



What Are My Influences?

Name: _____ Date: _____

Directions: List up to three beverages you have consumed within the past 24-48 hours. Include when you usually consume this beverage, the main reason(s) for choosing them, the influence, and if the influence is internal or external.

BEVERAGE <i>Name, Where Consumed, Time Consumed</i>	REASONS <i>for choosing the beverage</i>	INFLUENCES <i>(I) Internal & (E) External</i>
1.		
2.		
3.		

What are the top three influences on your beverage choices?

1. _____
2. _____
3. _____

Now that you are aware of these influences, what can you do differently to make healthier choices?



For CalFresh information, call 1-877-847-3663. Funded by USDA SNAP, an equal opportunity provider and employer. Visit www.cachampionsforchange.net for healthy tips.