

# I commit to COUNT 5!



Please complete the COUNT 5! parent survey below.

**1. Choose the time that your child goes to bed at night.**

*(Check the closest time.)*

☐ 7:00 PM    ☐ 8:00 PM    ☐ 9:00 PM    ☐ 10:00 PM

**2. Do you and your child do anything special at bedtime every night?**

☐ read a book    ☐ talk/sing together  
☐ play a special game    ☐ say a prayer

**3. How long does your child play outside each day at home?**

☐ 15 minutes    ☐ 30 minutes    ☐ 1 hour    ☐ more than 1 hour

**4. What activity below is your child's favorite?**

☐ electronic devices    ☐ tv  
☐ toys    ☐ play with other children

**5. How many times per week does your family sit at the table and eat together?**

☐ 2    ☐ 4    ☐ 6    ☐ more than 6

**6. How many times per week does your child help prepare food or assist during mealtime?**

☐ 1    ☐ 2    ☐ 3    ☐ more than 3

**7. Does your child eat dinner at the same time every night?**

☐ every night    ☐ some nights    ☐ never

**8. Do you and your child read books together?**

☐ every day    ☐ some days    ☐ never

**9. Do you comfort your child everytime they cry?**

☐ always    ☐ sometimes    ☐ never

**10. What is your favorite way to show your child you love them?  
(choose one)**

☐ say "I love you"    ☐ buy them a toy  
☐ tell them no    ☐ setting an example

How old is your child(ren)? \_\_\_\_\_