1. Were you aware that your child might have a weight problem?
   □ Yes  □ No

2. Do you feel that weight problems in children are unhealthy?
   □ Yes  □ No  □ Don’t know

3. If you were counseled by your child’s physician to make family lifestyle changes to
   manage an unhealthy weight problem, which of the following could you reasonably
   modify or change?
   □ Diet  □ Family activities/exercise  □ Mealtimes
   □ Cooking style  □ Eating behaviors  □ Fast food, eating out
   □ Eliminate unhealthy foods from home  □ Prepare lunch for school
   □ Decrease sedentary time(s) with TV, video games, computer time, Game Boy

4. Is there a family history of any of the following problems?
   □ Diabetes  □ High blood pressure  □ Asthma  □ Heart disease
   □ Sleep apnea  □ High cholesterol  □ Bone problems  □ Anemia
   □ Liver problems  □ Kidney problems  □ Severe obesity

5. Which of the following places provide meals/snacks for your child? (Check all that apply.)
   □ School  □ After-school care  □ Daycare  □ Home care
   □ Head Start program  □ Fast foods  □ Restaurants  □ Other_________

6. What percentage of meals are prepared by any of the above places?
   □ Breakfast_____%  □ Lunch_______%  □ Snacks_______%  □ Supper______%

7. Do you enjoy cooking for your family?
   □ Yes  □ No  □ Sometimes

8. How often do you eat out with your family during the week?
   □ Fewer than 2 times  □ 2-3 times  □ 4-5 times  □ 6-7 times  □ Daily

9. Does your child participate in any of the following activities? (Check all that apply.)
   □ Competitive sports  □ Dance/ballet classes  □ Cheerleading
   □ Gymnastics  □ Swimming/diving  □ Martial arts (karate, judo, tai-kwon-do, etc.)
   □ Walking, jogging, cross-country running  □ Track activities  □ Bicycle/BMX
   □ Rodeo events  □ Horseback riding events  □ Golf
   □ Tennis  □ Skiing (snow/water)
   □ Other _______________________________________________________

10. Does your family eat together?
    □ Yes  □ No  □ Sometimes

11. Does your family exercise together?
    □ Yes  □ No  □ Sometimes

12. How much time are you able to devote to physical activity per week?
    □ 1-2 hours  □ 3-5 hours  □ 6-8 hours  □ More than 8 hours

13. Who grocery shops for your family?
    □ Mother  □ Father  □ Other ________________________________

(continued)
Family Readiness Questionnaire (continued)

14. Do you read nutrition labels when shopping for your family?
   □ Yes  □ No  □ Sometimes

15. Does your child have safe places to play and exercise?
   □ Yes  □ No

16. On a scale of 1–10 (1 being not important and 10 being very important), how important is it to you for your child to have a healthy weight?
   □ 1-2  □ 3-4  □ 5-6  □ 7-8  □ 9-10

17. On a scale of 1–10 (1 being not confident and 10 being very confident), how confident are you that your child can attain a healthy weight and maintain it successfully?
   □ 1-2  □ 3-4  □ 5-6  □ 7-8  □ 9-10

18. How likely could your family support a weight-loss program for your child?
   □ Not likely  □ Maybe, with help  □ Possibly  □ Likely  □ Definitely

19. Who would most likely be the least supportive person(s) in your family to participate in lifestyle changes to correct your child’s unhealthy weight?
   □ Father  □ Mother  □ Grandparent(s)  □ Siblings  □ Childcare person
   Other ____________________________________________________________

20. Check all the benefits you could imagine that you and your child might enjoy if you are successful with this healthy weight management program?
   □ More energy  □ Higher self-esteem  □ Better able to participate in enjoyable activities
   □ Fewer complications of overweight  □ More self-confidence about skills you or your child have or would like to have

21. How long could you and your child commit to healthy lifestyle change(s)?
   □ 6 weeks  □ 3 months  □ 6 months  □ 12 months  □ 2 years  □ 5 years  □ Indefinitely
   Other ____________________________________________________________