**4-H Common Measures**

**Science – Full**

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!

**Learning About You**

1. **Do you like to learn new things?**

|  |  |
| --- | --- |
|  | Yes |
|  | Usually |
|  | Not Really  |
|  | No |

1. **Are you afraid to try something you might get wrong?**

|  |  |
| --- | --- |
|  | Yes |
|  | Usually |
|  | Not Really  |
|  | No |

1. **Do you try to learn from your mistakes?**

|  |  |
| --- | --- |
|  | Yes |
|  | Usually |
|  | Not Really  |
|  | No |

1. **Are you willing to work hard on something difficult?**

|  |  |
| --- | --- |
|  | Yes |
|  | Usually |
|  | Not Really  |
|  | No |

1. **Before making a decision, do you stop to think about your choices?**

|  |  |
| --- | --- |
|  | Yes |
|  | Usually |
|  | Not Really  |
|  | No |

1. **Do you think about how your choices affect others?**

|  |  |
| --- | --- |
|  | Yes |
|  | Usually |
|  | Not Really  |
|  | No |

1. **Do you set goals for yourself?**

|  |  |
| --- | --- |
|  | Yes |
|  | Usually |
|  | Not Really  |
|  | No |

1. **Do you keep trying until you reach your goals?**

|  |  |
| --- | --- |
|  | Yes |
|  | Usually |
|  | Not Really  |
|  | No |

1. **Do you treat others the way you want to be treated?**

|  |  |
| --- | --- |
|  | Yes |
|  | Usually |
|  | Not Really  |
|  | No |

1. **Do you follow the rules even if no one is watching?**

|  |  |
| --- | --- |
|  | Yes |
|  | Usually |
|  | Not Really  |
|  | No |

1. **Do you help others reach their goals?**

|  |  |
| --- | --- |
|  | Yes |
|  | Usually |
|  | Not Really  |
|  | No |

1. **Is it hard for you to be a leader?**

|  |  |
| --- | --- |
|  | Yes |
|  | Usually |
|  | Not Really  |
|  | No |

1. **Do you show respect for others’ ideas?**

|  |  |
| --- | --- |
|  | Yes |
|  | Usually |
|  | Not Really  |
|  | No |

1. **Are you comfortable working in groups?**

|  |  |
| --- | --- |
|  | Yes |
|  | Usually |
|  | Not Really  |
|  | No |

1. **Do you think about other people’s feelings before you say something?**

|  |  |
| --- | --- |
|  | Yes |
|  | Usually |
|  | Not Really  |
|  | No |

1. **Do you look for ways to involve all members of a group?**

|  |  |
| --- | --- |
|  | Yes |
|  | Usually |
|  | Not Really  |
|  | No |

1. **Do you have a hard time speaking up in a group?**

|  |  |
| --- | --- |
|  | Yes |
|  | Usually |
|  | Not Really  |
|  | No |

1. **Do you get along with others who are different from you?**

|  |  |
| --- | --- |
|  | Yes |
|  | Usually |
|  | Not Really  |
|  | No |

1. **When someone makes you upset, can you still work with them?**

|  |  |
| --- | --- |
|  | Yes |
|  | Usually |
|  | Not Really  |
|  | No |

1. **Do you like to learn about people who are different from you?**

|  |  |
| --- | --- |
|  | Yes |
|  | Usually |
|  | Not Really  |
|  | No |

1. **Are you willing to try something you might get wrong?**

|  |  |
| --- | --- |
|  | Yes |
|  | Usually |
|  | Not Really  |
|  | No |

1. **Are you comfortable being a leader?**

|  |  |
| --- | --- |
|  | Yes |
|  | Usually |
|  | Not Really  |
|  | No |

1. **Is it easy for you to speak up in a group?**

|  |  |
| --- | --- |
|  | Yes |
|  | Usually |
|  | Not Really  |
|  | No |

**About You**

1. **How old are you?**

|  |  |
| --- | --- |
|  | years old |

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

|  |  |
| --- | --- |
|  | grade |

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

|  |  |
| --- | --- |
|  | Male (boy) |
|  | Female (girl) |
|  |   |
|  | I don’t want to say |

1. **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 |

1. **How many hours do you typically spend on 4-H activities each week?**

|  |  |
| --- | --- |
|  | Less than 1 hour |
|  | 1 hour |
|  | 2 hours |
|  | 3 hours |
|  | 4 hours |
|  | 5 or more hours |

1. **Are you involved in 4-H at the county level?**

|  |  |
| --- | --- |
|  | Yes |
|  | No |

1. **Are you involved in 4-H at the state level?**

|  |  |
| --- | --- |
|  | Yes |
|  | No |

1. **Are you involved in 4-H at the national level?**

|  |  |
| --- | --- |
|  | Yes |
|  | No |

1. **Was this survey easy to complete?**

|  |  |
| --- | --- |
|  | Yes |
|  | Sort of |
|  | No |

1. **Did you ask for help in completing this survey?**

|  |  |
| --- | --- |
|  | Yes |
|  | No |

1. **Why are you involved in 4-H?**
2. **What has been the most important thing you have learned by being involved in 4-H?**
3. **How might you be different if you had never been involved 4-H?**

**Thank you very much!**

**Please return this form as directed.**