



Code Number:

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.

- 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
- 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
- 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: Choices

4. Please indicate how often you do each of the following. (Select one response in each row by marking the appropriate box ☐.)

	<i>Always</i>	<i>Usually</i>	<i>Sometimes</i>	<i>Never</i>
I use information to make decisions	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I take responsibility for my actions	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I set goals for myself	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I listen well to others	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I am respectful of others	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I have the confidence to speak in front of groups	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I can work things out when others don't agree with me	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I work well with other youth	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

5. Please indicate to what extent you agree or disagree with each statement. (Select one response in each row by marking the appropriate box ☐.)

	<i>Strongly Agree</i>	<i>Agree</i>	<i>Disagree</i>	<i>Strongly Disagree</i>
I am comfortable making my own decisions	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I don't let my friends talk me into doing something I don't want to do	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I can explain my decisions to others	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I have a plan for reaching my goals	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I know how to deal with stress in positive ways	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I can change my plan when I need to	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

## Section III: Communication and Connections

6. Please indicate to what extent you agree or disagree with each statement. (Select one response in each row by marking the appropriate box ☐.)

	<i>Strongly Agree</i>	<i>Agree</i>	<i>Disagree</i>	<i>Strongly Disagree</i>
I am comfortable sharing my thoughts and feelings with others	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I can use technology to help me express my ideas	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I know who I can go to if I need help with a problem	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I can work successfully with adults	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I have friends who care about me	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I am connected to adults who are not my parents	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

7. Please indicate to what extent you agree or disagree with each statement. (Select one response in each row by marking the appropriate box ☐.)

	<i>Strongly Agree</i>	<i>Agree</i>	<i>Disagree</i>	<i>Strongly Disagree</i>
I am someone who wants to help others.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I like to work with others to solve problems	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I have talents I can offer to others	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I have learned things that helped me make a difference in my community	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I have helped with a project that made a difference in my community	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

#### Section IV: Science

8. Please indicate to what extent you agree or disagree with each statement. (Select one response in each row by marking the appropriate box ☐.)

	<i>Strongly Agree</i>	<i>Agree</i>	<i>Disagree</i>	<i>Strongly Disagree</i>
I like to see how things are made or invented	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I like experimenting and testing ideas	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I get excited about new discoveries	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I want to learn more about science.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I like science	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I am good at science	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I would like to have a job related to science	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I do science activities that are not for school	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

9. Please indicate which of the following outcomes are true for you. (Select one response in each row by marking the appropriate box ☐.)

	<i>Yes</i>	<i>No</i>
I can do an experiment to answer a question	<input type="checkbox"/>	<input type="checkbox"/>
I can tell others how to do an experiment	<input type="checkbox"/>	<input type="checkbox"/>
I can explain why things happen in an experiment	<input type="checkbox"/>	<input type="checkbox"/>

## Section V: Tell us about You

Please select the responses that best describes you.

**10. How old are you?**

\_\_\_\_\_ Age (in years)

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

\_\_\_\_\_ Grade

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

- Female
- Male

**13. 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

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

- Hispanic or Latino
- Not Hispanic or Latino

**15. 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)

**16. What county do you live in?**

\_\_\_\_\_

**17. Do you have a parent or guardian(s) in the military?** (Mark all boxes that apply to you )

- Air Force
- Army
- Coast Guard
- Marines
- National Guard
- Navy
- Reserve
- I do not have a parent or guardian(s) in the military.

**THANK YOU!**