

SIP SMART! BC™ DRINK DIARY





















Name _____ Date _____



Did you have anything to eat or drink:

Before school?

























I had something to eat Yes No
 I had something to drink Yes (fill in table below) No (wait for teacher instruction)

Before school yesterday	Circle the type of container it came in:	Circle the size of your drink:	How many?
	     	S M L XL	
	     	S M L XL	
	     	S M L XL	



When you were at school? (Remember to include recess and lunchtime!)

I had something to eat Yes No
 I had something to drink Yes (fill in table below) No (wait for teacher instruction)

























At school yesterday	Circle the type of container it came in:	Circle the size of your drink:	How many?
	     	S M L XL	
	     	S M L XL	
	     	S M L XL	
	     	S M L XL	

Did you have drinks from the water fountain? Yes No



After school (Did you have anything while you were at an activity, during an evening meal or with a bedtime snack?)

I had something to eat Yes No
 I had something to drink Yes (fill in table below) No (wait for teacher instruction)

After school yesterday	Circle the type of container it came in:	Circle the size of your drink:	How many?
	     	S M L XL	
	     	S M L XL	
	     	S M L XL	
	     	S M L XL	