

Rethink Your Drink

Participant PRE-Survey

Please answer the questions below before you complete the Rethink Your Drink experience.

1. What is your name? _____

2. What is today's date? __/ __/ ____ MM DD YYYY

3. Please circle the number that best represents your current knowledge of the topic below:

	Low		Medium High		Not applicable	
Alternative, sneaky names for sugar	1	2	3	4	5	6

4. Please circle the number that best represents your confidence that you can do the following:

	Not at all confident		Somewhat confident		Very Confident	Not applicable
Identify sugary drinks by reading the Nutrition Facts label or ingredients list	1	2	3	4	5	6
Replace sugary drinks with healthy, low-sugar alternatives	1	2	3	4	5	6
Make a healthy, low-sugar beverage at home	1	2	3	4	5	6



Rethink Your Drink

Participant POST-Survey

Please answer the questions below *after* you complete the *Rethink Your Drink* experience.

1. What is your name? _____

2. Please circle the number that best represents your **current knowledge** of the topic below:

	Low		Medium		High	Not applicable
Alternative, sneaky names for sugar	1	2	3	4	5	6

3. After participating in the *Rethink Your Drink* experience, please circle the number below that best represents your **confidence** that you can do the following:

	Not at all confident		Somewhat confident		Very Confident	Not applicable
Identify sugary drinks by reading the Nutrition Facts label or ingredients list	1	2	3	4	5	6
Replace sugary drinks with healthy, low-sugar alternatives	1	2	3	4	5	6
Make a healthy, low-sugar beverage at home	1	2	3	4	5	6

4. Please rate the **quality of your overall experience** with the *Rethink Your Drink*. Circle your choice below.

Poor	Below Average	Average	Average Average		Undecided
1	2	3	4	5	6

5. How likely are you to **recommend** the *Rethink Your Drink* experience to a friend, family member, or coworker? Circle your choice below.

Extremely unlikely	Unlikely	Neutral	Likely	Extremely likely	Undecided
1	2	3	4	5	6