

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

Date:

Age:

Tribe: Catawba None Other:

Gender: Male Female

1. How often do you drink regular soda or pop that contains sugar, such as Coke, Pepsi, or Sprite?

Do **NOT** include diet soda.

____ per day
____ per week
____ per month

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.

____ per day
____ per week
____ per month

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.

- None
 1-2 times
 3-4 times
 5 or more

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

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

5. Why do you drink regular sodas or sugar-sweetened drinks? (check all that apply)

- Taste
 Caffeine
 Refreshment
 Brand Loyalty
 I do not drink regular sodas or sugar-sweetened drinks

6. Are you willing to drink water as an alternative if regular sodas or sugar-sweetened beverages are not available?

- Yes
 No

If no, why not?

7. In the past 3 months, have you changed how many regular sodas or sugar-sweetened beverages you drink each day?

- Cut down
 Increased
 No change
 I do not drink regular sodas or sugar-sweetened beverages

8. In the last 3 months, have you considered cutting down the number of regular sodas or sugar-sweetened beverages you drink each day?

- Yes
 No
 I do not drink regular sodas or sugar-sweetened beverages

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?
