

Name of Practice/Clinician  
Address #1  
Address #2

Name of Practice/Clinician  
Address #1  
Address #2

Name: \_\_\_\_\_

Date: \_\_\_\_\_

## 5-3-2-1-Almost None

**5** 5 or more servings of fruits and vegetables daily

**3** 3 structured meals daily—eat breakfast, less fast food, and more meals prepared at home

**2** 2 hours or less of TV or video games daily

**1** 1 hour or more of moderate to vigorous physical activity daily

**Almost None** Limit sugar-sweetened drinks to “almost none”



Adapted from the 5-2-1-0 message promoted by the National Initiative for Children's Healthcare Quality ([www.nichq.org](http://www.nichq.org))

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## Prescription for Health

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Date: \_\_\_\_\_

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