

| HEALTHY LIVING CALIFORNIA | LOWER-FAT MILK |
|---|------------------------------|
| 1. During the past week, did you eat or drink lower-fat milk products at least 2 times a day? | ☐ Yes ☐ No |
| 2. Within the next week, how often will you eat or drink lower-fat milk products? | ☐ Same as before☐ More often |
| Please share with us how this workshop will help y | ou and your family: |