# Primary Survey

**What is your first name?** | **What is your last name?**
---|---
**What is the name of your program or group?**
**What is your age?**
**What is your gender?**

Can we use your answers to learn more about 4-H? Please circle “Yes” or “No”.

<table>
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<tr>
<th>Yes</th>
<th>No</th>
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### Please circle one face for each line

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<th>Disagree</th>
<th>Agree</th>
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1. I can learn something even if it is hard
2. I can set a goal
3. I feel good about myself
4. It is important to make good choices
5. I can help someone if they need me
6. I made a friend in 4-H
7. I have people in my life that care about me
8. The place where 4-H meets is safe
9. I think youth in 4-H are nice to each other
10. I think adults in 4-H are nice to youth
In each leaf, please write a few words or draw a picture.

Head
(Learned)
Describe what you learned in the 4-H program.

Heart
(Felt)
Describe how you felt while doing 4-H activities.

Hands
(Practiced + Improved)
Describe something you got better at doing in 4-H activities.

Health
(Helped Others)
Describe how you helped others in the 4-H program.