Weight Management

For children 12 years old or younger, to be completed by mom, dad, or other adult.

Some questions may not apply to very young children.

Child’s height:                              Current weight:

Do you think your child has been gaining too much weight?  
  ○ no  ○ yes

If yes, when do you think your child began gaining too much weight? ________________________________

Has your child done anything to try to reach and keep a healthy weight?  
  ○ no  ○ yes  If yes, please list: __________________________________________________________

Did it work?  ○ no  ○ yes

Why or why not? __________________________________________

Does your child take or has your child taken any medications for weight, including nutrition supplements (vitamins, herbs)?  
  ○ no  ○ yes  If yes, please fill out the following:

<table>
<thead>
<tr>
<th>Name of medication or supplement:</th>
<th>How long did he/she take the medication or supplement?</th>
<th>Is he/she currently taking the medication or supplement?</th>
<th>List any weight change:</th>
<th>List any side effects (e.g., dizziness, upset stomach):</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2.</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Does your child spend a lot of time thinking about being thin or about ways to lose weight?  
  ○ no  ○ yes  ○ don’t know

Does your child eat large amounts of food in a short time (binge)?  
  ○ no  ○ sometimes  ○ often  ○ don’t know

Does your child ever hide eating from others?  
  ○ no  ○ sometimes  ○ often  ○ don’t know

Has your child skipped meals, taken pills, starved, vomited, etc. to try to change weight?  
  ○ no  ○ yes (describe below)

Does your child eat for the following reasons?  

- As a reward  
  ○ no  ○ sometimes  ○ often
- Stressed  
  ○ no  ○ sometimes  ○ often
- Angry  
  ○ no  ○ sometimes  ○ often
- Bored  
  ○ no  ○ sometimes  ○ often
- Sad  
  ○ no  ○ sometimes  ○ often
- Nervous/worried  
  ○ no  ○ sometimes  ○ often

Please mark the weight status of family members and if members of your family have any of the listed health problems:

<table>
<thead>
<tr>
<th>Family Member</th>
<th>Weight Status (underweight, normal, overweight)</th>
<th>High Cholesterol</th>
<th>Heart Disease</th>
<th>Diabetes</th>
<th>Depression/Anxiety</th>
</tr>
</thead>
<tbody>
<tr>
<td>Father</td>
<td>○ under  ○ normal  ○ over</td>
<td>○ no  ○ yes</td>
<td>○ no  ○ yes</td>
<td>○ no  ○ yes</td>
<td>○ no  ○ yes</td>
</tr>
<tr>
<td>Mother</td>
<td>○ under  ○ normal  ○ over</td>
<td>○ no  ○ yes</td>
<td>○ no  ○ yes</td>
<td>○ no  ○ yes</td>
<td>○ no  ○ yes</td>
</tr>
<tr>
<td>Sibling 1</td>
<td>○ under  ○ normal  ○ over</td>
<td>○ no  ○ yes</td>
<td>○ no  ○ yes</td>
<td>○ no  ○ yes</td>
<td>○ no  ○ yes</td>
</tr>
<tr>
<td>Sibling 2</td>
<td>○ under  ○ normal  ○ over</td>
<td>○ no  ○ yes</td>
<td>○ no  ○ yes</td>
<td>○ no  ○ yes</td>
<td>○ no  ○ yes</td>
</tr>
<tr>
<td>Sibling 3</td>
<td>○ under  ○ normal  ○ over</td>
<td>○ no  ○ yes</td>
<td>○ no  ○ yes</td>
<td>○ no  ○ yes</td>
<td>○ no  ○ yes</td>
</tr>
<tr>
<td>Sibling 4</td>
<td>○ under  ○ normal  ○ over</td>
<td>○ no  ○ yes</td>
<td>○ no  ○ yes</td>
<td>○ no  ○ yes</td>
<td>○ no  ○ yes</td>
</tr>
<tr>
<td>Grandparents</td>
<td>○ under  ○ normal  ○ over</td>
<td>○ no  ○ yes</td>
<td>○ no  ○ yes</td>
<td>○ no  ○ yes</td>
<td>○ no  ○ yes</td>
</tr>
</tbody>
</table>

Additional comments or concerns: