Form Approved OMB Form No. 0917-0036 Expiration Date:

Sugar Shockers Health Campaign Survey Education and Community Outreach (ECO) Team Catawba Service Unit

Date: Age: Tribe: Catawba None Other:		_	sports or energy drinks? Do NOT include diet soda, sugar free drinks, or 100% juice. None 1-2 times 3-4 times 5 or more				
				Gender: Male Female 1. How often do you drink regular soda or pop		5.	Why do you drink regular sodas or sugar- sweetened drinks? (check all that apply) ☐ Taste ☐ Caffeine ☐ Refreshment
					that contains sugar, such as Coke, Pepsi, or Sprite? Do NOT include diet soda. per day		□ Brand Loyalty□ I do not drink regular sodas or sugar-sweetened drinks
	per week per month	6.	Are you willing to drink water as an alternative if regular sodas or sugar-sweetened beverages are not available? Yes				
2.	How often do you drink sugar-sweetened fruit drinks (such as Kool-aid or lemonade), sweet tea, and sports or energy drinks (such as Gatorade and Red Bull)? Do NOT include diet soda, sugar free drinks, or 100% juice.		☐ No If no, why not?				
	per day per week per month	7.	In the past 3 months, have you changed how many regular sodas or sugarsweetened beverages you drink each day? Cut down				
3.	During the past 7 days, how many times did you drink a can, bottle or glass of regular soda or pop that contains sugar? Do NOT include diet soda.		☐ Increased☐ No change☐ I do not drink regular sodas or sugar-sweetened beverages				
	☐ 1-2 times ☐ 3-4 times ☐ 5 or more	8.	In the last 3 months, have you considered cutting down the number of regular sodas or sugar-sweetened beverages you drink each day?				
4.	During the past 7 days, how many times did you drink a can, bottle or glass of sugar- sweetened fruit drinks, sweet tea, and		☐ Yes☐ No☐ I do not drink regular sodas or sugar-sweetened beverages				

According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0917-0036. The time required to complete this information collection is estimated to average five minutes per response, including the time to review instructions, search existing data resources, gather the data needed, and complete and review the information collection. If you have comments concerning the accuracy of the time estimate(s) or suggestions for improving this form, please write to: U.S. Department of Health & Human Services, OS/OCIO/PRA, 200 Independence Ave., S.W., Suite 336E, Washington D.C. 20201, Attention: PRA Reports Clearance Officer.

9.	Do you believe that drinking regular soda or sugar-sweetened beverages can affect your health?			
	Yes			
	□ No			
	☐ I don't know If yes, how can it affect your health?			
	if yes, now carrit affect your fleatur:			