

HEALTHY EATING AND LIVING OFFICE ASSESSMENT TOOL

Patient Name: _____ Date: _____

1 Assess Risks and Behaviors

Using information from the *Healthy Eating and Living Assessment Parent Questionnaire*, assess prenatal risk factors (Section 1), family history (Section 2A) and co-morbidities (Section 2B). Record in the box to the right.

Prenatal Risk Factors (Section 1):	
Yes	No
Positive Family History (Section 2A)	
Yes	No
Co-morbidities (Section 2B):	
Yes	No

2 BMI Percentiles and Weight Category

For children < 2 yrs, record Weight to Length Percentile _____

For children ≥ 2 yrs, record BMI _____ BMI Percentile _____

- Underweight = BMI less than 5th percentile, or Weight/Length less than 5th percentile
- Healthy weight = BMI 5th-84th percentile, or Weight/Length less than 95th percentile
- Overweight = BMI 85th-94th percentile, or Weight/Length 95th percentile or above
- Obesity = BMI 95th percentile or above

Determine weight category and record in the box to the right.

Circle one

- Obese
- Overweight
- Healthy Weight
- Underweight

3 Assess Readiness for Change

How concerned are you about your child's weight?

1	2	3	4	5	6	7	8	9	10
Not at all			Somewhat				Very		

How ready are you to make changes in your child and family's behaviors in eating, nutrition and activity?

1	2	3	4	5	6	7	8	9	10
Not at all			Somewhat				Very		

Ask the parent and/or the patient each question, circle their response, and record in the box to the right.

CONCERN

- Not at all concerned
- Somewhat concerned
- Very concerned

READINESS

- Not at all ready
- Somewhat ready
- Very ready

4 History and Physical Examination

REVIEW OF SYSTEMS

Concern for possible underlying disease:

- Headache
- Amenorrhea

Concern for possible co-morbidities:

- Headache
- Snoring, daytime somnolence
- Abdominal pain
- Polydipsia or polyuria
- Absent, delayed or irregular menses
- Hip or knee pain, limping
- Hirsutism or excessive acne
- Depression, anxiety, sleep disturbance
- School avoidance, social isolation
- Binge eating, vomiting

PHYSICAL EXAMINATION

Concern for possible underlying disease:

- Small stature or decreasing height velocity
- Cushingoid facies
- Goiter
- Undescended testes, small genitalia
- Dysmorphic features, small hands and feet

Concern for possible co-morbidities:

- Elevated blood pressure
- Papilledema
- Tonsillar hypertrophy
- Hepatosplenomegaly
- Limited hip range of motion, limping
- Lower leg bowing
- Acanthosis nigricans, purple striae

Concern for underlying disease or organic cause of obesity on history or physical exam?

