**FAST FOODS**

1. During the past week, did you eat fast foods?  
   - [ ] Yes  
   - [ ] No

2. Within the next week, how often will you eat fast foods?  
   - [ ] Same as before  
   - [ ] Less often

Please share with us how this workshop will help you and your family:

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________________________________________________________________________

(ITC 2/22/13: fast foods)