Participant Survey



County / District Level

We are interested in knowing what you learned from preparing for and participating in the 4-H Food Showdown project.

- 1. Please read each sentence and mark the box in the column that best matches how much you knew **BEFORE** the project.
- 2. Read the sentence again and mark the box in the column that best matches how much you know **AFTER** the project.

	know AFTER the project.						
		BEFORE			AFTER		
		Participating in the			Participating in the State		
		County / District 4-H			4-H Food Showdown		
		Food Showdown					
1.	Describe your knowledge of MyPlate:	A great deal	Some	None	A great deal	Some	None
	 Food group categories 						
	 Number of servings needed daily 						
	from each category						
	 How to find information about MyPlate 						
2.	Describe your level of food	Highly	Some	No	Highly	Some	No
	preparation and safety skills:	skilled	skills	skills	skilled	skills	skills
	• Safe use of knives						
	 Safe use of electric cooking equipment 						
	• Keeping foods at save temperature						
	Measure dry ingredients						
	Measure liquid ingredients						
	Prevent cross-contamination of						
	raw and cooked foods						
3.	Describe your ability to:	Highly	Some	No	Highly	Some	No
		skilled	skills	skills	skilled	skills	skills
	 Figure out the number of servings in a dish 						
	 Figure out how much it costs to prepare a recipe 						

Please turn the page over to answer the next question.

When should you wash your hands? Check all that are correct.					
	After using the restroom				
	Before handling raw foods				
	After touching your nose, mouth, hair, and skin.				
	Before handling food				
	After handling dirty utensils, objects, or equipment				
	After eating or drinking				
	After handling garbage or dirty plates				
	After playing with a pet				

Thank you for completing the survey.