

Identification Number: _____

***To assign yourself a unique identification number, please combine the initials of your first and last name with the 4 digits that describe the month and day of your birth. For example, Laura Taylor was born on July 4; her unique identification number is: LT0704.

Socializing Healthy Habits in Young Children: Part I: Nutrition Education

6-Month Follow-Up

How often do you:

- | | | | | | |
|---|--------------------------------|---------------------------------|----------------------------------|---------------------------------|--------------------------------|
| 1. Sit with children during meals and snacks? | <input type="checkbox"/> Never | <input type="checkbox"/> Rarely | <input type="checkbox"/> Monthly | <input type="checkbox"/> Weekly | <input type="checkbox"/> Daily |
| 2. Eat the same food as the children? | <input type="checkbox"/> Never | <input type="checkbox"/> Rarely | <input type="checkbox"/> Monthly | <input type="checkbox"/> Weekly | <input type="checkbox"/> Daily |
| 3. Allow children to serve themselves? | <input type="checkbox"/> Never | <input type="checkbox"/> Rarely | <input type="checkbox"/> Monthly | <input type="checkbox"/> Weekly | <input type="checkbox"/> Daily |
| 4. Encourage children to taste all foods offered? | <input type="checkbox"/> Never | <input type="checkbox"/> Rarely | <input type="checkbox"/> Monthly | <input type="checkbox"/> Weekly | <input type="checkbox"/> Daily |
| 5. Use mealtimes for nutrition education? | <input type="checkbox"/> Never | <input type="checkbox"/> Rarely | <input type="checkbox"/> Monthly | <input type="checkbox"/> Weekly | <input type="checkbox"/> Daily |
| 6. Hurry children to eat? | <input type="checkbox"/> Never | <input type="checkbox"/> Rarely | <input type="checkbox"/> Monthly | <input type="checkbox"/> Weekly | <input type="checkbox"/> Daily |
| 7. Involve children in food preparation? | <input type="checkbox"/> Never | <input type="checkbox"/> Rarely | <input type="checkbox"/> Monthly | <input type="checkbox"/> Weekly | <input type="checkbox"/> Daily |
| 8. Talk about the four food groups? | <input type="checkbox"/> Never | <input type="checkbox"/> Rarely | <input type="checkbox"/> Monthly | <input type="checkbox"/> Weekly | <input type="checkbox"/> Daily |
| 9. Require children to eat all of their food? | <input type="checkbox"/> Never | <input type="checkbox"/> Rarely | <input type="checkbox"/> Monthly | <input type="checkbox"/> Weekly | <input type="checkbox"/> Daily |
| 10. Use food as a reward, punishment or pacifier? | <input type="checkbox"/> Never | <input type="checkbox"/> Rarely | <input type="checkbox"/> Monthly | <input type="checkbox"/> Weekly | <input type="checkbox"/> Daily |
| 11. Let children watch TV during meals? | <input type="checkbox"/> Never | <input type="checkbox"/> Rarely | <input type="checkbox"/> Monthly | <input type="checkbox"/> Weekly | <input type="checkbox"/> Daily |
| 12. Include children in menu planning? | <input type="checkbox"/> Never | <input type="checkbox"/> Rarely | <input type="checkbox"/> Monthly | <input type="checkbox"/> Weekly | <input type="checkbox"/> Daily |

Do you have:

- | | | |
|--|------------------------------|-----------------------------|
| 1. Child-sized eating utensils (forks, cups, etc)? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 2. A food guide pyramid posted on the wall? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 3. Pretend play fruits and vegetables? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 4. Cookbooks especially for children? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 5. Pretend play fast food items? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 6. A pretend play kitchen area? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

Because of this workshop, I.....