Dear Participant:

You are being given this survey because you are part of a 4-H program or project, and we are surveying young people like you to learn about your experiences.

This survey is voluntary. If you do not want to fill out the survey, you do not need to. However, we hope you will take a few minutes to fill it out because your answers are important.

This survey is private. No one at your school, home, or 4-H program or project will see your answers. Please answer all of the questions as honestly as you can. If you are uncomfortable answering a question, you may leave it blank.

This is not a test. There are no right or wrong answers, and your answers will not affect your participation or place in the program in any way.

Thank you for your help!

Section I: Tell us about your 4-H Experience

Please select the responses that best describe you.

1. How many years have you been participating in 4-H? (Mark one box ☒.)
   - This is my first year
   - This is my second year
   - Three or more years

2. Which one of the following best describes how many hours you typically spend in 4-H programs/projects each week? (Mark one box ☒.)
   - Less than one hour
   - Between one and three hours
   - More than three hours

3. Which of the following best describes how you are involved in 4-H? (Mark each box ☒ that applies to you.)
   - Clubs
   - Camps
   - After-school programs
   - In-school programs
   - Local fairs/events
   - Community service projects
   - Working on my projects at home
   - Other
Section II: Nutrition Knowledge

4. Please indicate to what extent you agree or disagree that your experience in this 4-H program or project has resulted in the following outcomes. (Select one response in each row by marking the appropriate box ☒.)

<table>
<thead>
<tr>
<th>As a result of participating in a 4-H Healthy Living Program...</th>
<th>Strongly Agree</th>
<th>Agree</th>
<th>Disagree</th>
<th>Strongly Disagree</th>
<th>Not Applicable to my 4-H Experience</th>
</tr>
</thead>
<tbody>
<tr>
<td>I learned the foods that I should eat every day</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>I learned what makes up a balanced diet</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>I learned why it is important for me to eat a healthy diet</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>I learned how to make healthy food choices</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>I learned how many calories I need to eat each day</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>I learned the importance of fruits and vegetables in my diet</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>I learned the importance of whole grains in my diet</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
</tbody>
</table>

Section III: Food Choices

5. Please indicate to what extent you agree or disagree that your experience in this 4-H program or project has resulted in the following outcomes. (Select one response in each row by marking the appropriate box ☒.)

<table>
<thead>
<tr>
<th>As a result of participating in a 4-H Healthy Living Program I now take the following actions...</th>
<th>Strongly Agree</th>
<th>Agree</th>
<th>Disagree</th>
<th>Strongly Disagree</th>
<th>Not Applicable to my 4-H Experience</th>
</tr>
</thead>
<tbody>
<tr>
<td>I think about what foods my body needs during the day</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>I make food choices based on what I know my body needs</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>I make healthy food choices whenever I can</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>I match my food intake to the number of calories I need to eat each day</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>I encourage my family to eat meals together</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
</tbody>
</table>
6. Please indicate to what extent you agree or disagree that your experience in this 4-H program or project has resulted in the following outcomes. (Select one response in each row by marking the appropriate box ☒.)

<table>
<thead>
<tr>
<th>As a result of participating in a 4-H Healthy Living Program I now take the following actions...</th>
<th>Strongly Agree</th>
<th>Agree</th>
<th>Disagree</th>
<th>Strongly Disagree</th>
<th>Not Applicable to my 4-H Experience</th>
</tr>
</thead>
<tbody>
<tr>
<td>I eat more fruits and vegetables</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>I eat more whole grains</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>I eat less junk foods</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>I drink less soda</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>I drink more water</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
</tbody>
</table>

Please select the response that best describes you.

7. **My family eats at least one meal a day together.**
   - ☐ Yes
   - ☐ No

Section IV: Physical Activity

Please select the responses that best describe you.

8. **During the past 7 days, how many days were you physically active for a total of at least 60 minutes per day?** (Add up all the time you spent in any kind of physical activity that increased your heart rate and made you breathe hard some of the time) (Mark one box ☒.)
   - ☐ 0 days
   - ☐ 1 day
   - ☐ 2 days
   - ☐ 3 days
   - ☐ 4 days
   - ☐ 5 days
   - ☐ 6 days
   - ☐ 7 days

9. **On an average school day, how many hours do you spend watching television?** (Mark one box ☒.)
   - ☐ I do not watch TV on an average school day
   - ☐ Less than one hour per day
   - ☐ 2 hours per day
   - ☐ 3 hours per day
   - ☐ 4 hours per day
   - ☐ 5 or more hours per day
Please select the responses that best describes you.

