SWEET BEVERAGE

1. During the past week, did you drink a sweet beverage (regular sodas, sports drinks, fruit punches, teas, or other drinks sweetened with sugar) every day?
   - Yes
   - No

2. Within the next week, how often will you drink a sweet beverage?
   - Same as before
   - Less often

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

________________________________________________________________________

________________________________________________________________________

(ITC 2/22/13: sweet beverage)