



# 2018 SURVEY



## 1. Which drinks are sugar-sweetened beverages? (Select ALL that apply)

- ☐ Energy Drinks  
(Red Bull, Monster)
- ☐ Flavored Water  
(Vitamin Water, Capri Sun)
- ☐ Soda  
(Coke, Pepsi, 7-Up)
- ☐ Fruit Drinks  
(not 100% juice) such as  
Kool Aid, Hi-C, Sunny Delight
- ☐ Sweet Tea  
(Arizona, Snapple, Nestea)
- ☐ Sports Drinks  
(Powerade, Gatorade)

## 2. Is soda the #1 source of sugar and calories in the American diet?

- ☐ Yes
- ☐ No
- ☐ I don't know

## 3. In the past seven days, how often did you drink a sugar-sweetened beverage? (Select only ONE)

Examples: Energy drinks (Red Bull, Monster), fruit drinks (not 100% juice), flavored water (Vitamin Water, Capri Sun), Soda, Sports Drinks (Gatorade), Sweetened Iced Teas or Sweet Tea.

- ☐ Never
- ☐ 1-3 beverages this week
- ☐ 4-6 beverages this week
- ☐ 1 beverage per day
- ☐ 2 beverages per day
- ☐ 3 beverages per day
- ☐ 4 or more beverages per day

## 4. At home, which ONE beverage do you drink the most? (Select only ONE)

- ☐ Milk (Low-fat, 1% or 2%)
- ☐ Milk (Whole)
- ☐ Sports Drinks
- ☐ Energy Drinks
- ☐ Juice
- ☐ Soda
- ☐ Sweet Tea
- ☐ Unsweetened Tea
- ☐ Water (Tap, Bottled, Bubbly, Filtered, or Infused, with no added sugar)
- ☐ Other

5. At school or work, which ONE beverage do you drink the most, excluding drinks you bring with you? (Select only ONE)

☐ Milk (Low-fat, 1% or 2%)

☐ Milk (Whole)

☐ Sports Drinks

☐ Energy Drinks

☐ Juice

☐ Soda

☐ Sweet Tea

☐ Unsweetened Tea

☐ Water (Tap, Bottled, Bubbly, Filtered, or Infused, with no added sugar)

☐ Other \_\_\_\_\_

6. In the past seven days, how often did you drink water? (Select only ONE)

Can include: tap water, bubbly water, filtered water, bottled water, or infused water with no added sugar.

☐ Never

☐ 1-3 glasses this week

☐ 4-6 glasses this week

☐ 1 glass per day

☐ 2 glasses per day

☐ 3 glasses per day

☐ 4 or more glasses per day

7. What is your favorite way to enjoy water?

☐ Tap

☐ Bottle

☐ Filtered

☐ Bubble

☐ Fruit

8. Will you drink more water after this experience?

☐ Yes

☐ No

## DEMOGRAPHIC INFO

Zip Code \_\_\_\_\_

Age \_\_\_\_\_

Gender ☐ Male ☐ Female

Are you the parent of a child younger than 18?

☐ Yes

☐ No

