



Rethink Your Drink  
Participant PRIS Survey

Please answer the questions below before complete the Rethink Your Drink experience.

1. What is your name? \_\_\_\_\_

2. What is today's date? \_\_ / \_\_ / \_\_\_\_  
MM DD YY

3. Please circle the number that best represents your current knowledge of the topic below:

Low

Medium

