about our lives	26	We have trouble sticking with an exercise plan
5	I like it when my clinician asks us what we want to discuss	27	Our schedules make it hard to exercise together as a family
6	It's important for my child to share their thoughts	28	My child does not like to exercise
7	My child is too shy to talk with the clinician	29	It is difficult finding a physical activity my child enjoys
8	It's good for my child to be involved in discussions	30	Having friends participate helps motivate my child to take part in physical activity
9	It's helpful to write down what we eat and do	31	I would like a specially-trained fitness instructor to work with my child
10	Tracking eating and activity takes time	32	My child buys fast food when I am not around
11	I like progress reports	33	I have a hard time eliminating junk foods
12	I don't feel we have made improvements	34	I don't know which foods I should be buying
13	I enjoy celebrating positive changes in health	35	I don't have time to prepare meals
14	I am frustrated that my child is not losing weight	36	I want to learn how to make healthy foods fun
15	Follow-up visits help us stay on track	37	I fear my child is being teased
16	I would like more information about making healthy changes in between appointments	38	My partner does not respect the changes I am trying to make
17	Ongoing contact with our clinician keeps us motivated	39	My child ignores what I say
18	I feel overwhelmed and lack support	40	I would like my child to listen to me
19	Having a goal helps us stay motivated	41	My child does not take responsibility for their health
20	Goals are important for success	42	I would like my family to help me with making changes
21	I have trouble setting realistic goals	43	We have difficulty maintaining health changes
22	It's hard to get to and from activities	44	I am ready to make healthy changes

Notes / Follow-Up Plan:
