



# Family Readiness Questionnaire

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 \_\_\_\_\_