



Hello,

We are CalFresh Healthy Living, University of California (CFHL, UC). We teach lessons about food and exercise to help students stay healthy. The USDA helps us give free lessons.

To find out if our lessons work, we are asking you to fill out a survey. This helps us improve our program.

- It is your choice to do the survey or not.
- You can skip questions or not.
- It is up to you.

But we hope that you will answer all the questions.



We will not share your name or id number.

If you have any questions about the survey, please ask us.

Name of your local CFHL, UC educator: \_\_\_\_\_

Phone number: \_\_\_\_\_

You may also contact our CFHL, UC State Director: Kamaljeet Khaira, University of California at Davis, 1651 Alhambra Blvd, Suite 130, Sacramento, CA 95816; (916) 450-2800.

If you have any concerns or complaints about our CFHL, UC evaluation, you may also contact the Institutional Review Board, University of California at Davis at (916) 703-9151, from 8:00 a.m. to 5:00 p.m., Monday through Friday, or by writing to the Institutional Review Board, CTSC Bldg., Suite 1400, Rm. 1429, 2921 Stockton Blvd., Sacramento, California 95817.

## Youth Leader Survey [Retrospective]<sup>1</sup>

County: \_\_\_\_\_ School: \_\_\_\_\_ Date: \_\_\_\_\_

### Section I: Food Choices

1. Please indicate to what extent you agree or disagree that your experience in the CalFresh Healthy Living, UC Program <or other locally used name> has resulted in the following outcomes. Because of participating in this Program.... (Select one response in each row by marking the appropriate box ☒.)

	<i>Strongly Agree</i>	<i>Agree</i>	<i>Disagree</i>	<i>Strongly Disagree</i>
My family has purchased healthier foods	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
My family has prepared healthier foods	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I learned cooking skills	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I use cooking skills to prepare food at home	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I wash my hands frequently	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

### Section II: Engagement and Understanding

2. Please indicate to what extent you agree or disagree that your experience in this Program has resulted in the following outcomes. (Select one response in each row by marking the appropriate box ☒.)

Because of this Program...	<i>Strongly Agree</i>	<i>Agree</i>	<i>Disagree</i>	<i>Strongly Disagree</i>
I can make a difference in my community through community service	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I gained skills though serving my community that will help me in the future	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I taught others	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I acted as a mentor to others	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I am more confident in helping others	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I am more confident in myself overall	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

<sup>1</sup> Source: 4-H Healthy Living Common Measures Youth Leader Survey [Retrospective]

### Section III: Leadership Skills

3. For each of the following statements, rate your ability to perform each skill. In the left-hand columns, indicate your ability BEFORE the Program. In the right-hand columns, indicate your ability NOW. (Select one response in each side by marking the appropriate box )

	BEFORE				AFTER			
	<i>Excellent Ability</i>	<i>Good Ability</i>	<i>Some Ability</i>	<i>No Ability</i>	<i>Excellent Ability</i>	<i>Good Ability</i>	<i>Some Ability</i>	<i>No Ability</i>
I can lead group discussions.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I can work as a team member.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I can speak before a group.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I can plan programs.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I can teach 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"/>

4. Please rate your level of agreement with each of the following statements related to your experience as a youth leader in this program.

<b>During the Program</b>	<i>Strongly Agree</i>	<i>Agree</i>	<i>Disagree</i>	<i>Strongly Disagree</i>
There were dedicated adults who supported me as a youth leader	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I received ongoing training and support throughout the program	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
The program made sure I had everything I needed to be successful as a youth leader	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I received recognition and reward for my teaching efforts	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I participated in team-building with other youth leaders in the program	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I felt "set-up" for success by adults running the program	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I received feedback on how well I was doing as a teacher	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

5. What was the best part of participating as a youth leader or mentor in this program?

6. What could be done to make your experience as a youth leader even better?

**Section IV: Tell us about you**

7. **What grade are you in?**

- Grades 4-6
- Grades 7-8
- Grades 9-12

8. **How do you describe yourself?** (Mark all the boxes  that best describe you.)

- American Indian or Alaska Native
- Asian
- Black or African American
- Latino or Hispanic (Mexican, Salvadoran, Guatemalan, etc.)
- Native Hawaiian or other Pacific Islander
- White
- Other: \_\_\_\_\_

**Section V: Tell us about your CalFresh Healthy Living, UC Program <or enter locally used name> experience**

Please select the responses that best describes you.

9. **How many years have you been participating?** (Mark one box )

- This is my first year
- This is my second year
- Three or more years

10. **Which one of the following best describes how many hours you typically spend in the CalFresh Healthy Living, UC Program <or insert locally used name> each week?** (Mark one box )

- Less than one hour
- Between one and three hours
- More than three hours

11. **What was the focus of this youth-led effort?** Check all that apply

- Gardening
- Healthy School Food
- School Wellness Policy
- Physical Activity
- Teaching lessons
- Other – specify: \_\_\_\_\_

**THANK YOU!**