

Soft drinks questionnaire

Age:

Male/Female:

1. Do you drink soft drinks?

Yes ☐ No ☐

2. How often do you drink soft drinks / juice?

Daily	2-3 times per week	occasionally	seldom	never
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

3. Which brand (s) do you prefer?

4. Do you ever look at the ingredients on the label?

Yes ☐ No ☐

5. If so, does the list of ingredients influence your choice?

Yes ☐ No ☐

6. Does the price of soft drinks influence your choice of drink?

Yes ☐ No ☐

7. Which of the following do you prefer:

Carbonated drinks ☐

Energy drinks ☐

Flavored teas ☐

Flavored water ☐

8. If you were to host a family lunch, which soft drink would you purchase and why?

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