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No. 360-090
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Virginia Cooperative Extension
EFNEP and SCNEP Programs

EFNEP AND SCNEP FAMILY RECORD
(Use with Young Families)

REVISED 1999

PUBLICATION 360-090

Complete on each family at ENTRY into EFNEP/SCNEP and again at EXIT. Program Assistant should fill in shaded items.

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1. PA's Name & ID#:		2. Check: ENTRY _____ EXIT _____	
3. Unit ID: _____	5. Enrolled in EFNEP before? (circle Yes OR No) Yes No	7. Age: _____	8. Sex: Female _____ Male _____
4. Homemaker's ID: _____	6. If Yes, did you receive a Certificate of Completion? Yes No		
Homemaker (First) (MI) (Last)		*10. Pregnant (circle one) YES NO	
a) Name _____		*10a. Breast Feeding (circle one) YES NO	
b) Street _____		* (If YES, Complete Perinatal Record(s))	
c) City _____ Zip _____			
d) Phone _____			
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	
		13. Total Household Income Last Month: \$ _____ Homemaker works outside home Yes No	
14. Household Members: Children by Age List First Name of Children (through Age 19)		15. Number of Other Adults in Household _____ (do not count Homemaker)	
1.		16. Lesson type (Check one): 1 ___ Group 3 ___ Both 2 ___ Individual 4 ___ Other Total number of lessons received (AT EXIT): _____	
2.			
3.			
4.			
5.			
6.			
7.			
		17. SUBGROUP CODES: (see page 3) [] [] [] [] [] [] [] [] [] []	

18. Entry Date:	Complete this section only when homemaker graduates or drops from program	
19. Programs/agencies from which Family received assistance at ENTRY: (Circle YES or NO)	20. Exit Date:	22. Did your family get help from one or more of programs below, due to referral or suggestion by EFNEP/SCNEP Program Assistant? Yes ___ No ___ If YES, check all that apply: ___ WIC ___ Food Stamps ___ Commodities (TEFAP) ___ Head Start ___ Child Nutrition ___ AFDC/TANF ___ Other _____
	21. Exit Reason: (circle)	
	1 Educational Objective Met	
	2 Returned to School	
	3 Took Job	
	4 Family Concerns	
	5 Staff Vacancy	
	6 Moved	
	7 Lost Interest	
8 Other		
WIC/CSFP Yes No		
Food Stamps Yes No		
Commodities (TEFAP) Yes No		
Head Start Yes No		
Child Nutrition Yes No		
AFDC/TANF Yes No		
Other _____ Yes No		

FOOD PRACTICE CHECKLIST

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

This is a survey about ways you plan and fix foods for your family. As you read each question, think about the recent past. This is not a test. There are no wrong answers. If you do not have children, just answer the questions for *yourself*. For these questions, think about how you usually do things.

Please put a check [✓] in the box that best answers each question.	(1) Never	(2) Seldom	(3) Some-Times	(4) Most of the time	(5) Almost Always
(1) How often do you plan meals ahead of time?					
(2) How often do you compare prices when you buy food?					
(3) How often do you run out of food before the end of the month?					
(4) How often do you shop with a grocery list?					
(5) This question is about <i>meat</i> and <i>dairy</i> foods: How often do you let these foods sit out of the refrigerator for more than two hours?					
(6) How often do you thaw frozen food at room temperature?					
(7) When deciding what to feed your family, how often do you think about healthy food choices?					
(8) How often have you prepared foods without adding salt?					
(9) How often do you use the "Nutrition Facts" on the food label to make food choices?					
(10) How often do your children (or you) eat something in the morning within 2 hours of waking up?					

ATTACH ADDITIONAL CHECKLIST, IF USED

SUBGROUP CODES

A	EFNEP Participant	Q	Homemaker is a male
B	FSNEP (SCNEP) Participant	R	Family Receives Food Stamps
D	Team Nutrition Participant	S	Family Not Receiving Food Stamps
M	Pregnant/Breastfeeding & Aged 20 or over	T	Homemaker is non English speaking
N	Pregnant/Breastfeeding-Teenager	U	Homemaker has a chronic disease or condition
O	Homemaker is Aged 65 or over	V	Homemaker has job outside home
P	Homemaker is Aged 40-64		

HOMEMAKER'S 24-HOUR FOOD RECALL

1. Homemaker's ID #:		2. Date Taken:	
3. Pregnant <input type="checkbox"/> Yes <input type="checkbox"/> No		4. Nursing <input type="checkbox"/> Yes <input type="checkbox"/> No	
6. Money Spent on Food Last Month: \$ _____		5. Takes Nutritional Supplements <input type="checkbox"/> Yes <input type="checkbox"/> No If "Yes" List Type:	
Meal Type Morning = 1 Afternoon = 4 MidMorning = 2 Evening = 5 Noon = 3 Late Evening = 6		Serving Abbreviations TBSP = tablespoon c = cup tsp = teaspoon lb = pound oz = ounce sl = slice	
9. Check Which Food Record: <input type="checkbox"/> ENTRY <input type="checkbox"/> EXIT <input type="checkbox"/> Other: Number _____			

10. What did homemaker eat and drink in the last 24 hours? (To be filled out by Program Assistant OR Homemaker)			11. To Be Coded By EFNEP/SCNEP Program Assistant.	
Food Items and Description <small>(List all foods and beverages. List main ingredients in mixed foods, on separate lines.)</small>	Amount Eaten	Meal Type	Food ID Number	Amount Code
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12. Number of Lessons Taught Since Last Record: Individual _____ Group _____ Other _____				