

Complete on each family at ENTRY into EFNEP and again at EXIT. Technician should fill in shaded items.

1. Technician's Name & ID#:		2. Check: ENTRY _____ EXIT _____	
3. Unit ID: _____	5. Enrolled in EFNEP before? (circle Yes OR No) Yes No	7. Age: _____	9. Pregnant (circle) Yes No
4. Homemaker's ID: _____	6. If Yes, did you receive a Certificate of Completion? Yes No	8. Sex: Female _____ Male _____	10. Breastfeeding: Yes No
Homemaker (First) (MI) (Last) a) Name _____ b) Street _____ c) City _____ Zip _____ d) Phone _____		Additional concerns/problems affecting family: Grade of school completed by homemaker: _____	
11. Race: Check the category you identify with 1-00 ___ White (non-Hispanic) 2-00 ___ Black (non-Hispanic) 3-00 ___ Am Indian/Alaskan Native 4-00 ___ Hispanic 5-00 ___ Asian or Pacific Islander		12. Place of Residence: circle number 1 Farm 2 Towns under 10,000 & rural non-farm 3 Towns & Cities 10,000 to 50,000 4 Suburbs of Cities over 50,000 5 Central Cities over 50,000	
14. Household Members: Children by Age List First Name of Children (through Age 19)		13. Total Household Income Last Month: \$ _____	
1.	Age (Years)	15. Number of Other Adults in Household _____ (don't count Homemaker)	
2.		16. Lesson type (Check one): 1 ___ Group 2 ___ Individual 3 ___ Both 4 ___ Other _____	
3.		17. Number of Lessons since last record:	
4.			
5.			
6.			
7.			

18. Entry Date:	20. Exit Date:	22. Did your family get help from one or more of programs below, due to referral or suggestion by EFNEP Technician? Yes ___ No ___ If YES, check all that apply: ___ WIC/CSFP ___ Food Stamps ___ FDPIR (Food Distribution Prog. on Indian Res.) ___ Commodities ___ Head Start ___ Child Nutrition ___ AFDC ___ Other _____ (Give name of program or agency)
19. Programs/agencies from which Family received assistance at ENTRY: (Circle YES or NO)	21. Exit Reason: (circle)	
WIC/CSFP Yes No Food Stamps Yes No FDPIR (Food Distribution Prog. on Indian Res.) Yes No Commodities Yes No Head Start Yes No Child Nutrition Yes No AFDC Yes No Other _____ Yes No (Give name of program or agency)	1 Educational Objective Met 2 Returned to School 3 Took Job 4 Family Concerns 5 Staff Vacancy 6 Moved 7 Lost Interest 8 Other	



FOOD PRACTICE CHECKLIST

Date Taken:	Check if answers were written in by Technician <input type="checkbox"/>	Check One	Entry <input type="checkbox"/>	Exit <input type="checkbox"/>
			Other <input type="checkbox"/>	No. ____

The questions below ask about ways you plan and fix foods for your family. As you answer each question, think about the recent past. Some questions ask you to think about the past month. Others ask you to think about just the past two weeks.

Please put a check [✓] in the box that best answers each question.	Do Not Do	Seldom	Some Times	Most of the time	Almost Always
(1) How often do you plan meals ahead for several days before buying groceries?					
(2) How often do you compare prices of different brands before you buy food?					
(3) When deciding what to feed your family, how often do you think about <i>healthy food choices</i> ?					
(4) This question is about <i>meat</i> and <i>dairy foods</i> . How often do you let these foods sit out of the refrigerator for more than two hours?					
(5) How often do you <i>thaw frozen food</i> by leaving it out on the counter or table (at room temperature)?					
(6) In the past two weeks , how often did you prepare or eat foods <i>without adding salt</i> ?					
(7) In the past two weeks , how often did you read food labels to select foods with <i>less salt or sodium</i> ?					

Please put a check [] in the box that best answers each question.	Do Not Do	Seldom	Some Times	Most of the time	Almost Always
(8) In the past two weeks , how often did you read food labels to select foods with less fat ?					
(9) How often do you <i>run out of food</i> , or money to buy food, before the end of the month?					
(10) How often in the past two weeks did you or your children have something to eat within 2 hours of getting out of bed?	_____times				
(11) In the past month , how many times did you do <i>major grocery shopping</i> ?	_____times				
(12) When doing major grocery shopping (in 11 above), how many times did you shop with a <i>grocery list</i> ?	_____times				
(13) In the past month , did you have to reduce the amount of food you, or your children, had to eat because there was not enough food, or money to buy food?	Check one: <input type="checkbox"/> yes <input type="checkbox"/> no				
(14) How much do you agree with this statement? “The <i>food and nutrition needs</i> of my family are being met.”	Check one: <input type="checkbox"/> Strongly Disagree <input type="checkbox"/> Disagree <input type="checkbox"/> Agree <input type="checkbox"/> Strongly Agree				

The previous questions asked about foods and nutrition. Now think about other needs of your family (such as health, money management, parenting, relationships with family and friends, and personal growth.)

How much do you agree with the statement below?

(15) Most of the <i>other needs</i> of my family are being met.	Check one: <input type="checkbox"/> Strongly Disagree <input type="checkbox"/> Disagree <input type="checkbox"/> Agree <input type="checkbox"/> Strongly Agree
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