

TAKE CHARGE WORKSHEET 33 – Caffeine Countdown

NAME: _____

DATE: _____

DIRECTIONS: Write in the space provided under each item below.

1. In order of “most caffeine” to “least caffeine,” list the following sources of caffeine in the correct order. Each drink would be 8 ounces.

The choices are:

- hot or cold chocolate milk,
- black tea,
- automatic drip coffee,
- carbonated citrus soft drinks,
- instant coffee,
- one chocolate candy bar,
- carbonated cola soft drinks,
- espresso drinks,
- green tea,
- decaffeinated coffee.



The product with the *most* caffeine is: _____ (most)

_____ (least)

2. Write down the times of day and reasons you consume caffeine.

3. From the list below, check any changes you have noticed since using caffeine.

_____ more frequent urination

_____ increased stomach upset

_____ increased snacking

_____ increased nervousness or anxiety

_____ difficulty getting to sleep at night

_____ irritability

_____ other (write in) _____

4. List five alternative foods and/or beverages that you could substitute to help reduce your caffeine consumption.

5. If you decide to decrease or stop caffeine consumption, what time of day would be best to delay or eliminate caffeine consumption?