

POST-SODABRIETY BEVERAGE SURVEY

Office of Borough President James S. Oddo



Thank you for taking part in our school's "Sodabriety Challenge!" We would like for you to complete this brief post challenge Beverage Survey.

School: _____ Grade: _____ Age: _____ Date: ____/____/____

1. I (or my family) now purchase more or less regular soda, sweetened tea/coffee, fruit drinks, sports drinks, energy drinks or other sweet drinks from:
 - a. More/ Less Vending Machines at School
 - b. More/ Less Local or Corner Store
 - c. More/ Less Grocery Store/Super Market
 - d. More/ Less School Cafeteria
 - e. More/ Less School's Snack Room
 - f. More/ Less I bring them to school from home
 - g. More/ Less I do not drink any sweetened drinks
2. I drink sweetened drinks such as soda, sweetened tea/coffee, fruit drinks, sports drinks or energy drinks:
 - a. _____ Every day
 - b. _____ At least 5 days a week
 - c. _____ 3-4 times a week
 - d. _____ 1-2 times a week
 - e. _____ Less than once a week
 - f. _____ Never- I do not drink Sweetened drinks
3. I now drink _____ cups of WATER every day
4. I now drink more/less (circle one) water than I did at the start of the challenge.
5. Please state if you drink more, less or the same amount of each of the beverages as compared to the start of the Sodabriety Challenge (circle one):
More/ Less Water
More/ Less Low fat or Skim Milk
More/ Less Diet or Sugar-Free Soda
More/ Less Fruit Juices
More/ Less Sweetened Tea/Coffee
More/ Less Sports Drinks/Flavored Water
More/ Less Regular Soda
More/ Less Energy Drinks
6. In what manner have your beverage choosing habits changed? _____

7. Drinking healthy beverages is more important to me now: _____ YES _____ NO
8. Drinking healthy beverages can be made easier by:

