

# Mott Poll Questions



## *Caffeine & Teens*

*The following questions were answered by parents with teens age 13-18 years old.*

Q1. How often does your [x]-year-old child consume products with caffeine, in a typical week?

1. Every day (7 days)
2. Most days (4-6 days)
3. A few days (1-3 days)
4. None
5. Unsure

*[If Q1 = 1, 2, 3 or 5]*

Q2. Which products with caffeine does your [x]-year-old child consume? *Select all that apply.*

1. Coffee
2. Soda
3. Energy drink
4. Tea
5. Caffeinated water
6. Hot chocolate, cocoa, other

*[If Q1 = 1, 2, 3 or 5]*

Q3. Where does your [x]-year-old child usually consume products with caffeine? *Select all that apply.*

1. Home
2. School
3. Out with friends
4. Dining out
5. Unsure

*[If Q1 = 1 or 2]*

Q4. Why do you think your [x]-year-old child drinks caffeine? *Select all that apply.*

1. Early school start
2. Favorite products have it
3. To stay awake during the day
4. To help with studying/focus
5. Other teens drink same products
6. Taste
7. No particular reason

[If Q1 = 3 or 4]

Q5. Why do you think your [x]-year-old child does not drink caffeine more often? *Select all that apply.*

1. Trying to be healthy
2. Don't want to disrupt sleep
3. Prior problems with too much caffeine
4. Don't usually have caffeinated drinks at home
5. Religious beliefs
6. No particular reason

Q6. How often do you look at caffeine amounts when buying beverages for your [x]-year-old child?

1. Often
2. Sometimes
3. Rarely

Q7. What do you think is the recommended daily amount of caffeine for teens?

1. Less than 400 mg
2. Less than 300 mg
3. Less than 200 mg
4. Less than 150 mg
5. Less than 100 mg
6. Less than 50 mg

Q8. How much do you agree with the following?

	Agree	Unsure	Disagree
a. I know which products have too much caffeine.			
b. I know whether my teen is consuming too much caffeine.			

Q9. In the past year, has your [x]-year-old child tried to cut back on caffeine?

1. Yes
2. No
3. Unsure

Q10. Have you heard about the risks of highly caffeinated products (like Panera Charged Lemonade, CELSIUS Heat, Starbucks Venti hot coffee)?

1. Yes
2. No

Q11. Has your [x]-year-old child heard about the risks of too much caffeine from any of the following? *Select all that apply.*

1. Parents or other family members
2. Teachers, coaches or other school staff
3. Healthcare provider
4. None of the above

Q12. In a typical week, how often do **you** consume products with caffeine?

1. Every day (7 days)
2. Most days (4-6 days)
3. A few days (1-3 days)
4. None
5. Unsure

Q13. In the past year, have you tried to cut back on caffeine?

1. Yes
2. No

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**C.S. Mott Children's Hospital National Poll on Children's Health**

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