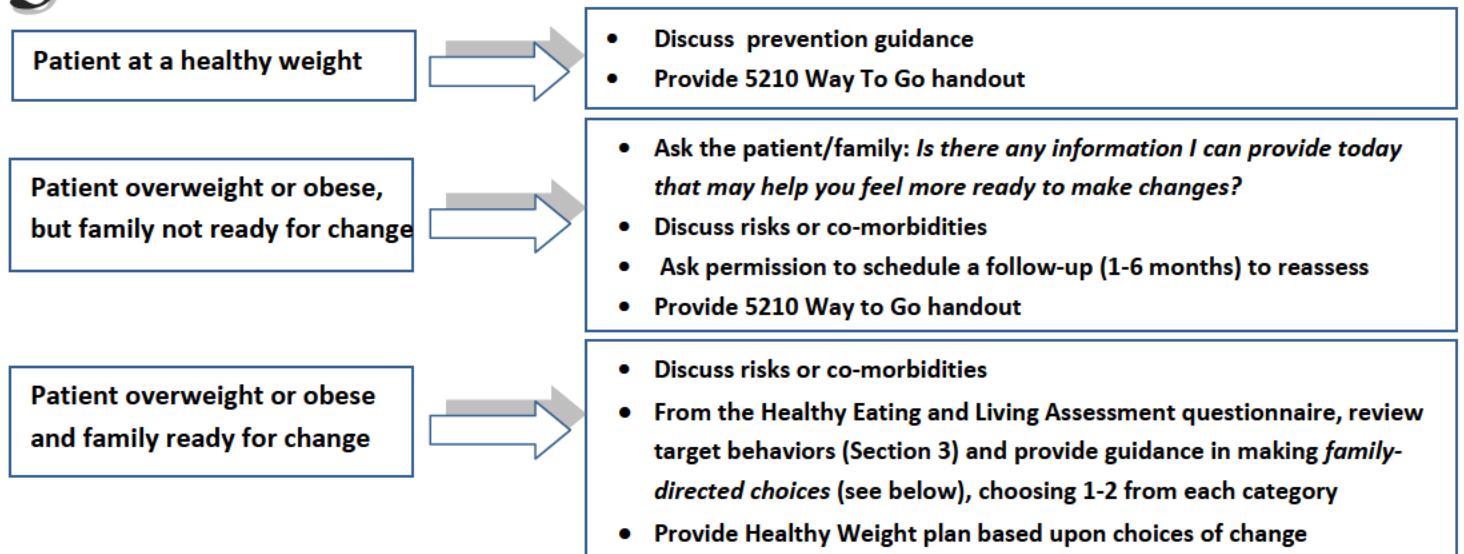
Yes No

Concern for co-morbidities on history or physical exam?

Yes No

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5 Intervention



Food

- Eat at least 5 fruits and vegetables each day
- Eat breakfast daily
- Reduce or skip snacks, or snack only on fruits or vegetables
- Decrease portion sizes by using smaller plates, keeping portion size smaller than your child's fist
- Decrease desserts, candy and "junk foods"
- Gradually adjust recipes to decrease sugar and fat, and increase fiber and whole grains
- Prepare less food and remove extras from the table
- Eliminate second helpings or limit to fruits or vegetables
- Eat together as a family
- Eliminate sweetened beverages (sweet tea, soda, sports drinks, fruit punch, lemonade, sweetened coffee drinks)
- Drink more water
- Limit 100% fruit juice to less than 6 ounces a day
- Switch to skim or 1% milk for children older than 2
- Wait for true physical hunger before eating (may require adjusting "normal" mealtimes)
- Stop eating when satisfied (rather than "full") and allow children to stop eating when they lose interest
- Limit eating out, especially at fast food restaurants.
- Eat only half or less of restaurant portions.
- Limit distractions like TV, computer, or phone during meals
- Other _____

Physical Activity

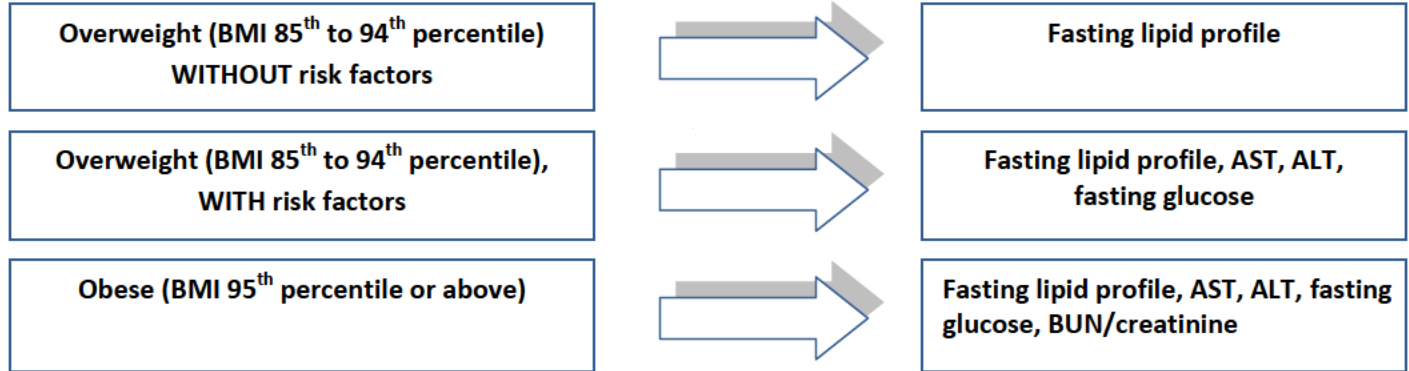
- Limit screen time (TV, video games, computer, I-pad) to less than 2 hours per day
- No screen time for children younger than 2
- Remove TV and computers from the child's bedroom
- Get at least 60 minutes of physical activity each day (Can be done in shorter segments throughout the day)
- Participate in active sports such as swimming, soccer, running, tennis, basketball, dance, karate, or cycling
- Walk or ride a bike instead of driving a car for short trips, including to school
- Be active together as a family
- Plan indoor activities for inclement weather
- Visit parks or playgrounds
- Other _____

For most patients, the goal is keeping weight the same, so that BMI lowers as height increases

For patients unresponsive to treatment or with a BMI > 99th percentile, consider gradual weight loss

