1. During the past week, did you eat or drink lower-fat milk products at least 2 times a day?
   - Yes
   - No

2. Within the next week, how often will you eat or drink lower-fat milk products?
   - Same as before
   - More often

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

____________________________________________________________________________________
____________________________________________________________________________________

(ITC 2/22/13: lower-fat milk)