

Florida CHNA Kids Dietary Survey

Please answer these questions:

- 1- How do you evaluate your general health?
 - ☐ Excellent
 - ☐ Good
 - ☐ Fair
 - ☐ Poor
 - ☐ I don't know

- 2- How do you evaluate your teeth health?
 - ☐ Excellent
 - ☐ Good
 - ☐ Fair
 - ☐ Poor
 - ☐ I don't know

- 3- In the past year, how many times did you visit the dentist?
 - ☐ Twice and more
 - ☐ Only once
 - ☐ I never visited the dentist
 - ☐ I don't remember

- 4- How many times do you brush your teeth?
 - ☐ More than once daily
 - ☐ Once daily
 - ☐ 2-3 times per week
 - ☐ Never

5- How often do you eat the following food items?

	4-5 times daily	2-3 times daily	Once daily	2-3 times per week	Rarely	Never
Fruits						
Vegetables						
Junk food						
Sweets and cake						
Honey and jam						
Sugar- containing gum						
Non-sugar containing gum						
Soft drinks\ energy drinks						
Fresh juices (orange, etc.)						
Coffee or tea with sugar						
Coffee or tea without sugar						
Milk with sugar						
Milk without sugar						
Cheese						