Participant’s School ___________________________ Date: ___________________________

Directions: The New York City Department of Health and Mental Hygiene is conducting this survey to learn how students at your school feel about drinking water. Please answer each question as well as you can. Please do not put your name on the survey.

Food and drinks at school

1. How many working water fountains does your school have?
   - Many
   - Few
   - None

   a. How often do you drink from water fountains at school?
      - Never
      - Less than Once a day
      - 2-3 times a day
      - 4 + times a day
      - My school does not have working water fountains.

   b. Are your school’s water fountains clean?
      - Yes
      - No
      - My school does not have working water fountains.

2. On most school days, where do you get the food you eat during lunch? Please select all that apply.
   - Get food in the cafeteria.
   - Bring food from home.
   - Bring food from the school store.
   - Bring food from off campus.
   - Buy food from vending machines.
   - I do not eat lunch during the school lunch period.

3. On most school days, what do you usually drink at lunch? Choose one (1) answer.
   - White milk
   - Chocolate or other flavored milk
   - Plain water
   - Regular soda, fruit juice, sports drinks, energy drinks, or iced tea
   - Diet soda
   - Nothing
   - Other ____________________________

Drinks at home and school

4. Yesterday, how many times did you drink a bottle or glass of plain water? Count tap, bottled, and unflavored sparkling water.
   - 0 times
   - 1 time
   - 2 times
   - 3 or more times
   - I don’t know.

5. Most of the time, what type of water do you usually drink?
   - Water from a faucet, tap, water filter, or water fountain.
   - Water from a bottle that was bought in a store.
   - I don’t drink water.
Water Jets Evaluation  
Student Survey – Middle & High School

Attitude about drinking water

6. From this list, which one do you like the MOST?
   - White milk
   - Chocolate or other flavored milk
   - Plain water
   - Regular soda, fruit juice, sports drinks, energy drinks, or iced tea
   - Diet soda

7. From this list, which one do you like the LEAST?
   - White milk
   - Chocolate or other flavored milk
   - Plain water
   - Regular soda, fruit juice, sports drinks, energy drinks, or iced tea
   - Diet soda

8 - 10. For each statement, please tell us whether you strongly agree, agree, neither agree nor disagree, disagree, or strongly disagree. Circle one number in each row.

<table>
<thead>
<tr>
<th>Statement</th>
<th>Strongly agree</th>
<th>Agree</th>
<th>Neither Agree nor Disagree</th>
<th>Disagree</th>
<th>Strongly disagree</th>
</tr>
</thead>
<tbody>
<tr>
<td>8. I like the taste of tap water.</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>9. It is safe to drink water that comes straight from a faucet or tap in New York City.</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>10. Tap water is healthy.</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
</tbody>
</table>

Water in your school’s cafeteria

11. Did you go to the cafeteria during lunch yesterday?
   - Yes
   - No
   - I don’t know

12. Did you get lunch from your school lunch line yesterday?
   - Yes
   - No
   - I don’t know

13. Did your school get a new machine in the cafeteria that provides drinking water this year? The water machine would look like the one in the picture above.
   - Yes
   - No
   - I don’t know
**Water Jets Evaluation**  
**Student Survey – Middle & High School**

14 – 16. For each statement, please tell us whether you strongly agree, agree, neither agree nor disagree, disagree, or strongly disagree. Circle one number in each row.

<table>
<thead>
<tr>
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</thead>
<tbody>
<tr>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
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</table>

14. I like the taste of the water that came out of the new water machine in the cafeteria.

15. I drink more water now that the water machine is in the cafeteria.

16. It is safe to drink water that comes from the water machine.

**Background**

17. How old are you? ___________ years old

18. What grade are you in? ___________

19. Are you male or female? □ Male □ Female

20. What is your race? (check all that apply)

□ African American or Black □ Latino or Hispanic □ Asian □ White
□ American Indian □ Native Hawaiian or other Pacific Islander
□ Other: _____________________________

Thank you so much for your time!