Healthy, Happy Families Evaluation

☐PRE ☐POST	County: _____ Site: _____	ID#:	First letter of your **FIRST** name	First letter of your **LAST** name	Birth **MONTH**	Birth **DAY**
			A-Z ☐	A-Z ☐	01-12 ☐☐	01-31 ☐☐

1. My child sits and eats meals with an adult

○ No/rarely ○ Sometimes ○ Often ○ Very often

2. My child eats snack at about the same time every day.

○ No/rarely ○ Sometimes ○ Often ○ Very often

3. I warn my child s/he will not get a treat if s/he doesn't eat.

○ No/rarely ○ Sometimes ○ Often ○ Very often

4. My child sees me eat vegetables.

○ No/rarely ○ Sometimes ○ Often ○ Very often

5. I prepare at least one food that I know my child will eat.

○ No/rarely ○ Sometimes ○ Often ○ Very often

Questions adapted from University of California Cooperative Extension (UCCE) "My Child at Meal Time" for 3 to 5-year-old children, authored by: Ontai L, Sitnick SL, Sylva K, Leavens L, Davidson C, Townsend MS. Saved here. Last revised: 10/2/2020.

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6. My child eats dinner at about the same time every day.

○ No/rarely ○ Sometimes ○ Often ○ Very often

7. I beg my child to eat his/her food.

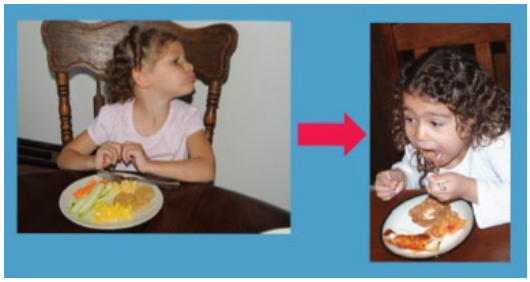
○ No/rarely ○ Sometimes ○ Often ○ Very often

8. I remind my child to keep eating his/her food.

○ No/rarely ○ Sometimes ○ Often ○ Very often

9. My child skips meals.

○ No/rarely ○ Sometimes ○ Often ○ Very often



10. If my child did not like a food, I avoid serving it to him/her again.

○ No/rarely ○ Sometimes ○ Often ○ Very often

Thank you!

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