



EFNEP Exit

Household Members - List the first names and ages of people who live with you:

Name: _____

Street: _____

City: _____ Zip: _____

Phone: (_____) _____

Email: _____

Yes! I would like Family Nutrition Program to contact me by e-mail.

If female: Are you pregnant? Yes No

Are you breastfeeding? Yes No

Programs that you and your family participate in as a result of a referral from the Family Nutrition Program (check all that apply):

- Free or reduced school lunch or breakfast
- Head Start
- Other (please specify): _____
- SNAP Benefits (Virginia EBT card)**
- TANF (Temporary Assistance for Needy Families)**
- Food Banks and Pantries**
- The Emergency Food Assistance Program (TEFAP) – Commodities**
- WIC**
- Public Housing**

	First Name	Age
1.	_____	_____
2.	_____	_____
3.	_____	_____
4.	_____	_____
5.	_____	_____
6.	_____	_____
7.	_____	_____
8.	_____	_____

Monthly Household Income: \$ _____/month

FOR FAMILY NUTRITION PROGRAM USE ONLY:

Exit Date _____ # of Lessons: _____ # of Contacts: _____ # of Hours: _____

Educational Objective Met Program Assistant Name: _____

Termination Reason: Group Name: _____

Returned to School Took Job

Family Concerns Staff Vacancy Moved Participant ID#: _____

Please tell us what you think by completing this survey.

This is a survey about ways you plan and fix foods for yourself and what you think about health issues. For each question, please check one box in the “Before Class” column and one box in the “Now” column. In the “Before Class” column answer the question on what you did prior to your experiences in the Family Nutrition Program. In the “Now” column, answer the same question on what you do now after your experiences in the Family Nutrition Program. Be as honest as you can. There are no right or wrong answers. Your responses are important and will be used to improve future classes. **Thank you!**

1. How often do you plan meals ahead of time?

	Before Class	Now
NEVER	<input type="checkbox"/>	<input type="checkbox"/>
SELDOM	<input type="checkbox"/>	<input type="checkbox"/>
SOMETIMES	<input type="checkbox"/>	<input type="checkbox"/>
MOST OF THE TIME	<input type="checkbox"/>	<input type="checkbox"/>
ALMOST ALWAYS	<input type="checkbox"/>	<input type="checkbox"/>

2. How often do you compare prices before you buy food?

	Before Class	Now
NEVER	<input type="checkbox"/>	<input type="checkbox"/>
SELDOM	<input type="checkbox"/>	<input type="checkbox"/>
SOMETIMES	<input type="checkbox"/>	<input type="checkbox"/>
MOST OF THE TIME	<input type="checkbox"/>	<input type="checkbox"/>
ALMOST ALWAYS	<input type="checkbox"/>	<input type="checkbox"/>

3. How often do you run out of food before the end of the month?

	Before Class	Now
NEVER	<input type="checkbox"/>	<input type="checkbox"/>
SELDOM	<input type="checkbox"/>	<input type="checkbox"/>
SOMETIMES	<input type="checkbox"/>	<input type="checkbox"/>
MOST OF THE TIME	<input type="checkbox"/>	<input type="checkbox"/>
ALMOST ALWAYS	<input type="checkbox"/>	<input type="checkbox"/>

4. How often do you shop with a grocery list?

	Before Class	Now
NEVER	<input type="checkbox"/>	<input type="checkbox"/>
SELDOM	<input type="checkbox"/>	<input type="checkbox"/>
SOMETIMES	<input type="checkbox"/>	<input type="checkbox"/>
MOST OF THE TIME	<input type="checkbox"/>	<input type="checkbox"/>
ALMOST ALWAYS	<input type="checkbox"/>	<input type="checkbox"/>

5. This question is about meat and dairy foods. How often do you let these foods sit out for more than two hours?

	Before Class	Now
NEVER	<input type="checkbox"/>	<input type="checkbox"/>
SELDOM	<input type="checkbox"/>	<input type="checkbox"/>
SOMETIMES	<input type="checkbox"/>	<input type="checkbox"/>
MOST OF THE TIME	<input type="checkbox"/>	<input type="checkbox"/>
ALMOST ALWAYS	<input type="checkbox"/>	<input type="checkbox"/>