10. **On an average school day, how many hours do you play video games, looking at a computer, smartphone, or tablet for something that is not for school?** (Mark one box ☒.)
   - ☐ I do not play video games or computer games or use a computer for something that is not school work
   - ☐ Less than one hour per day
   - ☐ 2 hours per day
   - ☐ 3 hours per day
   - ☐ 4 hours per day
   - ☐ 5 or more hours per day

Section V: Safety

11. **Please indicate to what extent do you agree or disagree that your experience in this 4-H program or project has resulted in the following outcomes.** (Select one response in each row by marking the appropriate box ☒.)

<table>
<thead>
<tr>
<th>As a result of participating in a 4-H Healthy Living Program I now take the following actions...</th>
<th>Strongly Agree</th>
<th>Agree</th>
<th>Disagree</th>
<th>Strongly Disagree</th>
<th>Not Applicable to my 4-H Experience</th>
</tr>
</thead>
<tbody>
<tr>
<td>When I cook food, I am safe and careful</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>If I am sick, I ask an adult before taking medicine</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>I wear reflective clothing when walking after dark</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>I use a pedestrian crossing when crossing the road</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>I tell my friends what I think when they are going to do something unsafe</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>I avoid using substances that could harm me</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
</tbody>
</table>

**How often does each of the following apply to you?** (Select one response in each row by marking the appropriate box ☒.)

12. **When you ride a bicycle how often do you wear a helmet?** (Mark one box ☒.)
   - ☐ I do not ride a bicycle
   - ☐ Never wear a helmet
   - ☐ Rarely wear a helmet
   - ☐ Sometimes wear a helmet
   - ☐ Most of the time wear a helmet
   - ☐ Always wear a helmet
How often does each of the following apply to you? (Select one response in each row by marking the appropriate box ☒.)

13. When you rollerblade or skateboard how often do you wear a helmet? (Mark one box ☒.)
   - ☐ I do not rollerblade or ride a skateboard
   - ☐ Never wear a helmet
   - ☐ Rarely wear a helmet
   - ☐ Sometimes wear a helmet
   - ☐ Most of the time wear a helmet
   - ☐ Always wear a helmet

14. When you ride an All-Terrain Vehicle (ATV), how often do you wear a helmet? (Mark one box ☒.)
   - ☐ I do not ride an ATV
   - ☐ Never wear a helmet
   - ☐ Rarely wear a helmet
   - ☐ Sometimes wear a helmet
   - ☐ Most of the time wear a helmet
   - ☐ Always wear a helmet

15. When you use a firearm, how often do you follow safety rules? (Mark one box ☒.)
   - ☐ I do not use a firearm
   - ☐ Never follow safety rules
   - ☐ Rarely follow safety rules
   - ☐ Sometimes follow safety rules
   - ☐ Most of the time follow safety rules
   - ☐ Always follow safety rules

16. How often do you wear a seatbelt when riding in a car? (Mark one box ☒.)
   - ☐ Never
   - ☐ Rarely
   - ☐ Sometimes
   - ☐ Most of the time
   - ☐ Always

17. Have you ever ridden in a car driven by someone who had been drinking alcohol? (Mark one box ☒.)
   - ☐ Yes
   - ☐ No
   - ☐ Not Sure

Section VI: Tell us about You

Please select the responses that best describes you.

18. How old are you?

     ______ Age (in years)
Please select the responses that best describes you.

19. **What grade are you in?**

_____ Grade

20. **Which of the following best describes your gender?** (Mark one box ☒.)

☐ Female
☐ Male

21. **Which of the following best describe your race?** (Mark each box ☒ that applies to you.)

☐ American Indian or Alaskan Native
☐ Asian
☐ Black or African American
☐ Native Hawaiian or Other Pacific Islander
☐ White

22. **Which of the following best describe your ethnicity?** (Mark one box ☒.)

☐ Hispanic or Latino
☐ Not Hispanic or Latino

23. **Which of the following best describes the primary place where you live?** (Mark one box ☒.)

☐ Farm
☐ Rural (non-farm residence, pop. < 10,000)
☐ Town or City (pop. 10,000 – 50,000)
☐ Suburb of a City (pop. > 50,000)
☐ City (pop. > 50,000)

THANK YOU!