

Drop the Pop
2009-2010 Parent Survey

Please take a few minutes to answer the following questions about *Drop the Pop* at your child's school. Your answers to the following questions will be used to improve the project in the future. Your answers will be kept confidential and your name will not be included in any report.

Please have your child return the completed survey to their classroom teacher **before Friday, March 5th**.

Thank you for taking the time to complete this survey!

1.a) Have you heard about *Drop the Pop*?

Yes

No

b) If yes, how did you hear about *Drop the Pop*? (Check all responses that apply)

My child talks about it

Saw an ad in the newspaper

School sent information home

Heard about it on the radio

School sent store coupon home

Took part in a school event

Saw a poster

Other (Please describe)

2. Do you think your child drank more, less or the same amount pop and sugar sweetened beverages during *Drop the Pop* month?

More

Less

Same amount

3. Do you think you child ate more, less or the same amount of healthy foods, such as fresh fruits, vegetables or unsweetened drinks, during *Drop the Pop* month?

More

Less

Same amount

4. Did your child ask you to buy healthy foods, such as fresh fruits, vegetables or unsweetened drinks, for her/him to eat at school or at home during *Drop the Pop* month?

Yes

No

5. How do you think *Drop the Pop* could be improved?

Thank you!