FRIED FOODS

1. During the past week, did you eat fried foods 2 or more times?  
   □ Yes  
   □ No

2. Within the next week, how often will you eat fried foods?  
   □ Same as before  
   □ Less often

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

________________________________________________________________________
________________________________________________________________________

(ITC 2/22/13: fried foods)