



# What Are My Influences?

Name: \_\_\_\_\_ Date: \_\_\_\_\_

**Directions:** List up to three beverages you have consumed within the past 24-48 hours. Include when you usually consume this beverage, the main reason(s) for choosing them, the influence, and if the influence is internal or external.

<b>BEVERAGE</b> <i>Name, Where Consumed,  Time Consumed</i>	<b>REASONS</b> <i>for choosing the beverage</i>	<b>INFLUENCES</b> <i>(I) Internal &amp; (E) External</i>
1.		
2.		
3.		

What are the top three influences on your beverage choices?

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_

Now that you are aware of these influences, what can you do differently to make healthier choices?



For CalFresh information, call 1-877-847-3663. Funded by USDA SNAP, an equal opportunity provider and employer. Visit [www.cachampionsforchange.net](http://www.cachampionsforchange.net) for healthy tips.