

Dear Health Professionals,

The following has been designed to use in your pediatric charts to help identify and follow “at risk” families for overweight. Timely prevention messages can then be tracked at the well child visits. Also included is a checklist to use when working with families who have an overweight child. Here are some suggestions on how to use the following tools:

- **Family History Interview: Obesity Risk Factors**
 - *Purpose:* To help identify which families have higher obesity risk factors based on family history.
 - This handout may either be given to families to fill out or asked directly at their first office visit (prenatal visit, first infant well exam or first time visit in the office).
 - If the family has a few risk factors or has concerns comment to the parents that you are willing to work with this family to reduce the parents and the child’s risk for these diseases
 - If the interview identifies a family as “moderate” or “high” risk, consider flagging the chart (sticker on front or electronic note) so that you have identified that child as higher risk for obesity.

- **Tips for Healthy Eating and Activity**
 - *Purpose:* To track messages given at well child visits focusing on eating and activity. Items that are being done well and areas needing more work can be tracked. This is similar to how the Denver Developmental Chart is used.
 - Keep these three pages in the chart in an area easy for you to refer to (front of chart, next to vaccine sheet, next to Denver Developmental sheet or for electronic charts, list in the well child templates).
 - Print them on brightly colored paper to identify these sheets easily.
 - Each table has an age range (e.g., Birth to 6 months or School Age) and a column of tips for the child and a second column of tips for the parents or siblings.
 - In bringing up an item, you may choose to ask as a question, e.g., “How much combined screen time with TV, video games and computer time does your child get a day?” or “How many fruits and vegetables did your child get yesterday?” If less than 5 servings, mention that “if you and your family try to eat a fruit or vegetable at every meal and snack, do you think it would easier to get those 5 servings a day?” “Would that be easy or difficult for you?” Then discuss barriers to achieving these goals and offer suggestions.
 - Choose a few items to discuss at each check-up and check off in the box those you do discuss. There are 8 to 10 tips in each age range, so by choosing 3 or 4 items at each check-up, you should be

able to cover all the items in that age range. Covering 3 or 4 items should only take 1 to 2 minutes.

- Circle a face 😞 😐 😊 depending on how you feel the family is doing on that item.
 - 😊 = accomplished that tip;
 - 😐 = working on that tip;
 - 😞 = not fulfilling that tip
- The goal is to have the 😊 circled for each tip. If they have only achieved 😞 or 😐, those tips can be reinforced at the next visit.
- **Plan of Action**
 - Purpose: *This checklist can be given to families who have children who are overweight.*
 - Choose only 1 or 2 items out of each of the 4 categories (fluids, food, activity, parents) and check those items that they agree to work on until the next follow-up visit.
 - Have the parent and child sign and give the sheet to the family to keep and post somewhere at home.
 - Follow-up visits can focus on different items on the Plan of Action for the family to work on.

These tools will be available for download on my website at www.kidseatgreat.com along with other Tip Sheets and ideas for families.

Christine Wood, M.D.
drwood@kidseatgreat.com

Family History Interview: Obesity Risk Factors

Child's Name:			
Date:			
	Circle		Which Family Members?
Do you have a family history of heart disease?	Yes	No	
Do you have a family history of high blood pressure?	Yes	No	
Do you have a family history of stroke?	Yes	No	
Do you have a family history of high cholesterol?	Yes	No	
Do you have a family history of diabetes?	Yes	No	
Do you have a family history of obesity on the mother's side of the family?*	Yes	No	
Do you have a family history of obesity on the father's side of the family?	Yes	No	
Are you worried about your child's risk for these diseases?	Yes	No	
(For mother) Are you worried about your own risk for these diseases?	Yes	No	
(For father) Are you worried about your own risk for these diseases?	Yes	No	
I feel that children learn early about eating and activity and with your support we can help to reduce the risk of some of these diseases for your child.			

* Children with two obese parents are more than six times as likely to become obese than children with non-obese parents. Children with only one obese parent are twice as likely to become obese as adults.