6. How often do you thaw foods at room temperature?

	Before Class	Now
NEVER	<input type="checkbox"/>	<input type="checkbox"/>
SELDOM	<input type="checkbox"/>	<input type="checkbox"/>
SOMETIMES	<input type="checkbox"/>	<input type="checkbox"/>
MOST OF THE TIME	<input type="checkbox"/>	<input type="checkbox"/>
ALMOST ALWAYS	<input type="checkbox"/>	<input type="checkbox"/>

7. When deciding on what to feed your family, how often do you think about healthy food choices?

	Before Class	Now
NEVER	<input type="checkbox"/>	<input type="checkbox"/>
SELDOM	<input type="checkbox"/>	<input type="checkbox"/>
SOMETIMES	<input type="checkbox"/>	<input type="checkbox"/>
MOST OF THE TIME	<input type="checkbox"/>	<input type="checkbox"/>
ALMOST ALWAYS	<input type="checkbox"/>	<input type="checkbox"/>

8. How often do you prepare food without adding salt?

	Before Class	Now
NEVER	<input type="checkbox"/>	<input type="checkbox"/>
SELDOM	<input type="checkbox"/>	<input type="checkbox"/>
SOMETIMES	<input type="checkbox"/>	<input type="checkbox"/>
MOST OF THE TIME	<input type="checkbox"/>	<input type="checkbox"/>
ALMOST ALWAYS	<input type="checkbox"/>	<input type="checkbox"/>

9. How often do you use the “Nutrition Facts” on the food label to make food choices?

	Before Class	Now
NEVER	<input type="checkbox"/>	<input type="checkbox"/>
SELDOM	<input type="checkbox"/>	<input type="checkbox"/>
SOMETIMES	<input type="checkbox"/>	<input type="checkbox"/>
MOST OF THE TIME	<input type="checkbox"/>	<input type="checkbox"/>
ALMOST ALWAYS	<input type="checkbox"/>	<input type="checkbox"/>

10. How often do your children eat something within 2 hours of waking up in the morning?

	Before Class	Now
NEVER	<input type="checkbox"/>	<input type="checkbox"/>
SELDOM	<input type="checkbox"/>	<input type="checkbox"/>
SOMETIMES	<input type="checkbox"/>	<input type="checkbox"/>
MOST OF THE TIME	<input type="checkbox"/>	<input type="checkbox"/>
ALMOST ALWAYS	<input type="checkbox"/>	<input type="checkbox"/>

FOR FAMILY NUTRITION PROGRAM USE ONLY:
Participant ID#: _____

11. When you eat bread and cereals, how often do you eat whole wheat bread and cereals?

	Before Class	Now
NEVER	<input type="checkbox"/>	<input type="checkbox"/>
SELDOM	<input type="checkbox"/>	<input type="checkbox"/>
SOMETIMES	<input type="checkbox"/>	<input type="checkbox"/>
MOST OF THE TIME	<input type="checkbox"/>	<input type="checkbox"/>
ALMOST ALWAYS	<input type="checkbox"/>	<input type="checkbox"/>

16. How often do you eat low-fat foods instead of high-fat foods?

	Before Class	Now
NEVER	<input type="checkbox"/>	<input type="checkbox"/>
SELDOM	<input type="checkbox"/>	<input type="checkbox"/>
SOMETIMES	<input type="checkbox"/>	<input type="checkbox"/>
MOST OF THE TIME	<input type="checkbox"/>	<input type="checkbox"/>
ALMOST ALWAYS	<input type="checkbox"/>	<input type="checkbox"/>

12. How often do you use low-fat (2%), very low-fat (1%), or non-fat milk?

	Before Class	Now
NEVER	<input type="checkbox"/>	<input type="checkbox"/>
SELDOM	<input type="checkbox"/>	<input type="checkbox"/>
SOMETIMES	<input type="checkbox"/>	<input type="checkbox"/>
MOST OF THE TIME	<input type="checkbox"/>	<input type="checkbox"/>
ALMOST ALWAYS	<input type="checkbox"/>	<input type="checkbox"/>

17a. Before class, did you ever eat less than you felt you should have because there was not enough money to buy food?

