







Physical Health & Nutrition Check-In Questionnaire





 1. Did you eat breakfast today?

-  Yes
 -  No
 -  I don't remember
-

 2. How healthy do you think your meals and snacks are?

-  Very healthy
 -  Mostly healthy
 -  Sometimes healthy, sometimes not
 -  Not very healthy
-

 3. How much water do you usually drink during the school day?

-  A lot
 -  Some
 -  Not much
 -  I'm not sure
-

 4. How often do you move your body or do physical activity (like running, playing, dancing, sports)?

- 🏐 Every day
 - 🚲 A few times a week
 - 🚶 Once in a while
 - 🛏 Not very often
-

😴 5. How does your body usually feel during the school day?

- 💪 Strong and full of energy
 - 😊 Okay, but sometimes tired
 - 😴 Tired or sluggish
 - 😞 I feel unwell or low on energy
-

🛏 6. Do you feel like you're getting enough rest and movement to stay healthy?


- ✅ Yes, I think so
 - 😟 Maybe, not sure
 - ❌ No, I think I need more of one or both
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🍓 7. What kinds of healthy foods do you like to eat?

(Open-ended)

⚡ 8. What helps you feel strong and full of energy?

(Open-ended)

 **9. Is there anything that makes it hard for you to eat well or stay active?**

(Open-ended)