

Mum's exercise habits

Usually

Sometimes

Very rarely/Never/Not possible

Name

Maternity clinic Date	Child welfare clinic Date	Child welfare clinic Date	Child welfare clinic Date
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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 daycare or pre-school or 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

Dad's exercise habits

Usually

Sometimes

Very rarely/Never/Not possible

Name

Maternity clinic Date	Child welfare clinic Date	Child welfare clinic Date	Child welfare clinic Date
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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 daycare or pre-school or 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

Child's exercise habits

Usually

Sometimes

Very rarely/Never/Not possible

Name

1-2 years Date	3-4 years Date	5-6 years Date
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1. My child likes exercise
2. My child exercises outdoors daily
3. My child has time to exercise
4. The surroundings my child moves about in are safe
5. My child is offered different options for exercise
6. My child has appropriate clothes and equipment for exercise
7. My child sits in front of the TV or computer or plays electronic games for no more than 2 hours a day
8. My child takes part in instructed exercise on his/her own or together with family members
9. My child walks or bikes at least part of the way to daycare or pre-school or to take part in hobbies
10. Exercise is a regular part of the everyday routines at my child's daycare or pre-school
11. My child exercises every day for at least 2 hours and sometimes gets out of breath
12. My child receives praise for exercise

How can we improve our eating habits in practice?

How can we improve our exercise habits in practice?

Other information

Date

How can we improve our eating habits in practice?

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Other information

Date

Mum's eating habits

Usually

Sometimes

Very rarely/Never/Not possible

Name

Maternity clinic Date	Child welfare clinic Date	Child welfare clinic Date	Child welfare clinic Date
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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 cuts)
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

Dad's eating habits

Usually

Sometimes

Very rarely/Never/Not possible

Name

Maternity clinic Date	Child welfare clinic Date	Child welfare clinic Date	Child welfare clinic Date
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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 cuts)
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)
17. I brush my teeth every morning and evening

Child's eating habits

Usually

Sometimes

Very rarely/Never/Not possible

Name

1-2 years Date	3-4 years Date	5-6 years Date
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1. We have a pleasant atmosphere at meals in our family
2. My child eats breakfast, lunch, dinner, an evening snack and 1-2 other snacks daily
3. My child eats a main meal in accordance with the plate model
4. My child eats vegetables, fruit and berries several times a day
5. My child eats porridge or high-fibre (more than 6 g/100 g) bread daily
6. My child uses milk or milk products daily
7. Mainly fat-free milk and milk products are chosen for my child
8. On slices of bread, margarine with at least 60% fat is used
9. Low-fat cheese and cold cuts (cheese less than 17% fat, cold cuts less than 4% fat) are chosen for my child
10. My child eats fish at least twice a week
11. My child eats salty snacks no more than once a week (e.g. crisps, salty biscuits, cheese puffs)
children under 1 year of age not at all
12. My child eats fast food no more than once a week (e.g. hamburgers, pizza, chips, meat pasties)
13. My child does not eat sweets, chocolate, sweet pastries, ice cream, puddings etc. every day
14. My child drinks water when thirsty
15. My child drinks lemonade or sweet juice no more than twice a week
16. My child takes a vitamin D supplement as recommended
17. My child's teeth are brushed every morning and evening

smart family

Family exercise and eating habits

Maternity clinic and child welfare clinic

Parents' names

Child's name

Save this card as long as you have appointments at the maternity clinic or child welfare clinic

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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 maternity clinic or child welfare clinic 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.

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