

Program Surveys

Guideline



Sun Protection for Florida's Children Surveys

- Each survey (CHS, PHS, SAS, SPBC, SSN, Teacher) was given during the visits where it is indicated that surveys were administered.

Program Surveys

CHS

FIRST NAME

LAST NAME

TEACHER NAME

SCHOOL NAME

DATE

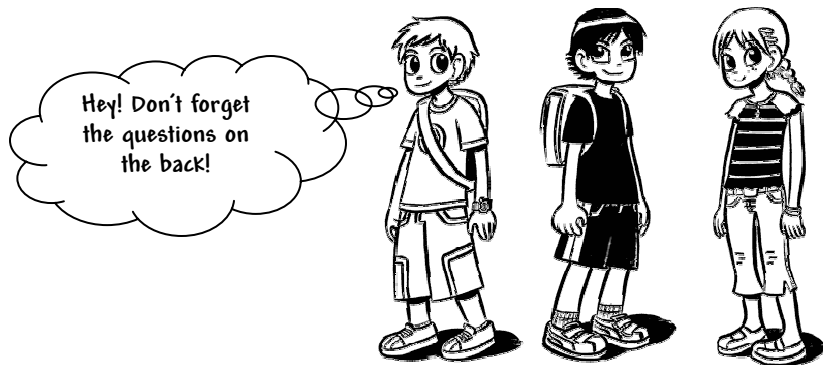
DIRECTIONS: Please read each question carefully and bubble in ● the answer (s) that best describes you. There are no right or wrong answers.

1. In your opinion, how important is it for you to learn about sun protection?

Extremely..... ☐
Somewhat..... ☐
Not at all..... ☐

2. What does your family use for sun protection?
(You may choose more than one answer)

Sunscreen..... ☐
Hat with a brim all the way around..... ☐
Sunglasses..... ☐
Long Sleeves..... ☐



SIDE 1 (CHS)

FIRST NAME

LAST NAME

TEACHER NAME

SCHOOL NAME

DATE

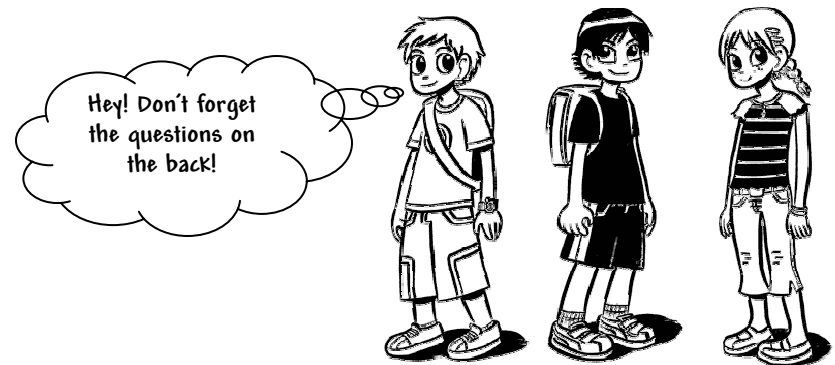
DIRECTIONS: Please read each question carefully and bubble in ● the answer (s) that best describes you. There are no right or wrong answers.

1. In your opinion, how important is it for you to learn about sun protection?

Extremely..... ☐
Somewhat..... ☐
Not at all..... ☐

2. What does your family use for sun protection?
(You may choose more than one answer)

Sunscreen..... ☐
Hat with a brim all the way around..... ☐
Sunglasses..... ☐
Long Sleeves..... ☐



SIDE 1 (CHS)

3. Do you use any of the items below before leaving home for school?

| | Yes | No |
|--------------------|-----------------------|-----------------------|
| Long Sleeves..... | <input type="radio"/> | <input type="radio"/> |
| Hat with Brim..... | <input type="radio"/> | <input type="radio"/> |
| Sunscreen..... | <input type="radio"/> | <input type="radio"/> |
| Sunglasses..... | <input type="radio"/> | <input type="radio"/> |

4. When you were outside playing this weekend or after school, how often did you wear a wide-brimmed hat?

| | |
|----------------|-----------------------|
| Always..... | <input type="radio"/> |
| Often..... | <input type="radio"/> |
| Sometimes..... | <input type="radio"/> |
| Rarely..... | <input type="radio"/> |
| Never..... | <input type="radio"/> |

5. If you wear a hat **while outside at times other than at school**, what kind of hat do you wear?

| | |
|---|-----------------------|
| Baseball cap..... | <input type="radio"/> |
| Visor..... | <input type="radio"/> |
| One with a brim all the way around..... | <input type="radio"/> |
| None..... | <input type="radio"/> |



SIDE 2 (CHS)

3. Do you use any of the items below before leaving home for school?

| | Yes | No |
|--------------------|-----------------------|-----------------------|
| Long Sleeves..... | <input type="radio"/> | <input type="radio"/> |
| Hat with Brim..... | <input type="radio"/> | <input type="radio"/> |
| Sunscreen..... | <input type="radio"/> | <input type="radio"/> |
| Sunglasses..... | <input type="radio"/> | <input type="radio"/> |

4. When you were outside playing this weekend or after school, how often did you wear a wide-brimmed hat?

| | |
|----------------|-----------------------|
| Always..... | <input type="radio"/> |
| Often..... | <input type="radio"/> |
| Sometimes..... | <input type="radio"/> |
| Rarely..... | <input type="radio"/> |
| Never..... | <input type="radio"/> |

5. If you wear a hat **while outside at times other than at school**, what kind of hat do you wear?

| | |
|---|-----------------------|
| Baseball cap..... | <input type="radio"/> |
| Visor..... | <input type="radio"/> |
| One with a brim all the way around..... | <input type="radio"/> |
| None..... | <input type="radio"/> |



SIDE 2 (CHS)

Program Surveys

PHS

CHILD'S FIRST NAME

CHILD'S LAST NAME

PARENT NAME

SCHOOL NAME

DATE

DIRECTIONS: Please read each question carefully and bubble in ● the answer (s) that best describes your child. There are no right or wrong answers.

1. In your opinion, how important is it for your child to learn about sun protection?

- Extremely..... ☐
- Somewhat..... ☐
- Not at all..... ☐

2. What does your family use for sun protection (you may choose more than one answer)?

- Sunscreen..... ☐
- Hat with a brim all the way around..... ☐
- Sunglasses..... ☐
- Long Sleeves..... ☐



SIDE 1 (PHS)

CHILD'S FIRST NAME

CHILD'S LAST NAME

PARENT NAME

SCHOOL NAME

DATE

DIRECTIONS: Please read each question carefully and bubble in ● the answer (s) that best describes your child. There are no right or wrong answers.

1. In your opinion, how important is it for your child to learn about sun protection?

- Extremely..... ☐
- Somewhat..... ☐
- Not at all..... ☐

2. What does your family use for sun protection (you may choose more than one answer)?

- Sunscreen..... ☐
- Hat with a brim all the way around..... ☐
- Sunglasses..... ☐
- Long Sleeves..... ☐



SIDE 1 (PHS)

3. If your child's school adopted a hat use policy would you support it by encouraging your child to wear a hat while outside at school.

Yes..... ☐

No..... ☐

4. Does your child use any of the items below before leaving home for school?

| | Yes | No |
|--------------------|-----------------------|-----------------------|
| Long Sleeves..... | <input type="radio"/> | <input type="radio"/> |
| Hat with Brim..... | <input type="radio"/> | <input type="radio"/> |
| Sunscreen..... | <input type="radio"/> | <input type="radio"/> |
| Sunglasses..... | <input type="radio"/> | <input type="radio"/> |

5. If your child wear a hat while outside at times **other than at school**, what kind of hat does he/she wear?

Baseball cap..... ☐

Visor..... ☐

One with a brim all the way around.... ☐

None..... ☐

6. When your child was outside playing this weekend or after school how often did he/she wear a wide-brimmed hat?

Always ☐

Often..... ☐

Sometimes..... ☐

Rarely..... ☐

Never..... ☐



SIDE 2 (PHS)

3. If your child's school adopted a hat use policy would you support it by encouraging your child to wear a hat while outside at school.

Yes..... ☐

No..... ☐

4. Does your child use any of the items below before leaving home for school?

| | Yes | No |
|--------------------|-----------------------|-----------------------|
| Long Sleeves..... | <input type="radio"/> | <input type="radio"/> |
| Hat with Brim..... | <input type="radio"/> | <input type="radio"/> |
| Sunscreen..... | <input type="radio"/> | <input type="radio"/> |
| Sunglasses..... | <input type="radio"/> | <input type="radio"/> |

5. If your child wear a hat while outside at times **other than at school**, what kind of hat does he/she wear?

Baseball cap..... ☐

Visor..... ☐

One with a brim all the way around.... ☐

None..... ☐

6. When your child was outside playing this weekend or after school how often did he/she wear a wide-brimmed hat?

Always ☐

Often..... ☐

Sometimes..... ☐

Rarely..... ☐

Never..... ☐



SIDE 2 (PHS)

Program Surveys

SAS

FIRST NAME

LAST NAME

TEACHER NAME

SCHOOL NAME

DATE

DIRECTIONS: Please read each question carefully and bubble in ● the answer (s) that best describes you. There are no right or wrong answers.

I. For me, wearing a hat while outside DURING SCHOOL would be:

| | Never | Rarely | Sometimes | Very Often | Always |
|----------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|
| 1. Important | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 2. Enjoyable | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 3. Comfortable | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 4. Easy | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 5. Annoying | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 6. Bothersome | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 7. Good | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |

One more side
to go!

SIDE 1 (SAS)



FIRST NAME

LAST NAME

TEACHER NAME

SCHOOL NAME

DATE

DIRECTIONS: Please read each question carefully and bubble in ● the answer (s) that best describes you. There are no right or wrong answers.

I. For me, wearing a hat while outside DURING SCHOOL would be:

| | Never | Rarely | Sometimes | Very Often | Always |
|----------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|
| 1. Important | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 2. Enjoyable | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 3. Comfortable | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 4. Easy | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 5. Annoying | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 6. Bothersome | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 7. Good | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |

One more side
to go!

SIDE 1 (SAS)



II. For me, wearing a hat while outside at times other than when I am at school would be:

| | Never | Rarely | Sometimes | Very Often | Always |
|----------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|
| 1. Important | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 2. Enjoyable | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 3. Comfortable | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 4. Easy | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 5. Annoying | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 6. Bothersome | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 7. Good | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |



Hey, I'm tellin'. Did you finish both sides?

SIDE 2 (SAS)

II. For me, wearing a hat while outside at times other than when I am at school would be:

| | Never | Rarely | Sometimes | Very Often | Always |
|----------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|
| 1. Important | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 2. Enjoyable | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 3. Comfortable | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 4. Easy | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 5. Annoying | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 6. Bothersome | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 7. Good | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |



Hey, I'm tellin'. Did you finish both sides?

SIDE 2 (SAS)

Program Surveys

SPBC

FIRST NAME

LAST NAME

TEACHER NAME

SCHOOL NAME

DATE

DIRECTIONS: Please read each question carefully and bubble in ● the answer (s) that best describes you. There are no right or wrong answers.

A. If I wanted to:

Strongly
Agree

Agree

Don't
Agree or
Disagree

Disagree

Strongly
Disagree

1. It would be easy for me to wear a hat when I am outside at school.

☐

☐

☐

☐

☐

2. I would not be punished if I wear a hat when I am outside at school.

☐

☐

☐

☐

☐

3. My teacher would allow me to wear a hat when I am outside at school.

☐

☐

☐

☐

☐

4. I would have no problems wearing a hat when I am outside at school.

☐

☐

☐

☐

☐

5. There would be nothing to stop me from wearing a hat when I am outside at school.

☐

☐

☐

☐

☐



Go Ahead,
Turn It over.

SIDE 1 (SPRC)

FIRST NAME

LAST NAME

TEACHER NAME

SCHOOL NAME

DATE

DIRECTIONS: Please read each question carefully and bubble in ● the answer (s) that best describes you. There are no right or wrong answers.

A. If I wanted to:

Strongly
Agree

Agree

Don't
Agree or
Disagree

Disagree

Strongly
Disagree

1. It would be easy for me to wear a hat when I am outside at school.

☐

☐

☐

☐

☐

2. I would not be punished if I wear a hat when I am outside at school.

☐

☐

☐

☐

☐

3. My teacher would allow me to wear a hat when I am outside at school.

☐

☐

☐

☐

☐

4. I would have no problems wearing a hat when I am outside at school.

☐

☐

☐

☐

☐

5. There would be nothing to stop me from wearing a hat when I am outside at school.

☐

☐

☐

☐

☐



Go Ahead,
Turn It over.

SIDE 1 (SPRC)

B. If I wanted to:

| | Strongly Agree | Agree | Don't Agree or Disagree | Disagree | Strongly Disagree |
|---|-----------------------|-----------------------|-------------------------|-----------------------|-----------------------|
| 1. It would be easy for me to wear a hat when I am outside at times other than when I am at school. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 2. I would not be punished if I wear a hat when I am outside at times other than when I am at school. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 3. My teacher would allow me to wear a hat when I am outside at times other than when I am at school. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 4. I would have no problems wearing a hat when I am outside at times other than when I am at school. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 5. There would be nothing to stop me from wearing a hat when I am outside at times other than when I am at school. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |

Excellent,
My Friends!
You're doing great!



SIDE 2 (SPRC)

B. If I wanted to:

| | Strongly Agree | Agree | Don't Agree or Disagree | Disagree | Strongly Disagree |
|---|-----------------------|-----------------------|-------------------------|-----------------------|-----------------------|
| 1. It would be easy for me to wear a hat when I am outside at times other than when I am at school. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 2. I would not be punished if I wear a hat when I am outside at times other than when I am at school. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 3. My teacher would allow me to wear a hat when I am outside at times other than when I am at school. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 4. I would have no problems wearing a hat when I am outside at times other than when I am at school. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 5. There would be nothing to stop me from wearing a hat when I am outside at times other than when I am at school. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |

Excellent,
My Friends!
You're doing great!



SIDE 2 (SPRC)

Program Surveys

SSN

FIRST NAME

LAST NAME

TEACHER NAME

SCHOOL NAME

DATE

DIRECTIONS: Please read each question carefully and bubble in ● the answer that best describes you. There are no right or wrong answers.

A. I think the people below would approve of me if I wear a hat when I am outside **during school**

| | Strongly Agree | Agree | Don't Agree or Disagree | Disagree | Strongly Disagree |
|--|-----------------------|-----------------------|-------------------------|-----------------------|-----------------------|
| 1. My parents | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 2. My teacher | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 3. My principal | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 4. My friends in this class | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 5. Other kids in this class | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 6. My friends in other classes or at other schools | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |



Huh!
Another One?

SIDE 1 (SSN)

FIRST NAME

LAST NAME

TEACHER NAME

SCHOOL NAME

DATE

DIRECTIONS: Please read each question carefully and bubble in ● the answer that best describes you. There are no right or wrong answers.

A. I think the people below would approve of me if I wear a hat when I am outside **during school**

| | Strongly Agree | Agree | Don't Agree or Disagree | Disagree | Strongly Disagree |
|--|-----------------------|-----------------------|-------------------------|-----------------------|-----------------------|
| 1. My parents | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 2. My teacher | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 3. My principal | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 4. My friends in this class | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 5. Other kids in this class | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 6. My friends in other classes or at other schools | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |



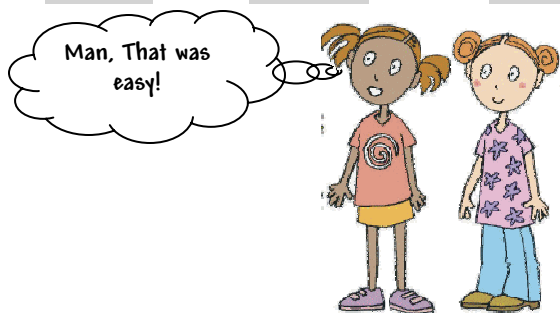
Huh!
Another One?

SIDE 1 (SSN)

DIRECTIONS: Please read each question carefully and bubble in ● the answer that best describes you. There are no right or wrong answers.

B. I think the people below would approve of me if I wear a hat at times; other than when I am at school.

| | Strongly Agree | Agree | Don't Agree or Disagree | Disagree | Strongly Disagree |
|--|-----------------------|-----------------------|-------------------------|-----------------------|-----------------------|
| 1. My parents | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 2. My teacher | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 3. My principal | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 4. My friends in this class | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 5. Other kids in this class | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 6. My friends in other classes or at other schools | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |

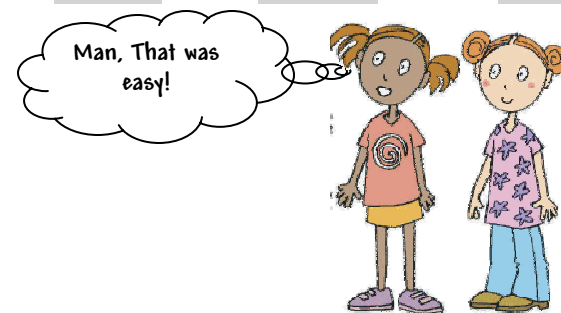


SIDE 2 (SSN)

DIRECTIONS: Please read each question carefully and bubble in ● the answer that best describes you. There are no right or wrong answers.

B. I think the people below would approve of me if I wear a hat at times; other than when I am at school.

| | Strongly Agree | Agree | Don't Agree or Disagree | Disagree | Strongly Disagree |
|--|-----------------------|-----------------------|-------------------------|-----------------------|-----------------------|
| 1. My parents | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 2. My teacher | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 3. My principal | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 4. My friends in this class | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 5. Other kids in this class | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 6. My friends in other classes or at other schools | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |



SIDE 2 (SSN)

Program Surveys

Teacher

TEACHER NAME

SCHOOL NAME

DATE

E-MAIL

DIRECTIONS: Please read each question and bubble in • the answer (s) that best describes you and your students. There are no right or wrong answers.

1. In your opinion, how important is it for your students to learn about Sun protection?

Extremely..... ☐

Somewhat..... ☐

Not at all..... ☐

2. What do you use for sun protection? (you may choose more than one answer)

Sunscreen..... ☐

Hat with a brim all the way around..... ☐

Sunglasses..... ☐

Long sleeves..... ☐

There are a few more questions on the back !



SIDE 1 (Teachers)

TEACHER NAME

SCHOOL NAME

DATE

E-MAIL

DIRECTIONS: Please read each question and bubble in • the answer (s) that best describes you and your students. There are no right or wrong answers.

1. In your opinion, how important is it for your students to learn about Sun protection?

Extremely..... ☐

Somewhat..... ☐

Not at all..... ☐

2. What do you use for sun protection? (you may choose more than one answer)

Sunscreen..... ☐

Hat with a brim all the way around..... ☐

Sunglasses..... ☐

Long sleeves..... ☐

There are a few more questions on the back !



SIDE 1 (Teachers)

3. If you wear a hat while outside at times **other than** at school?
What kind of hat do you wear?

- Baseball cap..... ☐
- Hat with a brim all the way around..... ☐
- Visor..... ☐
- None at all..... ☐

4. If your school adopted a hat use policy, would you support it by encouraging your students to wear a hat while outside during school?

- Yes..... ☐
- No..... ☐

5. If you answered **Yes** to question # 4, how would you promote hat use at your school?

3. If you wear a hat while outside at times **other than** at school?
What kind of hat do you wear?

- Baseball cap..... ☐
- Hat with a brim all the way around..... ☐
- Visor..... ☐
- None at all..... ☐

4. If your school adopted a hat use policy, would you support it by encouraging your students to wear a hat while outside during school?

- Yes..... ☐
- No..... ☐

5. If you answered **Yes** to question # 4, how would you promote hat use at your school?