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6 Laboratory Evaluation



LAB ORDERS: Lipid profile fasting/non-fasting Glucose fasting/non-fasting

AST/ALT BUN/Creatinine Hemoglobin A1C

Other _____

Fasting Glucose	<ul style="list-style-type: none"> • <100 – Recheck every 2 years • 100-125 – Pre-diabetes. Provide counseling. Consider oral glucose tolerance test, HbA1c. Recheck yearly • ≥126 – Diabetes. Refer to endocrine.
Random Glucose	<ul style="list-style-type: none"> • ≥200 – Diabetes. Refer to endocrine.
Hemoglobin A1C	<ul style="list-style-type: none"> • ≥7 – Refer to endocrine.
Fasting LDL	<ul style="list-style-type: none"> • <110 – Repeat every 5 years • 110-129 – Repeat in 1 year • 130-159 – Obtain complete family history. Provide low cholesterol diet (AHA “Step 1” Diet). Recheck 1 year. • ≥160 w/risks, or ≥190 w/o risks – Refer to cardiology or lipid/hypertension specialist
Fasting HDL	<ul style="list-style-type: none"> • ≥40 – Routine care. Recheck every 2 years. • <40 – Increase activity and omega-3 fats (flax/fish oil). Stop smoking. Decrease sugar intake, recheck 1 year.
Fasting Triglycerides	<ul style="list-style-type: none"> • <200 – Routine care. Recheck every 2 yrs. • 200-499 – Increase omega-3 intake. Decrease saturated fat, sugar. Recheck 1 year. • ≥500 – Refer to cardiology or lipid/hypertension specialist
Liver Function Tests	<ul style="list-style-type: none"> • ALT or AST 60-200 – Lifestyle modification. Recheck 3 mos. • ALT or AST >60 for 6 mos. Or >200 at any time – Refer to GI

Table adapted with permission from Eat Well Play More NC, North Carolina Chapter of the AAP

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7 Referrals/Resources

Consider referral if concerns for underlying organic illness, co-morbidities, BMI > 99th percentile or unresponsive to treatment

Referral Recommendations

Symptoms or Signs	Suspected Diagnosis	Appropriate Studies	Referral
Polydipsia, polyuria, weight loss, acanthosis nigricans	Type 2 Diabetes	Random glucose, fasting glucose, 2 hour GTT, urine ketones, HbA1c	Endocrine
Small Stature (decreasing height velocity), goiter	Hypothyroidism	Free T4, TSH	Endocrine
Hirsutism, excessive acne, menstrual irregularity	Polycystic Ovary Syndrome	Free testosterone	Adolescent medicine or Endocrine
Abdominal pain	GE Reflux, Constipation, Gall Bladder Disease	Medication trial for suspected reflux or constipation, ultrasound for GB disease	Gastroenterology
Hepatosplenomegaly, increased LFTs (ALT or AST >60 for 6 months or more)	Nonalcoholic Fatty Liver Disease	ALT, AST, bilirubin, alkaline phosphatase	Gastroenterology
Snoring, daytime somnolence, tonsillar hypertrophy, enuresis, headaches, elevated BP	Sleep Apnea, Hypoventilation Syndrome	Sleep Study	ENT or pulmonology
Hip or knee pain, limp, limited hip range of motion, pain walking	Slipped Capital Femoral Epiphysis	X-rays of hip	Orthopedics
Lower leg bowing	Blount Disease	X-ray of lower extremities and knees	Orthopedics
Severe headache, papilledema	Pseudotumor cerebri	Head CT Scan	Neurology or Neurosurgery
Depression, school avoidance, social isolation, sleep disturbances	Depression	Validated depression screen (PSC, MFQ)	Psychiatry or Psychology
Binge eating, vomiting	Bulimia	Validated screen for eating disorder	Psychiatry, psychology, eating disorders center
Dysmorphic features, small hands and feet, small genitalia, no menses, undescended testis	Prader-Willi Syndrome	Chromosomes for Prader-Willi Syndrome	Genetics

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HANDOUTS:

- | | |
|--|--|
| <input type="checkbox"/> 5210 Way To Go | <input type="checkbox"/> Promote Healthy Viewing |
| <input type="checkbox"/> Healthy Weight Plan | <input type="checkbox"/> Get One Hour |
| <input type="checkbox"/> CDC MyPlate | <input type="checkbox"/> Readiness for exercise |
| <input type="checkbox"/> U R What U Eat | <input type="checkbox"/> Think Your Drink |
| <input type="checkbox"/> Breakfast is Best | <input type="checkbox"/> Other _____ |

REFERRALS:

- | | |
|---|---|
| <input type="checkbox"/> Endocrinology | <input type="checkbox"/> Hypertension/Nephrology |
| <input type="checkbox"/> Gastroenterology | <input type="checkbox"/> Weight Management Clinic |
| <input type="checkbox"/> Cardiology | <input type="checkbox"/> Other _____ |
| _____ | |
| _____ | |

8 Follow-up

- 1 month 3 months 6 months Other _____