



Please print clearly

Date:	Name: _____	Provider #: _____ <small>(if applicable)</small>
	Center Name: _____	Center #: _____ <small>(3 digits)</small>
	Address: _____	
	City: _____	State: _____ Zip: _____

Please fill out the test by hand.

1. Obesity is caused by:

a) Unhealthy eating	b) Sedentary lifestyle	
c) Hot weather	d) A & B	e) A & C

2. Which of the following is a healthy eating behavior?

a) Increase in portion size	b) Decrease in food eaten at home
c) Increase in fast food availability	d) Increase in time of family meals

3. To help your child eat right:
 - a) Never take food away when the child stops eating
 - b) Give a set small amount of time to eat
 - c) Offer small portion and let the child ask for more
 - d) Encourage skipping meals

4. Too much juice:

a) Replaces needed calcium	b) Gives more calories than needed
c) Promotes cavities when sipping juice	d) All of these e) None of these

5. Some fats are needed:

a) For energy	b) To use vitamins from food	c) proper brain development
d) A & B	e) A, B, & C	

6. Children need _____ minutes of physical activity on most days

a) 30 minutes	b) 60 minutes	c) 90 minutes	d) 2 hours
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7. Genetics alone explains the sudden increase in obesity:
 TRUE or FALSE



8. Dieting with children is highly recommended:

TRUE or FALSE

9. Children don't grow as fast in preschool years so they have smaller appetites:

TRUE or FALSE

10. % of Daily Value on a label is the amount in a serving compared to dietary recommendations:

TRUE or FALSE

11. List 5 ways to get moving outdoors:

- 1) _____
- 2) _____
- 3) _____
- 4) _____
- 5) _____

12. List 5 ways to get moving indoors:

- 1) _____
- 2) _____
- 3) _____
- 4) _____
- 5) _____

By signing and dating this form, you are agreeing that you have filled out this test to the best of your ability.

Signature

Date

Do not write below this line

DATE CREDIT IS ASSIGNED

PROGRAM REPRESENTATIVE

CREDIT HOURS