

Please indicate how hard it would be to complete the following actions. (Select one response in each row by marking the appropriate box ☐.)

How hard would it be for you to...	Not hard at all	A little hard	Very hard
Eat fruit for a snack	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Eat vegetables for a snack	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Choose water instead of soda pop or Kool-Aid when you are thirsty	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Drink 1% or skim milk instead of 2% or whole milk	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Choose a small instead of a large order of French fries	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Eat smaller servings of high fat foods like French fries, chips, snack cakes, cookies, or ice cream	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Eat a low-fat snack like pretzels instead of chips	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Drink less soda pop	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Drink less Kool-Aid	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Please indicate to what extent you agree or disagree that your experience in this 4-H program or project has resulted in the following outcomes. (Select one response in each row by marking the appropriate box ☐.)

As a result of participating in a 4-H Healthy Living Program...	Strongly Agree	Agree	Disagree	Strongly Disagree	Not Applicable to my 4-H Experience
I learned the foods that I should eat every day	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I learned what makes up a balanced diet	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I learned why it is important for me to eat a healthy diet	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I learned how to make healthy food choices	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Please indicate to what extent you agree or disagree that your experience in this 4-H program or project has resulted in the following outcomes. (Select one response in each row by marking the appropriate box ☐.)

As a result of participating in a 4-H Healthy Living Program I now take the following actions...	Strongly Agree	Agree	Disagree	Strongly Disagree	Not Applicable to my 4-H Experience
I eat more fruits and vegetables	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I eat more whole grains	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I eat less junk foods	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I drink more water	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I encourage my family to eat meals together	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Please tell us how often you complete the following tasks. (Select one response in each row by marking the appropriate box ☐.)

Tell us about you...	Always	Usually	Sometimes	Never
I do moderate physical activities like walking, helping around the house, raking leaves, or using the stairs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I exercise 60 minutes every day	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Please indicate to what extent you agree or disagree that your experience in this 4-H program or project has resulted in the following outcomes. (Select one response in each row by marking the appropriate box ☐.)

Tell us what you think...	I agree	I'm not sure	I do not agree
Being active is fun	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Being active is good for me	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Physical activity will help me stay fit	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Please indicate to what extent you agree or disagree that your experience in this 4-H program or project has resulted in the following outcomes. (Select one response in each row by marking the appropriate box ☐.)

As a result of participating in a 4-H Healthy Living Program I now take the following actions...	Strongly Agree	Agree	Disagree	Strongly Disagree	Not Applicable to my 4-H Experience
I wear a helmet when I ride a bicycle	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I wear a helmet when I rollerblade or ride a skateboard	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I wear a helmet when riding an All-Terrain Vehicle	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I wear a seat belt when riding in a car	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I avoid riding in cars with unsafe drivers	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I wear reflective clothing when walking after dark	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I use a pedestrian crossing when crossing the road	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Please indicate to what extent you agree or disagree that your experience in this 4-H program or project has resulted in the following outcomes. (Select one response in each row by marking the appropriate box ☐.)

As a result of participating in a 4-H Healthy Living Program I now take the following actions...	Strongly Agree	Agree	Disagree	Strongly Disagree	Not Applicable to my 4-H Experience
I follow safety rules when using a firearm or bow	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I tell my friends what I think when they are going to do something unsafe	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I avoid using substances that could harm me	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
When I cook food, I am safe and careful	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
If I am sick, I ask an adult before taking medicine	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Please select one response	Yes	No	Not sure
My club has a healthy living officer position	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

<b>Tell us how strongly you agree or disagree with the following statements</b>	<b>Strongly disagree</b>	<b>Disagree</b>	<b>Neither agree nor disagree</b>	<b>Agree</b>	<b>Strongly agree</b>
My involvement in 4-H adds to the stress in my life	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Recreation is included in my club meetings	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I get at least 8 hours of sleep each night	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>