

Dear Participant:

You have been given this survey because you have participated in a 4-H program or project and 4-H would like to learn about you and your experiences in 4-H.

Your answers are important and they will be kept private. But, if you don't want to fill out the survey, you don't have to or if there is a question you don't want to answer, you can leave it blank.

There are no right or wrong answers, so please answer all questions honestly.

Thank you for your help!

| Healthy Eating Habits | 6. At 4-H, did you learn about healthy food choices? |
|--|---|
| Do you pay attention to how much fruit you eat each day? Yes Usually Not Really No | Yes Sort of No |
| _ | Being Active |
| 2. Do you pay attention to how many vegetables you eat each day? Yes Usually Not really No | 7. Do you pay attention to how active you are each day? Yes Usually Not really No |
| 3. Do you pay attention to how much water you drink each day? Yes Usually Not really No | 8. Do you pay attention to how much time you spend in front of a screen (TV, computer, tablet, or smart phone)? Yes Usually Not really |
| How often do you eat breakfast? Every day Most days Some days Never | No 9. Have you encouraged others to be active with you? Yes Sort of |
| 5. Have you given your family ideas for healthy meals or snacks? Yes Sort of No | No 10. At 4-H, did you talk about ways to be active? Yes Sort of No |

