

# Frozen survey

\* Required

**What time is it right now where you are at? \***

**1) How often do you find yourself singing "Frozen" songs in your head? \***

1 2 3 4 5 6 7 8 9 10

"what is Frozen? ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ "I usually am singing two of them at once

**2) Do you have children in your home? \***

(Or do you spend significant time with children e.g. grandkids, students, daycare)

☐ Yes

☐ No

**3) If so what ages are they?**

(check all that apply)

☐ 0-4

☐ 4-8

☐ 8-12

☐ 12-16

☐ 16+

**4) What gender(s) are they?**

(check all that apply)

☐ Boy

☐ Girl

**Submit**

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