



What Do You Drink?



Please Fill Bubble Completely. Example:

1. How many containers/glasses of these items did you drink in the last 24 hours?					
Drink Items	None	1	2	3	4 or more
Regular Sodas: cola, lemon-lime, other (DO NOT include diet sodas)	<input type="radio"/>				
Diet Drinks: no-calorie, reduced-calorie, sugar-free	<input type="radio"/>				
Sweetened Drinks/Teas: Snapple®, Kool-Aid®, Sunny Delight®, Tampico®, boba, Arizona®, Sobe®, other brands	<input type="radio"/>				
Sports Drinks: Gatorade®, Powerade®, Propel®, vitaminwater®	<input type="radio"/>				
Energy Drinks: Red Bull®, Monster®, Rockstar®, other	<input type="radio"/>				
Coffee Drinks: mochas, Frappuccinos®, lattes, coffee with cream/sugar	<input type="radio"/>				
Blended Drinks: smoothies, milkshakes, licuado, other	<input type="radio"/>				
100% Juice (DO NOT include Sunny Delight®, Tampico®, other juice drinks)	<input type="radio"/>				
Milk: Whole, 2%, 1%, fat free, & other milks	<input type="radio"/>				
Flavored Milk: Whole, 2%, 1%, fat free chocolate, vanilla, strawberry. Include flavored soy, almond, and rice milks.	<input type="radio"/>				
Water: Tap, bottled, sparkling, drinking fountain (DO NOT include flavored waters with calories)	<input type="radio"/>				

2. What drinks are usually available in your home or school? (mark all that apply)					
Drink Items	Home	School	Drink Items	Home	School
Regular sodas	<input type="radio"/>	<input type="radio"/>	Coffee drinks	<input type="radio"/>	<input type="radio"/>
Diet drinks	<input type="radio"/>	<input type="radio"/>	Blended drinks	<input type="radio"/>	<input type="radio"/>
Sweetened drinks/teas	<input type="radio"/>	<input type="radio"/>	100% Juice	<input type="radio"/>	<input type="radio"/>
Sports drinks	<input type="radio"/>	<input type="radio"/>	Milk	<input type="radio"/>	<input type="radio"/>
Energy drinks	<input type="radio"/>	<input type="radio"/>	Bottled water	<input type="radio"/>	<input type="radio"/>

3. What drink do you choose most often when eating out? (mark only one)

Regular sodas
 Sweetened drinks/teas
 100% Juice
 Blended drinks
 Diet drinks
 Coffee drinks
 Milk
 Water

4. How often do you read the Nutrition Facts label when choosing your drink?

Never
 Sometimes
 Usually
 Always

5. When you drink milk, what type of milk do you usually drink? (mark only one)

Fat free
 Whole milk
 Never or rarely drink milk
 1% Low fat
 Flavored milk: vanilla, chocolate, etc.
 Don't know/Not sure
 2% Reduced fat
 Other (specify):

Respondent Information:

9th Grade
 11th Grade
 10th Grade
 12th Grade

School Name:

Male
 Female

