

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"/>
I learned how many calories I need to eat each day	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I learned the importance of fruits and vegetables in my diet	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I learned the importance of whole grains in my diet	<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 think about what foods my body needs during the day	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I make food choices based on what I know my body needs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I make healthy food choices whenever I can	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I match my food intake to the number of calories I need to eat each day	<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 indicate to what extent do 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
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"/>
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"/>
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"/>

How often does each of the following apply to you? (Select one response in each row by marking the appropriate box ☒.)

When you ride a bicycle how often do you wear a helmet? (Mark one box ☒.)

- I do not ride a bicycle
- Never wear a helmet
- Rarely wear a helmet
- Sometimes wear a helmet
- Most of the time wear a helmet
- Always wear a helmet

How often does each of the following apply to you? (Select one response in each row by marking the appropriate box ☒.)

When you rollerblade or skateboard how often do you wear a helmet? (Mark one box ☒.)

- I do not rollerblade or ride a skateboard
- Never wear a helmet
- Rarely wear a helmet
- Sometimes wear a helmet
- Most of the time wear a helmet
- Always wear a helmet

When you ride an All-Terrain Vehicle (ATV), how often do you wear a helmet? (Mark one box)

- I do not ride an ATV
- Never wear a helmet
- Rarely wear a helmet
- Sometimes wear a helmet
- Most of the time wear a helmet
- Always wear a helmet

When you use a firearm, how often do you follow safety rules? (Mark one box)

- I do not use a firearm
- Never follow safety rules
- Rarely follow safety rules
- Sometimes follow safety rules
- Most of the time follow safety rules
- Always follow safety rules

How often do you wear a seatbelt when riding in a car? (Mark one box)

- Never
- Rarely
- Sometimes
- Most of the time
- Always

Have you ever ridden in a car driven by someone who had been drinking alcohol? (Mark one box)

- Yes
- No
- Not Sure

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"/>

Tell us how strongly you agree or disagree with the following statements	Strongly disagree	Disagree	Neither agree nor disagree	Agree	Strongly agree
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"/>