

# Do you drink enough water ?

This survey is conducted to perform a statistical analysis for educational purpose.

**\*Required**

**1. What is your gender ? \***

*Mark only one oval.*

- ☐ Male  
☐ Female

**2. What is your age ? \***

*Mark only one oval.*

- ☐ below 20  
☐ 20 - 30  
☐ 30 - 40  
☐ Above 40

**3. Do you drink water, as soon as you get up in the morning as a habit ? \***

*Mark only one oval.*

- ☐ Yes  
☐ No

**4. Do you keep a cup/bottle of water on your desk to sip on while you work ? \***

*Mark only one oval.*

- ☐ Yes  
☐ No

**5. Do you wait until you are thirsty to drink water ? \***

*Mark only one oval.*

- ☐ Yes  
☐ No

**6. Do you drink milk or fruit juice daily ? \***

*Mark only one oval.*

- ☐ Yes  
☐ No

**7. Do you Exercise or work out regularly? \***

*Mark only one oval.*

- ☐ Yes  
☐ No

8. **Approximately how many glasses of water do you drink per day ? \***  
*Mark only one oval.*

1	2	3	4	5	6	7	8
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

