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 no. 360-095  
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**Virginia Cooperative Extension**  
**EFNEP and SCNEP Programs**

**EFNEP AND SCNEP FAMILY RECORD**

(Use with Older Homemakers/Individuals)

REVISED 1999

PUBLICATION 360-095

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

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) a) Name _____ b) Street _____ c) City _____ Zip _____ d) Phone _____	*10. Chronic Diseases/Conditions (Check those that apply) ___ Diabetes (sugar) ___ High Blood Pressure ___ Heart Disease ___ Osteoporosis ___ High Cholesterol/ ___ Overweight Triglycerides ___ Other _____
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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
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14. Household Members: Children by Age List First Name of Children (through Age 19)	Age (Years)	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): _____ 17. SUBGROUP CODES: (see page 3) <table border="1" style="width:100%; height: 20px;"> <tr> <td style="width:15%;"></td> <td style="width:15%;"></td> <td style="width:15%;"></td> <td style="width:15%;"></td> <td style="width:15%;"></td> <td style="width:15%;"></td> </tr> </table>						
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18. Entry Date: _____	<b>Complete this section only when homemaker graduates or drops from program</b>																													
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)																													
<table border="0" style="width:100%;"> <tr> <td style="width:15%;">WIC/CSFP</td> <td style="width:10%;">Yes</td> <td style="width:10%;">No</td> </tr> <tr> <td>Food Stamps</td> <td>Yes</td> <td>No</td> </tr> <tr> <td>Commodities (TEFAP)</td> <td>Yes</td> <td>No</td> </tr> <tr> <td>Head Start</td> <td>Yes</td> <td>No</td> </tr> <tr> <td>Child Nutrition</td> <td>Yes</td> <td>No</td> </tr> <tr> <td>AFDC/TANF</td> <td>Yes</td> <td>No</td> </tr> <tr> <td>Other (Food Stamp Eligible/but not receiving)</td> <td>Yes</td> <td>No</td> </tr> </table> Any other benefits: _____	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 (Food Stamp Eligible/but not receiving)	Yes	No	<table border="0" style="width:100%;"> <tr> <td style="width:15%;">1 Educational Objective Met</td> </tr> <tr> <td>2 Returned to School</td> </tr> <tr> <td>3 Took Job</td> </tr> <tr> <td>4 Family Concerns</td> </tr> <tr> <td>5 Staff Vacancy</td> </tr> <tr> <td>6 Moved</td> </tr> <tr> <td>7 Lost Interest</td> </tr> <tr> <td>8 Other</td> </tr> </table>	1 Educational Objective Met	2 Returned to School	3 Took Job	4 Family Concerns	5 Staff Vacancy	6 Moved	7 Lost Interest	8 Other
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## FOOD PRACTICE CHECKLIST

Date Taken:	Check if answers were written in by Program Assistant <input type="checkbox"/>	<b>Check One</b>	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 eat, 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 you eat something in the morning within 2 hours of waking up?					

## ATTACH ADDITIONAL CHECKLIST, IF USED

### SUBGROUP CODES

A	EFNEP Participant	R	Household Receives Food Stamps
B	FSNEP (SCNEP) Participant	S	Participant Not Receiving Food Stamps
O	Participant is Aged 65 or over	T	Participant is non English speaking
P	Participant is Aged 40-64	U	Participant has a chronic disease or condition
Q	Participant is a male	V	Participant has job outside home

# HOMEMAKER'S 24-HOUR FOOD RECALL

1. Homemaker's ID #:		2. Date Taken:	
3. Doctor has advised dietary changes <input type="checkbox"/> Yes <input type="checkbox"/> No		5. Takes Nutritional Supplements <input type="checkbox"/> Yes <input type="checkbox"/> No If "Yes" List Type:	
6. Money Spent on Food Last Month: \$ _____			
<b>Meal Type</b> Morning = 1      Afternoon = 4 MidMorning = 2    Evening = 5 Noon = 3      Late Evening = 6	<b>Serving Abbreviations</b> 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 participant eat and drink in the last 24 hours? (To be filled out by Program Assistant OR Participant)			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 _____				