PORTIONS

1. During the past week, did you choose a smaller amount of food or beverages at least 1 time? □ Yes □ No

2. Within the next week, how often will you choose a smaller amount of food or beverages? □ Same as before □ More often

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

________________________________________________________________________

________________________________________________________________________

(ITC 2/22/13: portions)