



## 4-H Contest Survey

Please tell us how often you did these things before your 4-H experience and how often you do them now, after you have participated in this activity.

**For example:** If you did not usually finish what you started before your 4-H experience, but now you usually do, answer question 1 like this:

	Before 4-H, I...				Now, I...			
	Almost never	Not usually	Usually	Almost always	Almost never	Not usually	Usually	Almost always
1. finish what I start	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

**Directions:** Please check one box in the Before 4H column **and** check one box in the Now column to answer questions 1 to 6.

	Before 4-H, I...				Now, I...			
	Almost never	Not usually	Usually	Almost always	Almost never	Not usually	Usually	Almost always
1. finish what I start	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. can solve problems	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. tell others what I know	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. make good choices	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. use time wisely	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. have more confidence in myself	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**Please tell us about yourself.**

7. How many years have you been in 4-H? \_\_\_\_\_
  8. How old are you? \_\_\_\_\_
  9. I am a: girl  boy
  10. How have you changed because of 4-H? \_\_\_\_\_
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Thank you!