YES NO

17b. Since you participated in classes, do you ever eat less than you felt you should because there was not enough money for food?

YES NO

13. How often do you drink regular soda every day?

	Before Class	Now
NEVER	<input type="checkbox"/>	<input type="checkbox"/>
SELDOM	<input type="checkbox"/>	<input type="checkbox"/>
SOMETIMES	<input type="checkbox"/>	<input type="checkbox"/>
MOST OF THE TIME	<input type="checkbox"/>	<input type="checkbox"/>
ALMOST ALWAYS	<input type="checkbox"/>	<input type="checkbox"/>

18. How often do you walk, take the stairs, run with your kids, and take other opportunities to be physically active?

	Before Class	Now
NEVER	<input type="checkbox"/>	<input type="checkbox"/>
SELDOM	<input type="checkbox"/>	<input type="checkbox"/>
SOMETIMES	<input type="checkbox"/>	<input type="checkbox"/>
MOST OF THE TIME	<input type="checkbox"/>	<input type="checkbox"/>
ALMOST ALWAYS	<input type="checkbox"/>	<input type="checkbox"/>

14. How often do you make meals that include a variety of foods from MyPlate?

	Before Class	Now
NEVER	<input type="checkbox"/>	<input type="checkbox"/>
SELDOM	<input type="checkbox"/>	<input type="checkbox"/>
SOMETIMES	<input type="checkbox"/>	<input type="checkbox"/>
MOST OF THE TIME	<input type="checkbox"/>	<input type="checkbox"/>
ALMOST ALWAYS	<input type="checkbox"/>	<input type="checkbox"/>

19. How often do you wash utensils and surfaces that have touched raw poultry or meat in hot soapy water before using them again?

	Before Class	Now
NEVER	<input type="checkbox"/>	<input type="checkbox"/>
SELDOM	<input type="checkbox"/>	<input type="checkbox"/>
SOMETIMES	<input type="checkbox"/>	<input type="checkbox"/>
MOST OF THE TIME	<input type="checkbox"/>	<input type="checkbox"/>
ALMOST ALWAYS	<input type="checkbox"/>	<input type="checkbox"/>

15. How often do you currently eat 2 or more kinds of fruit every day? (This includes fresh, frozen, canned, and 100% juice).

	Before Class	Now
NEVER	<input type="checkbox"/>	<input type="checkbox"/>
SELDOM	<input type="checkbox"/>	<input type="checkbox"/>
SOMETIMES	<input type="checkbox"/>	<input type="checkbox"/>
MOST OF THE TIME	<input type="checkbox"/>	<input type="checkbox"/>
ALMOST ALWAYS	<input type="checkbox"/>	<input type="checkbox"/>

20. How often do you currently eat 3 or more kinds of vegetables every day? (This includes fresh, frozen, canned, and 100% vegetable juice).

	Before Class	Now
NEVER	<input type="checkbox"/>	<input type="checkbox"/>
SELDOM	<input type="checkbox"/>	<input type="checkbox"/>
SOMETIMES	<input type="checkbox"/>	<input type="checkbox"/>
MOST OF THE TIME	<input type="checkbox"/>	<input type="checkbox"/>
ALMOST ALWAYS	<input type="checkbox"/>	<input type="checkbox"/>

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1. Do you take nutritional supplements? Yes No 2. How much did you spend on food last month? \$_____

3. In addition to your normal daily routine, how much moderate to vigorous activity (such as walking, gardening, bike riding, or dancing) do you do most days:

Less than 30 minutes 30-60 minutes over 60 minutes

4. What did you have to eat and drink in the last 24 hours?

	FOOD ITEM	HOW MUCH	DO NOT WRITE IN THESE BLOCKS PA USE ONLY Food ID #											
			CODE						SUB CODE					
Morning Meal														
Snack														
Midday Meal														
Snack														
Evening Meal														
Snack														

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