



## 4-H Common Measures Survey

Dear Participant:

We would like to invite you to answer some questions about what you learned in 4-H this year. We are asking because you participated in 4-H this past year.

Your parents have been informed of your possible involvement in this survey. If you do not want to fill out the survey this is okay. Of if you want to skip questions that is alright as well. If you decide to participate in this survey, you can stop any time. Although we hope you will complete it.

It will take you about 15 minutes to complete the survey. If you have questions at any time, please ask one of your leaders.

Thank you for your help!

### Tell us about your 4-H Experience

1. **What county are you from?** (Write this in) \_\_\_\_\_

Please select the responses that best describe you.

2. **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

3. **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

4. **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

5. Please tell us how often your experience in 4-H has resulted in the following ways. (Select one response in each row by marking the appropriate box ☒.)

<b>In this 4-H program, I ...</b>	<b><i>Always</i></b>	<b><i>Usually</i></b>	<b><i>Sometimes</i></b>	<b><i>Never</i></b>
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"/>

6. Please tell us to what extent you agree or disagree that your experience in 4-H has resulted in the following ways. (Select one response in each row by marking the appropriate box ☒.)

<b>As a result of my experience ...</b>	<b><i>Strongly Agree</i></b>	<b><i>Agree</i></b>	<b><i>Disagree</i></b>	<b><i>Strongly Disagree</i></b>
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"/>

7. Please tell us to what extent you agree or disagree that your experience in 4-H has resulted in the following ways. (Select one response in each row by marking the appropriate box ☒.)

<b>As a result of my experience in this 4-H program or project ...</b>	<b><i>Strongly Agree</i></b>	<b><i>Agree</i></b>	<b><i>Disagree</i></b>	<b><i>Strongly Disagree</i></b>
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"/>

8. Please tell us to what extent you agree or disagree that your experience in 4-H has resulted in the following ways. (Select one response in each row by marking the appropriate box ☒.)

<b>As a result of my experience in this 4-H program or project ...</b>	<b><i>Strongly Agree</i></b>	<b><i>Agree</i></b>	<b><i>Disagree</i></b>	<b><i>Strongly Disagree</i></b>
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 learned things that helped me make a difference in my community	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I helped with a project that made a difference in my community	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

## Tell us about You

Please select the responses that best describes you.

**9. How old are you?**

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

Please select the responses that best describes you.

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

\_\_\_\_\_ Grade

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

- Female
- Male

**12. 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

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

- Hispanic or Latino
- Not Hispanic or Latino

**14. 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!**