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 $4-\mathrm{H}$.

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

1. Do you pay attention to how much fruit you eat each day?Yes
Usually
$\square$ Not Really
$\square \mathrm{No}$
2. Do you pay attention to how many vegetables you eat each day?
$\square$ Yes
$\square$ Usually
$\square$ Not really
No
3. Do you pay attention to how much water you drink each day?
$\square$ Yes
$\square$ Usually
Not really
No
4. Do you pay attention to how many sugary drinks you drink each day?
$\square$ Yes
$\square$ Usually
$\square$ Not really
$\square$ No
5. Do you pay attention to the food label for the food you eat?
$\square$ Yes
$\square$ Usually
$\square$ Not really
$\square$ No
6. How often do you eat breakfast?
$\square$ Every day
$\square$ Most days
$\square$ Some days
$\square$ Never
7. How often do you eat a meal with your family?

8. How often do you eat fast food?
$\square$ Every day
$\square$ Most days
$\square$ Some days
9. Have you given your family ideas for healthy meals or snacks?
$\square$ Yes
$\square$ Sort of
$\square$ No
10. At 4-H, did you learn about healthy food choices?
$\square$ Yes
$\square$ Sort of
$\square$ No

## Being Active

11. Do you pay attention to how active you are each day?
$\square$ Yes
$\square$ Usually
$\square$ Not really
$\square$ No
12. Do you pay attention to how much time you spend in front of a screen (TV, computer, tablet, or smart phone)?
$\square$ Yes
$\square$ Usually
$\square$ Not really
$\square$ No
13. Do you get to decide how much time you spend in front of a screen (TV, computer, tablet, or smart phone)?
$\square$ Yes
Usually
$\square$ Not really
14. Have you encouraged others to be active with you?
$\square$ Yes
$\square$ Sort of
$\square$ No
15. At 4-H, did you talk about ways to be active?
$\square$ Yes
$\square$ Sort of
$\square$ No

## Healthy Decision Making

16. What do you think about someone else texting and driving a car?
$\square$ It's okay
$\square$ It's usually okay
$\square$ It's usually not okay
$\square$ It's not okay
17. What do you think about someone else your age riding a bike and not wearing a helmet?
$\square$ It's okay
$\square$ It's usually okay
$\square$ It's usually not okay
$\square$ It's not okay
18. What do you think about someone else your age not wearing a seat belt?
$\square$ It's okay
$\square$ It's usually okay
$\square$ It's usually not okay
It's not okay
19. What do you think about someone else your age drinking alcohol?
$\square$ It's okay
$\square$ It's usually okay
$\square$ It's usually not okay
$\square$ It's not okay
20. What do you think about someone else your age smoking?
$\square$ It's okay
$\square$ It's usually okay
$\square$ It's usually not okay
It's not okay
21. What do you think about someone else your age taking drugs?
$\square$ It's okay
$\square$ It's usually okay
$\square$ It's usually not okay
$\square$ It's not okay
22. Do you encourage your friends to make responsible choices?
$\square$ Yes
$\square$ Usually
Not really
23. At 4-H, did you talk about risky behaviors?


Yes
$\square$ Sort of
No

Survey continues on the next page

## Food Preparation Skills

24. Do you know how to follow a recipe to make something to eat?
$\square$ Yes
$\square$ Sort of
$\square$ No
25. Do you know how to make changes to a recipe?
$\square$ Yes
$\square$ Sort of
$\square$ No
26. Do you know how to use measuring cups and spoons?
$\square$ Yes
$\square$ Sort of
$\square$ No
27. Do you know how to use knives safely?
$\square$ Yes
$\square$ Sort of
No
28. Do you know how to handle hot pots and pans safely?
1 Yes
Sort of
No
29. Do you know how to keep your cooking area clean to stop spreading germs?
$\square$ Yes
$\square$ Sort of
No

## Demographic

30. How old are you?

years old
31. What grade are you in? If it is summer break, which grade will you be starting in the fall?

grade
32. Which of the following best describes your gender?
$\square$ Male (boy)
$\square$ Female (girl)
$\square$ I don't want to say
33. Which of the following best describes your race and ethnicity?
$\square$ American Indian or Alaskan Native
Asian
$\square$ Black or African American
$\square$ Hispanic or Latino
$\square$ Native Hawaiian/Other Pacific Islander
$\square$ White or Caucasian
$\square$ More than one race
$\square$ I don't know

## 4-H Involvement

34. How many hours do you typically spend on 4-H activities each week?
$\square$ Less than 1 hour
$\square 1$ hour
$\square 2$ hours
$\square 3$ hours
4 hours
5 or more hours
35. Are you involved in 4-H at the county level?
$\square$ Yes
36. Are you involved in 4-H at the state level?
$\square$ Yes
$\square$ No
37. Are you involved in 4-H at the national level?
$\square$ Yes

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 $4-\mathrm{H}$ ?

40. How might you be different if you had never been involved 4-H?

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

