Healthy, Happy Families Evaluation

☐ PRE  ☐ POST
County: __________________________
Site: ____________________________
ID#: ____________________________

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

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

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

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


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

Thank you!