



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.

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: Positive Choices and Communication

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 | ☐ | ☐ | ☐ | ☐ |
| I set goals for myself | ☐ | ☐ | ☐ | ☐ |
| I take responsibility for my actions | ☐ | ☐ | ☐ | ☐ |
| I can explain why my decision is a good one | ☐ | ☐ | ☐ | ☐ |
| I consider the consequences of my choices | ☐ | ☐ | ☐ | ☐ |
| I can resist negative social pressures | ☐ | ☐ | ☐ | ☐ |
| I listen well to others | ☐ | ☐ | ☐ | ☐ |
| I am respectful of others | ☐ | ☐ | ☐ | ☐ |
| I have the confidence to speak in front of groups | ☐ | ☐ | ☐ | ☐ |
| I can resolve differences with others in positive ways | ☐ | ☐ | ☐ | ☐ |
| I work well with other youth | ☐ | ☐ | ☐ | ☐ |

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 | ☐ | ☐ | ☐ | ☐ |
| I am comfortable sharing my thoughts and feelings with others | ☐ | ☐ | ☐ | ☐ |
| I have a plan for reaching my goals | ☐ | ☐ | ☐ | ☐ |
| I know how to deal with stress in positive ways | ☐ | ☐ | ☐ | ☐ |
| I can make alternative plans if something doesn't work | ☐ | ☐ | ☐ | ☐ |
| I can use technology to help me express my ideas | ☐ | ☐ | ☐ | ☐ |
| I know who I can go to if I need help with a problem | ☐ | ☐ | ☐ | ☐ |
| I am willing to consider the ideas of others even if they are different than mine | ☐ | ☐ | ☐ | ☐ |
| I can stand up for things that are important to me | ☐ | ☐ | ☐ | ☐ |

Section III: Connections and Contributions

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 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 know community leaders who support me | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| I have adults in my life who care about me and are interested in my success | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 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 led a project that made a difference in my community | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

Section IV: Science Interest, Engagement, and Attitudes

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 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"/> |
| I think science will be important in my future | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| I think science is useful for solving everyday problems | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

Section V: Science Skills, Abilities, Applications

8. Please indicate how often the following outcomes are true for you. (Select one response in each row by marking the appropriate box ☒.)

| | <i>Always</i> | <i>Usually</i> | <i>Sometimes</i> | <i>Never</i> |
|--|--------------------------|--------------------------|--------------------------|--------------------------|
| I can use scientific data to form a question | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| I can design a scientific procedure to answer a question | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| I can use data to create a graph for presentation to others | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| I can create a display to communicate my data and observations | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| I can use science terms to share my results | <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 have helped with a community service project that relates to science (for example: planted trees or gardens, road or stream clean-up, recycling) | <input type="checkbox"/> | <input type="checkbox"/> |
| I have used science tools to help in the community (for example: mapped with GIS, tested water quality) | <input type="checkbox"/> | <input type="checkbox"/> |
| I have taught others about science (for example: demonstrated, gave presentation at a community meeting or a school) | <input type="checkbox"/> | <input type="checkbox"/> |
| I have organized or led science-related events (for example: science fair, environmental festival) | <input type="checkbox"/> | <input type="checkbox"/> |

Section VI: 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!