

III. Place a check (✓) next to the answer that describes you.

1. You are a: _____ Girl _____ Boy

2. How old are you: _____

3. Grade: _____ 4th or lower _____ 8th
_____ 5th _____ 9th
_____ 6th _____ 10th or higher

4. Race: _____ Caucasian _____ Asian
_____ African American/Black _____ Multi-racial
_____ Native American _____ Unknown

5. Ethnicity: _____ Hispanic/Latino _____ Not Hispanic/Latino

6. Size of your town/city (your best guess or ask program staff if you are not sure):

_____ Urban (population over 50,000)
_____ Suburban (population 10,000 – 50,000)
_____ Rural (population less than 10,000)

7. Where did you participate in the *Health Rocks!* training?

State _____ County _____

8. Around how many hours of *Health Rocks!* training have you completed? _____

9. How many activities have you completed? _____ number of activities

IV. Please share additional comments and thoughts regarding your *Health Rocks!* experience in the space provided.