

smart family

## Family exercise and eating habits

Primary school

First name

Last name

*Save this card until you leave school*

Tel. +358-9-829 4600 Reprints are forbidden

*How to use the Smart family card:*

- When you receive the card, you should agree with your public health nurse when you should return the filled-in card to be used when you discuss exercise and eating habits.
- You should always have the card with you at school healthcare appointments.
- You should fill in the card at home with your family.
- The answers will show how well your choices meet the recommendations. You will notice how many things you can be satisfied with and find things you want to change.
- You can talk about anything the card brought to your mind during your healthcare appointments.

[www.sydanliitto.fi/neuvokas-perhe](http://www.sydanliitto.fi/neuvokas-perhe)

*With support from RAY, the Slot Machine Association of Finland. 2013.*

## Pupil's exercise habits

To be filled in by the pupil. Colour in your answer!	1st grade <i>Date</i>	2nd grade <i>Date</i>	3rd grade <i>Date</i>
	Yes•Sometimes•No	Yes•Sometimes•No	Yes•Sometimes•No

1. I like exercise.

What I like is

2. I exercise so that I get out of breath

3. Our family exercises together

4. I have friends who I exercise with

5. I have a hobby that involves exercise, what?

*If you are about to start first grade, you can skip questions 6–9*

6. I walk or bike to school

7. I exercise during breaks

8. Physical education at school is fun

9. I play and exercise outside after school

10. I wake up feeling rested in the mornings

Mum or dad answers	Yes•Sometimes•No	Yes•Sometimes•No	Yes•Sometimes•No
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11. My child receives praise for exercise

12. My child has been taught to move about safely in his/her surroundings

13. My child has appropriate clothes and equipment for exercise

14. My child exercises at least 2 hours every day

15. My child sits in front of the TV or computer or plays electronic games for no more than 2 hours a day

16. My child sleeps at least 9 hours a night

## Pupil's eating habits

To be filled in by the pupil. Colour in your answer!	1st grade <i>Date</i>	2nd grade <i>Date</i>	3rd grade <i>Date</i>
	Yes•Sometimes•No	Yes•Sometimes•No	Yes•Sometimes•No

1. I eat together with my family
  2. I eat breakfast every morning
  3. I eat a hot meal in accordance with the plate model
  4. I take an after-school snack. My snack contains:
  5. I eat vegetables, fruit or berries several times a day
  6. I drink water when I'm thirsty
  7. I drink at least three glasses of milk or sour milk daily
  8. I eat sweet foods and desserts no more than once a day  
*(e.g. puddings, sweet juice, buns)*
  9. I eat fast food no more than once a week  
*(e.g. hamburgers, pizza, chips, meat pasties)*
  10. I eat goodies no more than once a week  
*(e.g. sweets, crisps, lemonade)*
- If you are about to start first grade, you can skip question 11*
11. In school, I eat a hot meal, bread, milk or sour milk and salad
  12. I brush my teeth every morning and evening

Dad or mum answers	Yes•Sometimes•No	Yes•Sometimes•No	Yes•Sometimes•No
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13. My child is served a hot meal at home every day
14. I know what my child eats in school and as after-school snacks
15. My child drinks fat-free milk or sour milk at meals
16. On bread, my child uses margarine with at least 60% fat
17. On weekdays, my child's snacks do not include sweet goodies *(puddings, ice cream, biscuits)*
18. My child takes a vitamin D supplement as recommended

## Pupil's exercise habits

To be filled in by the pupil. Colour in your answer!	4th grade <i>Date</i>	5th grade <i>Date</i>	6th grade <i>Date</i>
	Yes•Sometimes•No	Yes•Sometimes•No	Yes•Sometimes•No

1. I like exercise.  
What I like is
2. I exercise so that I get out of breath
3. Our family exercises together
4. I have friends who I exercise with
5. I have a hobby that involves exercise, what?
6. I walk or bike to school
7. I exercise during breaks
8. Physical education at school is fun
9. I play and exercise outside after school
10. I wake up feeling rested in the mornings

Dad or mum answers	Yes•Sometimes•No	Yes•Sometimes•No	Yes•Sometimes•No
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11. My child receives praise for exercise
12. My child has been taught to move about safely in his/her surroundings
13. My child has appropriate clothes and equipment for exercise
14. My child exercises at least 2 hours every day
15. My child sits in front of the TV or computer or plays electronic games for no more than 2 hours a day
16. My child sleeps at least 9 hours a night

## Pupil's eating habits

To be filled in by the pupil. Colour in your answer!	4th grade <i>Date</i>	5th grade <i>Date</i>	6th grade <i>Date</i>
	Yes•Sometimes•No	Yes•Sometimes•No	Yes•Sometimes•No

