



## 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. make my community better	<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. set goals	<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. 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"/>
4. keep good records	<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. at ease speaking in front of others	<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. take leadership roles	<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. am responsible for my actions	<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? \_\_\_\_\_

---



---



---



---



---



---



---



---

Thank you!