



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!