

# PRE-SODABRIETY BEVERAGE SURVEY

Office of Borough President James S. Oddo



Thank you for agreeing to participate in our school's "Sodabriety Challenge!" To begin, we would like for you to complete this brief Beverage Survey.

---

School: \_\_\_\_\_ Grade: \_\_\_\_\_ Age: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

1. I (or my family) get regular soda, sweetened tea/coffee, fruit drinks, sports drinks, energy drinks or other sweet drinks from: (Check all that apply)
  - a. \_\_\_\_\_ Vending Machines at School
  - b. \_\_\_\_\_ Local or Corner Store
  - c. \_\_\_\_\_ Grocery Store/Super Market
  - d. \_\_\_\_\_ School Cafeteria
  - e. \_\_\_\_\_ School's Snack Room
  - f. \_\_\_\_\_ I bring them to school from home
  - g. \_\_\_\_\_ I do not drink any sweetened drinks
  - h. \_\_\_\_\_ Other \_\_\_\_\_
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 usually drink \_\_\_\_\_ cups of WATER every day
4. I usually drink water from: \_\_\_\_\_ the sink, or drinking fountain \_\_\_\_\_ bottled water
5. I usually drink \_\_\_\_\_ SWEETENED DRINKS per Day
6. Please rank your favorite drinks: "1" = Most Favorite Drink, "2" = next favorite, etc.  
\_\_\_\_\_ Water  
\_\_\_\_\_ Low fat or Skim Milk  
\_\_\_\_\_ Diet or Sugar-Free Soda (Name your favorite \_\_\_\_\_ )  
\_\_\_\_\_ Fruit Juices (Name your favorite \_\_\_\_\_ )  
\_\_\_\_\_ Sweetened Tea/Coffee (Name your favorite \_\_\_\_\_ )  
\_\_\_\_\_ Sports Drinks/Flavored Water (Name your favorite \_\_\_\_\_ )  
\_\_\_\_\_ Regular Soda (Name your favorite \_\_\_\_\_ )  
\_\_\_\_\_ Energy Drinks (Name your favorite \_\_\_\_\_ )  
\_\_\_\_\_ Other \_\_\_\_\_
7. Which sweetened beverage do you drink most often? \_\_\_\_\_
8. Drinking healthy beverages is important to me: \_\_\_\_\_ YES \_\_\_\_\_ NO
9. The school has healthy drink options available. \_\_\_\_\_ YES \_\_\_\_\_ NO