



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.

Extension

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? _____
-
-
-
-

Thank you!