4-H Common Measures Healthy Living Survey



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. How often do you eat breakfast?
1. Do you pay attention to how much fruit you eat each day? ☐ Yes ☐ Usually	□ Every day□ Most days□ Some days□ Never
☐ Not Really ☐ No	7. How often do you eat a meal with your family?Every day
2. Do you pay attention to how many vegetables you eat each day?YesUsually	☐ Most days ☐ Some days ☐ Never
☐ Not really ☐ No	8. How often do you eat fast food?Every dayMost days
3. Do you pay attention to how much water you drink each day?YesUsually	Some days Never 9. Have you given your family ideas for
☐ Not really ☐ No	healthy meals or snacks? Yes Sort of
4. Do you pay attention to how many sugary drinks you drink each day?☐ Yes	□ No10. At 4-H, did you learn about healthy food
☐ Usually ☐ Not really ☐ No	choices? Yes Sort of No
 5. Do you pay attention to the food label for the food you eat? Yes Usually Not really No 	

Being Active	17. What do you think about someone else
11. Do you pay attention to how active you are each day? Yes	your age riding a bike and not wearing a helmet? It's okay It's usually okay It's usually not okay It's okay It's usually okay It's usually okay It's usually not okay It's not okay It's not okay It's usually not okay It's usually not okay It's usually not okay It's usually not okay It's usually not okay It's usually not okay It's usually not okay It's usually not okay It's usually not okay It's not okay It
□ No	22. Do you encourage your friends to make responsible choices?
Healthy Decision Making	Yes
16. What do you think about someone else texting and driving a car? It's okay It's usually okay It's usually not okay It's not okay	 Usually Not really No 23. At 4-H, did you talk about risky behaviors? Yes Sort of No
	Survey continues on the next page

Food Preparation Skills	32. Which of the following best describes
24. Do you know how to follow a recipe to make something to eat? Yes Sort of No 25. Do you know how to make changes to a recipe? Yes Sort of No 26. Do you know how to use measuring cups and spoons? Yes	your gender? Male (boy) Female (girl) I don't want to say 33. Which of the following best describes your race and ethnicity? American Indian or Alaskan Native Asian Black or African American Hispanic or Latino Native Hawaiian/Other Pacific Islander White or Caucasian More than one race I don't know
Sort of No	4-H Involvement
27. Do you know how to use knives safely? Yes Sort of No 28. Do you know how to handle hot pots and pans safely? Yes Sort of No 29. Do you know how to keep your cooking area clean to stop spreading germs? Yes Sort of No	34. How many hours do you typically spend on 4-H activities each week? Less than 1 hour 1 hour 2 hours 3 hours 4 hours 5 or more hours 35. Are you involved in 4-H at the county level? Yes No 36. Are you involved in 4-H at the state level? Yes
Demographic	□ No
30. How old are you? years old	37. Are you involved in 4-H at the national level? ☐ Yes ☐ No
31. What grade are you in? If it is summer break, which grade will you be starting in the fall? grade	Survey continues on the next page

38. Why are you involved in 4-H?
39. What has been the most interesting thing you have learned by being involved in 4-H?
40. How might you be different if you had never been involved 4-H?

Thank you very much! Please return this survey as directed.