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**

1. Do you pay attention to how much fruit you eat each day?

|  |  |
| --- | --- |
|  | Yes |
|  | Usually |
|  | Not Really  |
|  | No |

1. Do you pay attention to how many vegetables you eat each day?

|  |  |
| --- | --- |
|  | Yes |
|  | Usually |
|  | Not really |
|  | No |

1. Do you pay attention to how much water you drink each day?

|  |  |
| --- | --- |
|  | Yes |
|  | Usually |
|  | Not really |
|  | No |

1. Do you pay attention to how many sugary drinks you drink each day?

|  |  |
| --- | --- |
|  | Yes |
|  | Usually |
|  | Not really |
|  | No |

1. Do you pay attention to the food label for the food you eat?

|  |  |
| --- | --- |
|  | Yes |
|  | Usually |
|  | Not really |
|  | No |

1. How often do you eat breakfast?

|  |  |
| --- | --- |
|  | Every day |
|  | Most days |
|  | Some days |
|  | Never |

1. How often do you eat a meal with your family?

|  |  |
| --- | --- |
|  | Every day |
|  | Most days |
|  | Some days |
|  | Never |

1. How often do you eat fast food?

|  |  |
| --- | --- |
|  | Every day |
|  | Most days |
|  | Some days |
|  | Never |

1. Have you given your family ideas for healthy meals or snacks?

|  |  |
| --- | --- |
|  | Yes |
|  | Sort of |
|  | No |

1. At 4-H, did you learn about healthy food choices?

|  |  |
| --- | --- |
|  | Yes |
|  | Sort of |
|  | No |
|  |  |

**Being Active**

1. Do you pay attention to how active you are each day?

|  |  |
| --- | --- |
|  | Yes |
|  | Usually |
|  | Not really |
|  | No |

1. 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 |
|  | No |

1. Do you get to decide how much time you spend in front of a screen (TV, computer, tablet, or smart phone)?

|  |  |
| --- | --- |
|  | Yes |
|  | Usually |
|  | Not really |
|  | No |

1. Have you encouraged others to be active with you?

|  |  |
| --- | --- |
|  | Yes |
|  | Sort of |
|  | No |

1. At 4-H, did you talk about ways to be active?

|  |  |
| --- | --- |
|  | Yes |
|  | Sort of |
|  | No |

**Healthy Decision Making**

1. 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 |

1. What do you think about someone else your age riding a bike and not wearing a helmet?

|  |  |
| --- | --- |
|  | It’s okay |
|  | It’s usually okay |
|  | It’s usually not okay |
|  | It’s not okay |

1. What do you think about someone else your age not wearing a seat belt?

|  |  |
| --- | --- |
|  | It’s okay |
|  | It’s usually okay |
|  | It’s usually not okay |
|  | It’s not okay |

1. What do you think about someone else your age drinking alcohol?

|  |  |
| --- | --- |
|  | It’s okay |
|  | It’s usually okay |
|  | It’s usually not okay |
|  | It’s not okay |

1. What do you think about someone else your age smoking?

|  |  |
| --- | --- |
|  | It’s okay |
|  | It’s usually okay |
|  | It’s usually not okay |
|  | It’s not okay |

1. What do you think about someone else your age taking drugs?

|  |  |
| --- | --- |
|  | It’s okay |
|  | It’s usually okay |
|  | It’s usually not okay |
|  | It’s not okay |

1. Do you encourage your friends to make responsible choices?

|  |  |
| --- | --- |
|  | Yes |
|  | Usually |
|  | Not really |
|  | No |

1. At 4-H, did you talk about risky behaviors?

|  |  |
| --- | --- |
|  | Yes |
|  | Sort of |
|  | No |

**Survey continues on the next page**

**Food Preparation Skills**

1. Do you know how to follow a recipe to make something to eat?

|  |  |
| --- | --- |
|  | Yes |
|  | Sort of |
|  | No |

1. Do you know how to make changes to a recipe?

|  |  |
| --- | --- |
|  | Yes |
|  | Sort of |
|  | No |

1. Do you know how to use measuring cups and spoons?

|  |  |
| --- | --- |
|  | Yes |
|  | Sort of |
|  | No |

1. Do you know how to use knives safely?

|  |  |
| --- | --- |
|  | Yes |
|  | Sort of |
|  | No |

1. Do you know how to handle hot pots and pans safely?

|  |  |
| --- | --- |
|  | Yes |
|  | Sort of |
|  | No |

1. Do you know how to keep your cooking area clean to stop spreading germs?

**Demographic**

|  |  |
| --- | --- |
|  | Yes |
|  | Sort of |
|  | No |

1. How old are you?

**Thank you very much!**

**Please return this survey as directed.**

|  |  |
| --- | --- |
|  | years old |

1. What grade are you in? *If it is summer break, which grade will you be starting in the fall*?

|  |  |
| --- | --- |
|  | grade |

1. What is your gender identity?

|  |  |
| --- | --- |
|  | Male (boy) |
|  | Female (girl) |
|  | My gender identity is not listed |
|  |   |
|  | I don’t want to say |

1. 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 |

**4-H Involvement**

1. 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 |