



**State of Florida
Department of Children and Families**

Rick Scott
Governor

Mike Carroll
Secretary

Weight Management Checklist

Child's Name:

Number:

Date:

Medical Provider Information	
What is the name and phone number of your child's Pediatrician, Family Doctor or Clinic?	
When is your child's next appointment with his/her Pediatrician, Family Doctor or Clinic?	
If your child has seen a dietician or weight management specialist, what is the name and phone number of the specialist or clinic?	
When is your child's next appointment with the dietician or weight management specialist?	
Do you expect to have trouble getting to your child's next appointment? If so, why?	No Yes Reason:

Weight Management Questions	Yes	No	N/A
Activities of Daily Living			
1. Is the child's weight impairing his/her ability to walk comfortably?			
2. Does the child refuse to go to school because of his/her weight?			
3. Is the child unable to have an active lifestyle because of his/her weight?			
4. Is the child's ability to play with other children being affected by his/her weight?			
5. Is the child's cleanliness affected by his/her weight?			
6. Does the child have self-esteem issues because of his/her weight?			
7. Is the child being bullied because of his/her weight?			
8. Is there threat of a serious medical complication because of the child's weight?*			
Known Medical Condition(s):			
1. Do you know what your child weighs currently?			
2. Does your child snore, or has a diagnosis of sleep apnea? *			
3. Does your child have a medical diagnosis that has been directly caused by excess weight? (e.g. high blood pressure, liver disease, diabetes) *			
4. Has the family sought medical care for the child's weight?			
5. Have medical interventions been implemented to manage his/her weight?			
6. Has the family failed to follow medical recommendations to manage the child's weight?			
7. Does the child have any medical diagnosis unrelated to weight?			
Family Dynamics			
1. Are other family members in the household overweight or obese?			
2. Does the family consider the child's weight a health problem?			
3. Is being "big" part of the family's identity?			
4. Has anyone in your family died at a younger age (less than 50) because of complications related to obesity (e.g. heart attack, stroke)?			
5. Does the family prefer to drink juice/soda instead of water, when thirsty?			

Mission: Work in Partnership with Local Communities to Protect the Vulnerable, Promote Strong and Economically Self-Sufficient Families, and Advance Personal and Family Recovery and Resiliency

Home Environment			
1. Does the family have a bathroom scale to monitor the child's weight consistently?			
2. Does the family understand that the child should not spend more than 2 hours of screen time (TV and video games) per day, maximum?			
3. Has the family tried to use any type of diet or physical activity regimen to address the child's excess weight?			
4. Look in the pantry and refrigerator. Do they contain a good selection of healthy foods? (e.g., fruits and vegetables)			
5. Do the pantry and refrigerator contain a selection of unhealthy foods (e.g., cookies, chips, snack, cakes and soda)?			
6. Can the family give examples of what healthy food choices are?			
7. Can the family afford healthy food choices?			
8. Can the family easily get to a store that sells produce and healthy fruits and vegetables?			
9. Does the family feel comfortable reading food labels?			
10. Can the adults in the home count calories?			
11. Does the child, or an older sibling, consistently prepare their meals?			
12. Does the family have access to a safe playground, or an affordable gym?			
13. Have adults in the family ever met with a nutrition specialist?			
14. Has the family ever bought over-the-counter products for weight management?			
15. Has the family ever had to worry about having enough to eat?			

Potential Obstacles for Successful Management/ Comments: