

Mooove to Lowfat or Fat Free Milk Evaluation
To Be Completed by Clients/Students/Customers

1. Check all the ways you heard about the *Mooove to Lowfat or Fat Free Milk Campaign*:

- | | |
|---|--|
| <input type="checkbox"/> WIC staff | <input type="checkbox"/> 2-sided newsletter (with cow print border) |
| <input type="checkbox"/> School staff | <input type="checkbox"/> Handout (“What’s the Skinny on Fat”) |
| <input type="checkbox"/> Cooperative Extension Agent | <input type="checkbox"/> Mooove display on display board or bulletin board |
| <input type="checkbox"/> Elder Center | <input type="checkbox"/> Taste Test |
| <input type="checkbox"/> Head Start Center | <input type="checkbox"/> Newspaper Article—Which newspaper, county? _____ |
| <input type="checkbox"/> Day Care Center | <input type="checkbox"/> Health Fair |
| <input type="checkbox"/> Health Department | <input type="checkbox"/> Grocery Store |
| <input type="checkbox"/> Food Stamp Office | <input type="checkbox"/> Buttons |
| <input type="checkbox"/> Poster—In which location and county did you see it?
_____ | <input type="checkbox"/> Other _____ |
| <input type="checkbox"/> Stand-alone skating cow display in school cafeteria—Which school and county? _____ | |

2. How often do you drink milk?

- | | |
|---|---|
| <input type="checkbox"/> Daily | <input type="checkbox"/> I don’t drink milk (go directly to question 4 if you checked this box) |
| <input type="checkbox"/> 2 to 4 times a week | |
| <input type="checkbox"/> 2 to 4 times a month | |
| <input type="checkbox"/> Less than once a month | |

3. Because of this campaign, I changed or plan to change the type of milk I drink:

- | | |
|--|---|
| <input type="checkbox"/> From whole milk to fat free | <input type="checkbox"/> From reduced fat milk to lowfat |
| <input type="checkbox"/> From whole milk to lowfat | <input type="checkbox"/> From lowfat milk to fat free |
| <input type="checkbox"/> From whole milk to reduced fat | <input type="checkbox"/> I don’t know/not sure |
| <input type="checkbox"/> From reduced fat milk to fat free | <input type="checkbox"/> I was already drinking fat free milk |

OVER

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(continued)

4. I don't drink milk, but after hearing about this campaign, I plan to include milk in my diet.

YES

NO

No reply, because I drink milk!

5. Do you have any comments you would like to make about the *Moove to Lowfat or Fat Free Milk Campaign?*

POSITIVE COMMENTS

NEGATIVE COMMENTS

6. Your age: _____

7. Male: _____

Female: _____

8. County in which you live: _____

Thank you very much for completing this survey!!!