

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

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| 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. | | | |

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| 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 _____ | |
| 19. Programs/agencies from which Family received assistance at ENTRY: (Circle YES or NO) | | 21. Exit Reason: (circle) | | If YES, check all that apply: | |
| WIC/CSFP | Yes No | 1 Educational Objective Met | | ___ WIC/CSFP | |
| Food Stamps | Yes No | 2 Returned to School | | ___ Food Stamps | |
| FDPIR (Food Distribution Prog. on Indian Res.) | Yes No | 3 Took Job | | ___ FDPIR (Food Distribution Prog. on Indian Res.) | |
| Commodities | Yes No | 4 Family Concerns | | ___ Commodities | |
| Head Start | Yes No | 5 Staff Vacancy | | ___ Head Start | |
| Child Nutrition | Yes No | 6 Moved | | ___ Child Nutrition | |
| AFDC | Yes No | 7 Lost Interest | | ___ AFDC | |
| Other _____ | Yes No | 8 Other | | ___ Other _____ | |
| (Give name of program or agency) | | | | (Give name of program or agency) | |



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

| 10. What did homemaker eat and drink in the last 24 hours? (To be filled out by Technician OR Homemaker) | | | 11. To Be Coded By EFNEP Technician. | |
|--|-----------------|--------------|---|----------------|
| 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 _____ | | | | |
| When a pregnant homemaker has a baby, enter delivery date, birthweight, and general health of baby: _____ | | | | |