

Activity 1. Drink Report III (5 mins)

Key Messages

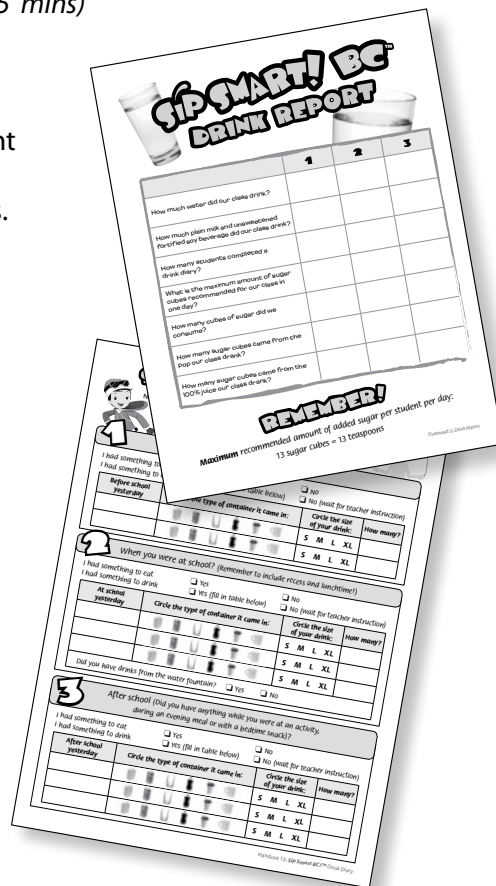
- The number and size of servings we drink affect the amount of sugar we consume.
- Knowing what is in drinks helps us to make healthy choices.

Objectives

- To compare the results of the **Sip Smart! BC™ Drink Diary** from the start of the program to the present.

Preparation

- Calculate the results of the third **Sip Smart! BC™ Drink Diary** using the *Drink Diary Calculator*. This calculates the added sugar in drinks, and the sugar in juice reported by students for 1 day.
- Fill in Overhead 3: *Drink Report*.
- Review Assessment: **Sip Smart! BC™ Drink Diary**.
- **Note:** This lesson assumes students will have completed 1 **Sip Smart! BC™ Drink Diary** and their reports have been summarized. For additional details see Lesson 1, Activity 3.



Activity

Level 1 and Level 2

- Report results of the last **Sip Smart! BC™ Drink Diary** to the students using Overhead 3: *Drink Report*.
- Discuss results. Example: discuss that many factors may influence results, such as students becoming more aware of what they are drinking as compared to the beginning of the program, and are reporting more accurately as a result. Changes in weather or season may influence drink choices also; hot chocolate vs. lemonade and iced tea.
- Compare the results of **Sip Smart! BC™ Drink Diary** I, II and III.
- Discuss decreases in consumption of sugary drinks and/or any increases in healthy choices.

Assessment

You can assess student completion of the third Handout 13: **Sip Smart! BC™ Drink Diary**, by using the assessment tool **Sip Smart! BC™ Drink Diary**.

The Punchline!

Given what our class is drinking, it looks like we:

- generally have enough water to have healthy bodies.
- seem to be making different (healthier?) drink choices.
- may be choosing (or not) smaller sizes of drinks.
- could be reading labels before choosing a drink.

You will need to draw out learnings from the data on the report. The above are examples.

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	



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	

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	



SIP SMART! BC™ DRINK REPORT

	1	2	3
How much water did our class drink?			
How much plain milk and unsweetened fortified soy beverage did our class drink?			
How many students completed a drink diary?			
What is the maximum amount of sugar cubes recommended for our class in one day?			
How many cubes of sugar did we consume?			
How many sugar cubes came from the pop our class drank?			
How many sugar cubes came from the 100% juice our class drank?			

REMEMBER!

Maximum recommended amount of added sugar per student per day:
13 sugar cubes = 13 teaspoons

Teacher Assessment Tool
→ Sip Smart! BC™ Drink Diary

Level 1 and Level 2

Name: _____

	Always (2 pts.)	Sometimes (1 pt.)	Never (0 pt.)
Checks off food intake			
Checks off drink intake			
States specific drink category			
Circles type of container			
Circles size of drinks			
States number of drinks			
Score	_____ / 12		



Teacher Assessment Tool
→ Sip Smart! BC™ Drink Diary

Level 1 and Level 2

Name: _____

	Always (2 pts.)	Sometimes (1 pt.)	Never (0 pt.)
Checks off food intake			
Checks off drink intake			
States specific drink category			
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Score	_____ / 12		