



County \_\_\_\_\_

Date \_\_\_\_\_

## Colorado 4-H MQA Workshop Survey

Please answer the following questions. Check only one box for each question.

***Because of this workshop, my knowledge has increased about:***

	A Whole Lot	A Little More	Some- what	Very Little	Knew it already
1. Bio-security & proper facilities.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Proper animal care and handling.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Responsible antibiotic use.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Animal identification.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Maintaining good health records.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. Medication labels.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. Proper medication administration techniques.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. Feed labels & feed storage.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

***Because of this workshop, I will try to:***

	Always	Usually	Some- times	Already do this
9. Use proper animal care and handling.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10. Make more ethical decisions about my project.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11. Be more careful about storage of medications.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12. Ask others for help.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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

14. How many years have you had 4-H livestock projects? \_\_\_\_\_.

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

16. I am: Female  Male

17. What was the **Best** thing about today's program?

18. What was the **Worst** thing about today's program?

Office use only

Data Code Number: