**NAME \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**1= yes 2= no 3= need more information**

**Did you receive adequate information on:**

**1 2 3 Healthy diet and Nutritional guidelines**

**1 2 3 Exercise and Recreational activities**

**1 2 3 Sleep and Relaxation strategies**

**1 2 3 Medical resources**

**1 2 3 Social Services**

**1 2 3 Financial assistance**

***Admission for one***

***P. G. Chambers School***

***Family***

***With***

***Completed Survey***

**Circle the answer that best describes your family:**

1. **How many times a week, on average, do you and your family participate in physical activity for 30 minute, such as movement, walking, swimming, biking, dancing?**

**0/week 1-2/week 3-4/week 5-7/week**

1. **How satisfied are you with the range of nutritious food your child will eat?**

**Very dissatisfied Dissatisfied Neutral Satisfied Very Satisfied**

1. **How effective are your strategies for you and your child obtaining adequate sleep?**

**Very Ineffective Ineffective Neutral Effective Very effective**

**Additional comments:**