Common Measures 2.0

Healthy Living Full Survey - Grades 4-12

Dear Participant: You have been given this survey because you have participated in a 4-H program or project and 4-H would like to learn about you and your experiences in 4-H. Your answers are important and they will be kept private. But, if you don’t want to fill out the survey, you don’t have to or if there is a question you don’t want to answer, you can leave it blank. There are no right or wrong answers, so please answer all questions honestly. Thank you for your help!

**Program Information**

**1. What is the name of this 4-H program/event?**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**2. What is the name of your 4-H teacher or instructor?**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**3. Where did the program take place?**

* Camp
* Club
* Afterschool
* School Enrichment
* Special Interest Program/Spark Club
* I don't know
* Not Listed \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**4. Which county did this program take place in?**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**4-H Participation**

**5. How long have you been participating in 4-H?**

* Less than a year
* Between one and two years
* Three or more years
* This is my first time attending a 4-H program/event

**6. Which one of the following best describes how many hours you typically spend in 4-H programs/projects each week?**

* Less than one hour
* Between one and three hours
* More than three hours
* This is my first time attending a 4-H program/event

**7. Which of the following best describes how you are involved with 4-H? (Select 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
* Not Listed \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* This is my first time attending a 4-H program/event

**8. Which county is your primary county for 4-H participation?**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Healthy Eating Habits**

**9. Read each question below and choose the answer that best describes you.**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | Yes | Usually | Not Really | No |
| Do you pay attention to how much fruit you eat each day?  |  |  |  |  |
| Do you pay attention to how many vegetables you eat each day?  |  |  |  |  |
| Do you pay attention to how much water you drink each day?  |  |  |  |  |
| Do you pay attention to how many sugary drinks you drink each day?  |  |  |  |  |
| Do you pay attention to the food label for the food you eat?  |  |  |  |  |

**10. How often do you eat breakfast?**

* Every day
* Most days
* Some days
* Never

**11. How often do you eat a meal with your family?**

* Every day
* Most days
* Some days
* Never

**12. How often do you eat fast food?**

* Every day
* Most days
* Some days
* Never

**13. Have you given your family ideas for healthy meals or snacks?**

* Yes
* Sort of
* No

**14. At this 4-H program/event, did you learn about healthy food choices?**

* Yes
* Sort of
* No

**Being Active**

**15. Read each question below and choose the answer that best describes you.**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | Yes | Usually | Not Really | No |
| Do you pay attention to how active you are each day?  |  |  |  |  |
| Do you pay attention to how much time you spend in front of a screen (TV, computer, tablet, or smart phone)?  |  |  |  |  |
| Do you get to decide how much time you spend in front of a screen (TV, computer, tablet, or smart phone)?  |  |  |  |  |

**16. Have you encouraged others to be active with you?**

* Yes
* Sort of
* No

**17. At this 4-H program/event, did you talk about ways to be active?**

* Yes
* Sort of
* No

**Healthy Decision Making**

**18. Read each question below and choose the answer that you think best answers the question.**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | It's okay | It's usually okay | It's usually not okay | It's not okay |
| What do you think about someone else texting and driving a car?  |  |  |  |  |
| What do you think about someone else your age riding a bike and not wearing a helmet?  |  |  |  |  |
| What do you think about someone else your age not wearing a seat belt?  |  |  |  |  |
| What do you think about someone else your age drinking alcohol?  |  |  |  |  |
| What do you think about someone else your age smoking?  |  |  |  |  |
| What do you think about someone else your age taking drugs?  |  |  |  |  |

|  |
| --- |
|  |

**19. Do you encourage your friends to make responsible choices?**

* Yes
* Usually
* Not really
* No

|  |
| --- |
|  |

**20. At this 4-H program/event, did you talk about risky behaviors?**

* Yes
* Sort of
* No

**Food Preparation Skills**

**21. Read each question below and choose the answer that best describes you.**

|  |  |  |  |
| --- | --- | --- | --- |
|  | Yes | Sort of | No |
| Do you know how to follow a recipe to make something to eat?  |  |  |  |
| Do you know how to make changes to a recipe?  |  |  |  |
| Do you know how to use measuring cups and spoons?  |  |  |  |
| Do you know how to use knives safely?  |  |  |  |
| Do you know how to handle hot pots and pans safely?  |  |  |  |
| Do you know how to keep your cooking area clean to stop spreading germs?  |  |  |  |

**About You**

**22. How old are you?**

Years old: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**23. What grade are you in?** (*If it is summer break, which grade will you be starting in the fall?)*

Grade: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**24. Which of the following best describes your gender?**

* Male (boy)
* Female (girl)
* I prefer not to answer
* Not Listed \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**25. Which of the following best describes your race?**

* Asian
* Black or African-American
* Hispanic or Latino
* Native American
* Native Hawaiian/Other Pacific Islander
* White or Caucasian
* More than one race
* I don’t know
* I prefer not to answer

**26. Which best describes the place where you live?**

* Farm
* Rural (non-farm residence/town under 10,000 people)
* Town or City (over 50,000 people)
* Suburb of a City (over 50,000 people)
* City (over 50,000 people)
* I prefer not to answer

**END OF SURVEY**