

# Parent Media and Health History



Center on Media  
and Child Health  
ASK THE MEDIATRICIAN

Date: \_\_\_\_\_ Name: \_\_\_\_\_

Child's name: \_\_\_\_\_

Please answer YES or NO to the questions below.

## EATING AND EXERCISE

My child gets less than 60 minutes (1 hour) of physical activity each day	<input type="checkbox"/> YES	<input type="checkbox"/> NO
My child eat meals or snacks in front of the TV or other screen media	<input type="checkbox"/> YES	<input type="checkbox"/> NO

## SCHOOL

My child often multitasks with media (use more than one device or app at the same time) while doing homework	<input type="checkbox"/> YES	<input type="checkbox"/> NO
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## SEX

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, nudity, touching, and having sex	<input type="checkbox"/> YES	<input type="checkbox"/> NO
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## SLEEP

My child has a TV, laptop, smartphone or other device in her/his bedroom	<input type="checkbox"/> YES	<input type="checkbox"/> NO
My child plays video games, or uses a device, such as a tablet or smartphone, right before going to sleep	<input type="checkbox"/> YES	<input type="checkbox"/> NO

## SOCIAL SKILLS

My child listens to, plays and/or watches angry, sexist or violent music, TV shows, movies, or video games	<input type="checkbox"/> YES	<input type="checkbox"/> NO
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## DRINKING, SMOKING, AND DRUGS

My child listens to, plays and/or watches TV shows, movies, music, or video games that promotes drinking, using drugs or smoking	<input type="checkbox"/> YES	<input type="checkbox"/> NO
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## MEDIA USE

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
My child seems to be obsessed with video gaming, pornography, social media, or spending time online	<input type="checkbox"/> YES	<input type="checkbox"/> NO