



MARKING INSTRUCTIONS

CORRECT: ● INCORRECT: ✓ ✗ ☹️ ☺️

4-H Winning With Nutrition

For each of the topics listed below, in the LEFT column, mark the ONE number that best reflects your LEVEL OF UNDERSTANDING before participating in the Winning With Nutrition lesson series. Then, in the RIGHT column, mark the ONE number that best reflects your LEVEL OF UNDERSTANDING after participating in the Winning With Nutrition lesson series.

LEVEL OF UNDERSTANDING

Poor Average Good Excellent
 1 2 3 4

Level of Understanding	BEFORE the Program				AFTER the Program			
	1	2	3	4	1	2	3	4
My understanding of "MyPlate".	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
My knowledge of the function of carbohydrates.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
My understanding of the function of proteins.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
My understanding of the function of fats.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
My understanding of why water is important.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
My knowledge of the function of water.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
My knowledge level of how to create a menu appropriate for pre-game dining.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
My knowledge of the effects of sleep on my athletic performance.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
My knowledge of the effects of smoking and alcohol on my athletic performance.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
My understanding of how to recognize fad diets.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

2. What is the most significant thing you have learned because of the Winning With Nutrition series (feel free to list more than one)?

3. Are there things you will do differently because of what you learned?

Yes No

If yes, please tell us what behaviors you plan to change.

4. Are there other sports nutrition topics you would like to learn more about? If so, please explain.

Please tell us about yourself.

You are . . . Female Male

Your age is . . . 10 or younger 11 12 13 14
 15 16 17 18 or older

Are you Hispanic? Yes No

Your race is . . .

African American White
 Asian American Other
 Native American

Most of the time, you live . . .

Farm or ranch Suburb of city between 50,000
 Town under 10,000 Central city/urban center with more than 50,000
 Town/city 10,000 - 50,000

Please provide any additional information on the back.

Thank you!

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