

Activity 1. Drink Report II (5 mins)

Key Messages

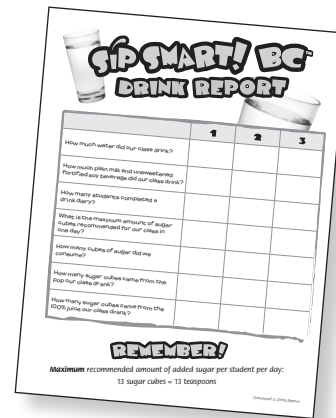
- The number and size of servings we drink affect the amount of sugar we consume.
- Knowing what is in drinks helps us to make healthy choices.

Objectives

- To discuss the implications of the Drink Diary report.

Preparation

- Calculate the results of the second **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*.
- Copy Handout 13: **Sip Smart! BC™ Drink Diary** for each student.
- **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 last **Sip Smart! BC™ Drink Diary** to the students using Overhead 3: *Drink Report*.
- Discuss results. For example: encourage class to increase consumption of plain milk or unsweetened fortified soy beverage (if needed), limit sugary drinks (if needed), etc.
- Compare the results of **Sip Smart! BC™ Drink Diary I** and **II**.
- Discuss if the class has reached their goal.
- Distribute Handout 13: **Sip Smart! BC™ Drink Diary** and ask students to fill in **Sip Smart! BC™ Drink Diary III**. (For details, see Lesson 1 or the *Drink Diary Backgrounder*)
- If you sent home the **Sip Smart! BC™ Booklet** and Handout 18: *Crossword Puzzle* at the end of Lesson 2, take a few minutes to discuss the answers with the students. Handout 19: *Crossword Puzzle (Answer Key)* can also be made into an overhead. See *Answer Key* in Lesson 2, Resources section.
- **The Drink Diary Calculator makes it easy to summarize class results!** For details, see Lesson 1 or the *Drink Diary Backgrounder*.

Activity Tips

Congratulate the class on any decrease in consumption of sugary drinks and on any increase in healthy choices.

If there is no progress toward positive goals, ask students why they think this is so.

The Punchline!

Now that we see what our class is drinking, how well are we progressing toward achieving our goal? Should we...

- drink more water or more plain milk/unsweetened fortified soy beverage?
- drink fewer sugary drinks?
- celebrate our great drinking habits?

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

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	