



## VEGETABLES

**1. During the past week, did you eat more than 1 kind of vegetable each day?**  Yes  
 No

**2. Within the next week, how often will you eat more than 1 kind of vegetable each day?**  Same as before  
 More often

**Please share with us how this workshop will help you and your family:**

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(ITC 2/22/13: vegetables)



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