1. I eat together with my family
2. I eat breakfast every morning
3. I eat a hot meal in accordance with the plate model
4. I take an after-school snack. My snack contains:
5. I eat vegetables, fruit or berries several times a day
6. I drink water when I'm thirsty
7. I drink at least three glasses of milk or sour milk daily
8. I eat sweet foods and desserts no more than once a day  
(*e.g. puddings, sweet juice, buns*)
9. I eat fast food no more than once a week  
(*e.g. hamburgers, pizza, chips, meat pasties*)
10. I eat goodies no more than once a week  
(*e.g. sweets, crisps, lemonade*)
11. In school, I eat a hot meal, bread, milk or sour milk and salad
12. I brush my teeth every morning and evening

Dad or mum answers	Yes•Sometimes•No	Yes•Sometimes•No	Yes•Sometimes•No
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13. My child is served a hot meal at home every day
14. I know what my child eats in school and as after-school snacks
15. My child drinks fat-free milk or sour milk at meals
16. On bread, my child uses margarine with at least 60% fat
17. On weekdays, my child's snacks do not include sweet goodies (*puddings, ice cream, biscuits*)
18. My child takes a vitamin D supplement as recommended

## Parents' exercise habits

Parents answer	Dad		Mum	
	<i>Date</i>	<i>Date</i>	<i>Date</i>	<i>Date</i>
	Yes•Sometimes•No	Yes•Sometimes•No	Yes•Sometimes•No	Yes•Sometimes•No

1. I exercise outdoors daily
2. I take active exercise in my everyday life (*e.g. stairs, yard work, errands, exercise on the way to work*)
3. Our family exercises together
4. In terms of exercise I set an example to my family members
5. Exercise makes me feel good
6. I spend no more than 2 hours a day of my free time in front of the TV or computer
7. I have a hobby that involves exercise, what?
8. I exercise during my workday
9. I take my child to take part in hobbies by foot or by bike
10. Our family's everyday routines are such that all members can take regular exercise
11. Either: On several days a week I exercise to the point where I'm a little out of breath (*e.g. brisk walking*) in total at least 2 hours 30 minutes per week
12. Or: On several days a week I exercise to the point where I'm clearly out of breath (*e.g. jogging*) in total at least 1 hour and 15 minutes per week
13. I do exercise that improves muscle fitness at least twice a week

## Non-smoking

14. Our home is non-smoking
15. I set my child an example of a non-smoking lifestyle

## Parents' eating habits

Parents answer	Dad		Mum	
	Date	Date	Date	Date
	Yes•Sometimes•No	Yes•Sometimes•No	Yes•Sometimes•No	Yes•Sometimes•No

1. Our family eats together at the table at least a couple of times a week
  2. I eat breakfast and at least one main meal every day
  3. I put together my main meal in accordance with the plate model
  4. I eat at least 4 handfuls of vegetables, fruit and berries every day
  5. I eat rye bread or other high-fibre (*more than 6 g/100 g*) bread daily
  6. I use milk or milk products daily
  7. I choose mainly fat-free milk and milk products
  8. On slices of bread, I use margarine with at least 60% fat
  9. In our family we use oil or margarine for cooking
  10. I choose low-fat cheese and cold cuts (*cheese less than 17% fat, cold cuts less than 4% fat*)
  11. I eat fish at least twice a week
  12. Our family is aware of the amount of salt in food (*e.g., bread, cheese, cold cut*)
  13. I eat fast food no more than once a week (*e.g. hamburgers, pizza, chips, meat pasties*)
  14. I eat sweets, chocolate, sweet pastries or ice cream no more than once daily
  15. I drink lemonade, juice sweetened with sugar or energy drinks no more than twice a week
  16. I drink alcoholic drinks in moderation (*men 0–2, women 0–1 portions/day, not every day*)
- Pregnant and breastfeeding women; I don't drink alcohol
17. I brush my teeth every morning and evening



1st grade | What we want to discuss *(to be filled in by the family)*

Public health nurse's notes

*Date*

Height

Weight

*My photo*

Other information

2nd grade | What we want to discuss *(to be filled in by the family)*

Public health nurse's notes

*Date*

Height

Weight

*My photo*

Other information

3rd grade | What we want to discuss *(to be filled in by the family)*

Public health nurse's notes

*Date*

Height

Weight

*My photo*

Other information

4th grade | What we want to discuss *(to be filled in by the family)*

Public health nurse's notes

*Date*

Height

Weight

*My photo*

Other information

5th grade | What we want to discuss *(to be filled in by the family)*

Public health nurse's notes

*Date*

Height

Weight

*My photo*

Other information

6th grade | What we want to discuss *(to be filled in by the family)*

Public health nurse's notes

*Date*

Height

Weight

*My photo*

Other information