

Parent Media and Health History



Date: _____ Name: _____

Child's name: _____

Please answer YES or NO to the questions below.

1. My child gets less than 60 minutes (1 hour) of physical activity each day	<input type="checkbox"/> YES	<input type="checkbox"/> NO
2. My child eats meals or snacks in front of the TV or other screen media	<input type="checkbox"/> YES	<input type="checkbox"/> NO
3. My child uses other media while doing homework	<input type="checkbox"/> YES	<input type="checkbox"/> NO
4. My child listens to music, watches TV shows and movies, and/or plays video games that have sexual references, or talks about or shows sexual activities, such as kissing, touching, and having sex	<input type="checkbox"/> YES	<input type="checkbox"/> NO
5. My child has a TV, or takes a laptop, smartphone or other device in her/his bedroom	<input type="checkbox"/> YES	<input type="checkbox"/> NO
6. My child plays video games, watches TV, or uses a device, such as a tablet or smartphone, right before going to sleep	<input type="checkbox"/> YES	<input type="checkbox"/> NO
7. My child listens to, plays and/or watches violent, angry, or sexist music, TV shows, movies, or video games	<input type="checkbox"/> YES	<input type="checkbox"/> NO
8. My child listens to, plays and/or watches TV shows, movies, music, or video games that show drinking, using drugs, or smoking	<input type="checkbox"/> YES	<input type="checkbox"/> NO
9. My child's screen media use takes time away from her/his time sleeping, doing homework, or hanging out with friends or family	<input type="checkbox"/> YES	<input type="checkbox"/> NO
10. My child seems to be obsessed with video gaming or spending time online	<input type="checkbox"/> YES	<input type="checkbox"/> NO