Tips for Healthy Eating and Activity

	For Baby Birth to 6 Months	For the Parents and Older Kids	
☹ ☺ ☺	<input type="checkbox"/> Breastfeed your baby as long as possible, at least 6 months.	<input type="checkbox"/> Try some new fruits and vegetables and have everyone eating 5 to 7 servings of fruits and vegetables every day.	☹ ☺ ☺
☹ ☺ ☺	<input type="checkbox"/> Give baby time to be active and let her wiggle around at least 30 minutes a day.	<input type="checkbox"/> Be active with family walks for 20 to 30 minutes or exercise a few times a week.	☹ ☺ ☺
☹ ☺ ☺	<input type="checkbox"/> Don't allow your baby to "watch" TV.	<input type="checkbox"/> Limit TV to less than an hour a day; no TV for children under age 2 years of age.	☹ ☺ ☺
☹ ☺ ☺	<input type="checkbox"/> Stop feeding when your baby seems full (turns his head, stops sucking on bottle or breast).	<input type="checkbox"/> Share meals when eating out to help everyone eat smaller portions.	☹ ☺ ☺

	For Baby 6 to 12 Months	For the Parents and Older Kids	
☹ ☺ ☺	<input type="checkbox"/> Don't allow baby to fall asleep with the bottle or breast.	<input type="checkbox"/> Eat less junk food and fried foods.	☹ ☺ ☺
☹ ☺ ☺	<input type="checkbox"/> Avoid sweetened baby food "desserts" like pudding and don't introduce junk foods.	<input type="checkbox"/> Learn more about whole grains and try a few new ones – brown rice, oatmeal, barley.	☹ ☺ ☺
☹ ☺ ☺	<input type="checkbox"/> No juices or sodas.	<input type="checkbox"/> Limit juice to about 8 ounce a day and buy only 100% fruit juices.	☹ ☺ ☺
☹ ☺ ☺	<input type="checkbox"/> Don't allow your baby to "watch" TV.	<input type="checkbox"/> Stay on track with your own exercise and have goals for the family members.	☹ ☺ ☺

Tips for Healthy Eating and Activity

	For Toddlers 1 to 2 Years	For the Parents and Older Kids	
☹ ☺ ☺	<input type="checkbox"/> Offer planned meals and 1 to 2 planned snacks, and avoid frequent snacks between meals.	<input type="checkbox"/> No TV or internet connection in the bedrooms for kids.	☹ ☺ ☺
☹ ☺ ☺	<input type="checkbox"/> Don't use food as a reward for good behavior.	<input type="checkbox"/> Limit fast food restaurant choices for the family.	☹ ☺ ☺
☹ ☺ ☺	<input type="checkbox"/> Limit juice (less than 6 ounces a day) and junk foods given to your toddler and brought into the house.	<input type="checkbox"/> Cut down on soda and juice and drink more water.	☹ ☺ ☺
☹ ☺ ☺	<input type="checkbox"/> Limit the stroller use and make sure toddlers are getting an hour a day to be active.	<input type="checkbox"/> Don't eat in front of the TV or in the car.	☹ ☺ ☺
☹ ☺ ☺	<input type="checkbox"/> Try to avoid TV for children under 2 years of age.	<input type="checkbox"/> Be a role model for your kids by eating fruits and vegetables and finding time for regular exercise.	☹ ☺ ☺

	For Preschoolers 3 to 5 Years	For the Parents and Older Kids	
☹ ☺ ☺	<input type="checkbox"/> Offer fruits or vegetables with every meal and snack.	<input type="checkbox"/> Keep trying to add new fruits, vegetables and whole grain foods into the family diet.	☹ ☺ ☺
☹ ☺ ☺	<input type="checkbox"/> Limit fried foods and sodas offered to your child.	<input type="checkbox"/> No TV or internet connection in the bedrooms.	☹ ☺ ☺
☹ ☺ ☺	<input type="checkbox"/> Allow your child to decide how much food to eat and don't force, nag or bribe them to eat more.	<input type="checkbox"/> Parents will decide what foods to offer and when to offer food (work on planned meals and 1 to 2 snacks a day).	☹ ☺ ☺
☹ ☺ ☺	<input type="checkbox"/> Your child should not be sitting for more than one hour at a time.	<input type="checkbox"/> Limit fast food restaurant choices for the family.	☹ ☺ ☺
☹ ☺ ☺	<input type="checkbox"/> Limit total screen time to less than 1 hour a day and occasionally to 2 hours a day.	<input type="checkbox"/> Work on having more family meals together.	☹ ☺ ☺

