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

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

Date:						sports or energy drinks? Do NOT include diet soda, sugar free drinks, or 100% juice.		
_ Age:						☐ None ☐ 1-2 times ☐ 3-4 times		
Tribe: Catawba None Other: Gender: Male Female					_	☐ 5 or more		
					5.	Why do you drink regular sodas or sugar- sweetened drinks? (check all that apply) ☐ Taste ☐ Caffeine		
1.	that c Sprite Do N C	ontains sugar ? DT include die per day			☐ Refreshment☐ Brand Loyalty☐ I do not drink regular sodas o sugar-sweetened drinks	٢		
		per week per mont			6.	. Are you willing to drink water as an alternative if regular sodas or sugar-sweetened beverages are not available	?	
2.	fruit d sweet as Gat diet so	tea, and spo torade and Re oda, sugar fre	s Kool-aid orts or enered Bull)? D	r-sweetened or lemonade), gy drinks (such o NOT include or 100% juice.		☐ Yes ☐ No If no, why not? ————		
		per day per week per mont			7.	 In the past 3 months, have you changed how many regular sodas or sugar- sweetened beverages you drink each da ☐ Cut down 		
3.	you di soda d includ	rink a can, boor pop that colled diet soda. None	ttle or glas			☐ Increased☐ No change☐ I do not drink regular sodas or sugar-sweetened beverages		
		1-2 times 3-4 times 5 or more			8.	cutting down the number of regular soc or sugar-sweetened beverages you drin each day?	das	
4.	you d	g the past 7 d rink a can, bo ened fruit dri	ttle or glas	-		☐ 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.

sugar-sweetened beverages can affect your health?				
☐ Yes				
□ No				
☐ I don't know				
If yes, how can it affect your health?				