SIP SMART! BC™ DRINK DIARY

EXAMPLE

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	