



## 4-H Member Life Skills Survey

Please tell us how often you did these things before your 4-H experience and how often you do them now.

**For example:** If you did not usually work out problems before your 4-H experience, but now you usually do, answer like this:

	Before 4-H, I...				Now, I...			
	Almost never	Not usually	Usually	Almost always	Almost never	Not usually	Usually	Almost always
1. work out problems	<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 4-H column **and** check one box in the Now column to answer questions 1 to 7.

	Before 4-H, I ...				Now, I ...			
	Almost never	Not usually	Usually	Almost always	Almost never	Not usually	Usually	Almost always
1. work out 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"/>
2. use resources 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"/>
3. plan a project	<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 decisions	<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 project tools	<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. use technology	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. follow instructions	<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.**

8. How many years have you been in 4-H? \_\_\_\_\_

9. How old are you? \_\_\_\_\_

10. I am a: girl  boy

11. How have you changed because of 4-H? \_\_\_\_\_

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Thank you!

Please return completed surveys to the State 4-H office by **September 15, 2009**. Data Entry Code \_\_\_\_\_