Tips for Healthy Eating and Activity

	For School Age Children	For the Parents and Older Kids	
☹ ☺ ☺	<input type="checkbox"/> Limit junk foods and fried foods.	<input type="checkbox"/> Sodas should be an infrequent choice and limit juice to less than 8 ounces a day.	☹ ☺ ☺
☹ ☺ ☺	<input type="checkbox"/> Offer fruits or vegetable at every meal and snack.	<input type="checkbox"/> Share meals when eating out.	☹ ☺ ☺
☹ ☺ ☺	<input type="checkbox"/> Make sure they are getting at least an hour a day of “sweaty” exercise.	<input type="checkbox"/> Find ways to be active as a family – walking, biking or going to the park.	☹ ☺ ☺
☹ ☺ ☺	<input type="checkbox"/> Don’t eat in front of the TV or in the car.	<input type="checkbox"/> Have children plan a meal and help with cooking a meal.	☹ ☺ ☺
☹ ☺ ☺	<input type="checkbox"/> No TV or internet connection in the bedroom and limit combined screen time to 1 to 2 hours a day.	<input type="checkbox"/> Keep cut up fruits and vegetables handy and in easy reach for the family.	☹ ☺ ☺

	For Teenagers	For the Parents and Older Kids	
☹ ☺ ☺	<input type="checkbox"/> Limit trips to fast food restaurants and find healthier non-fried choices when eating out.	<input type="checkbox"/> Try to have family meals together as much as possible	☹ ☺ ☺
☹ ☺ ☺	<input type="checkbox"/> Don’t skip meals.	<input type="checkbox"/> Share meals when eating out.	☹ ☺ ☺
☹ ☺ ☺	<input type="checkbox"/> Have your teen plan a meal and help with cooking a meal.	<input type="checkbox"/> Try eating a fruit or vegetable at every meal and snack.	☹ ☺ ☺
☹ ☺ ☺	<input type="checkbox"/> Figure out your teen’s calcium intake – they need 1300 mg a day.	<input type="checkbox"/> Schedule “No TV nights” and find something else for the family to do together.	☹ ☺ ☺
☹ ☺ ☺	<input type="checkbox"/> No TV or internet connection in the bedroom and limit combined screen time to 1 to 2 hours a day.	<input type="checkbox"/> Find ways for each family member to be physically active.	☹ ☺ ☺

Plan of Action



My family and I will work on the following items:

Fluids:

- Buy only 100% fruit juice and limit to 4 to 8 ounces a day.
- Drink water - your water intake should be _____ ounces a day ($\frac{2}{3}$ the weight for a child and $\frac{1}{2}$ the weight for kids over 10 to 12 years old). I will need to drink more water if I exercise and sweat a lot.
- Limit sodas to _____ 12-ounce (1 can) servings a week.
- I will choose water instead of soda if I eat out.
- Switch to nonfat or 1% milk and no more than _____ ounces a day.

Food:

- Eat meals at home with my family whenever possible.
- I will not skip meals.
- I will eat a fruit or vegetable with every meal and snack.
- No food trading at school lunch.
- I will pack lunch for school with choices and include lean meats (like turkey or chicken) for sandwiches, fruits, vegetables, pretzels or whole grain crackers.
- I will try eating a new fruit or vegetable.
- Eat fried foods no more than _____ a week.
- Make a grocery list of fruits, vegetables and low fat dairy products I will eat.

Activity:

- No watching TV or playing computer while eating.
- I will move my TV out of the bedroom.
- I will move computers or video games out of my bedroom.
- I will eat only in eating areas like the kitchen or dining room.
- I will cut my combined screen time (TV, computer, video games,) to _____ hour a day on school nights and _____ hours a day on weekends (computer time needed for homework does not count).
- Get _____ minutes of sweaty exercise _____ times a week.
- I will get more exercise by doing _____.
- Write on the calendar a time to walk or do an active sport or do a family activity.
- Find out how many steps a day I take with a pedometer and increase by _____ steps a day next week.

Parents – I will support my child by making the following changes:

- I will not buy _____ this week at the grocery store.
- We will share a healthy meal at a restaurant.
- I will use olive oil or canola oil instead of butter or margarine.
- I will make sure to keep fresh fruits and vegetables around for my family.
- I will not reward my child with food for behavior, goals, etc.

Signed by: _____
Parent

Child