



Exit Form

Name: _____

Monthly Household Income: \$ _____/month.

Street: _____

Household Members - List the first names and ages of people who live with you since you enrolled in the Family Nutrition Program:

City: _____ Zip: _____

Phone: (_____) _____

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

Email: _____

Yes! I would like sign up for the Family Nutrition Program Monthly E-mail Newsletter. Be sure to give us your e-mail address and write clearly.

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
- SNAP Benefits (Virginia EBT card)**
- TANF (Temporary Assistance for Needy Families)**
- Food Banks and Food Pantries**
- The Emergency Food Assistance Program (TEFAP) - Commodities**
- WIC**
- Other (please specify): _____

FOR FAMILY NUTRITION PROGRAM USE ONLY:

Exit Date _____ **Fast Track** **Young Comprehensive** # of Lessons: ____ # of Contacts: ____ # of Hours: ____

Educational Objective Met Program Assistant Name: _____

Group Name: _____

Participant ID#: _____

Termination Reason: Returned to School Took Job Family Concerns Staff Vacancy
 Moved Lost Interest Other _____

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BEFORE You Participated in the Program

We are trying to gather information on how the program benefitted you. We would like to ask you to complete this survey, thinking about ways you planned and fixed food BEFORE you participated in this program and then to think about what you do now AFTER completing the program (series of classes). For each question, please circle only one answer on each row. Be as honest as you can. This is not a test. There are no wrong answers. Your responses are important and will be used to improve future classes. Thank you!

B E F O R E	1. Before the program...How often did you plan meals ahead of time?	Never	Rarely	Sometimes	Most of the Time	Almost Always
	2. Before the program...How often did you compare prices before you bought food?	Never	Rarely	Sometimes	Most of the Time	Almost Always
	3. Before the program...How often did you run out of food before the end of the month?	Never	Rarely	Sometimes	Most of the Time	Almost Always
	4. Before the program...How often did you shop with a grocery list?	Never	Rarely	Sometimes	Most of the Time	Almost Always
	5. Before the program...This question is about meat and dairy foods. How often did you let these foods sit out for more than two hours?	Never	Rarely	Sometimes	Most of the Time	Almost Always
	6. Before the program...How often did you thaw foods at room temperature?	Never	Rarely	Sometimes	Most of the Time	Almost Always
	7. Before the program...When deciding on what to feed your family, how often did you think about healthy food choices?	Never	Rarely	Sometimes	Most of the Time	Almost Always
	8. Before the program...How often did you prepare food without adding salt?	Never	Rarely	Sometimes	Most of the Time	Almost Always
	9. Before the program...How often did you use the "Nutrition Facts" on the food label to make food choices?	Never	Rarely	Sometimes	Most of the Time	Almost Always
	10. Before the program...How often did you or your children eat something within 2 hours of waking up in the morning?	Never	Rarely	Sometimes	Most of the Time	Almost Always
	11. Before the program...How often did you make meals that include a variety of foods from MyPlate?	Never	Rarely	Sometimes	Most of the Time	Almost Always
	12. Before the program...How often did you walk, take the stairs, run with your kids, and take other opportunities to be physically active?	Never	Rarely	Sometimes	Most of the Time	Almost Always
	13. Before the program...How often did you use reduced fat (2%), low-fat (1%), or non-fat milk?	Never	Rarely	Sometimes	Most of the Time	Almost Always
	14. Before the program...How often did you drink regular soda?	Never	Rarely	Sometimes	Most of the Time	Almost Always
	15. Before the program...How often did you read food labels to select whole grain foods?	Never	Rarely	Sometimes	Most of the Time	Almost Always
	16. Before the program...How often did you read food labels to select foods with less fat?	Never	Rarely	Sometimes	Most of the Time	Almost Always
	17. Before the program...How often did you eat 2 or more kinds of fruit every day? (This includes fresh, frozen, canned, and 100% juice.)	Never	Rarely	Sometimes	Most of the Time	Almost Always
	18. Before the program...How often did you eat 3 or more kinds of vegetables every day? (This includes fresh, frozen, canned, and 100% vegetable juice.)	Never	Rarely	Sometimes	Most of the Time	Almost Always
	19. Before the program...How often did you wash utensils and surfaces in hot soapy water that have touched raw poultry or meat before using them again?	Never	Rarely	Sometimes	Most of the Time	Almost Always
	20. Before the program...Did you ever eat less than you felt you should because there was not enough money to buy food?	Yes	No			
	21. Before the program...When you did your grocery shopping, did you try to buy foods from all the different food groups?	Yes	No			

AFTER Completing the Program (Series of Classes)

For these questions, please tell us what you do NOW, after participating in the program. For each question, please circle only one answer on each row. Be as honest as you can. Thank you!

A F T E R	22. How often do you plan meals ahead of time now?	Never	Rarely	Sometimes	Most of the Time	Almost Always	
	23. How often do you compare prices before you buy food now?	Never	Rarely	Sometimes	Most of the Time	Almost Always	
	24. How often do you run out of food before the end of the month now?	Never	Rarely	Sometimes	Most of the Time	Almost Always	
	25. How often do you shop with a grocery list now?	Never	Rarely	Sometimes	Most of the Time	Almost Always	
	26. This question is about meat and dairy foods. How often do you let these foods sit out for more than two hours now?	Never	Rarely	Sometimes	Most of the Time	Almost Always	
	27. How often do you thaw foods at room temperature now?	Never	Rarely	Sometimes	Most of the Time	Almost Always	
	28. When deciding on what to feed your family, how often do you think about healthy food choices now?	Never	Rarely	Sometimes	Most of the Time	Almost Always	
	29. How often do you prepare food without adding salt now?	Never	Rarely	Sometimes	Most of the Time	Almost Always	
	30. How often do you use the "Nutrition Facts" on the food label to make food choices now?	Never	Rarely	Sometimes	Most of the Time	Almost Always	
	31. How often do you or your children eat something within 2 hours of waking up in the morning now?	Never	Rarely	Sometimes	Most of the Time	Almost Always	
	32. How often do you make meals that include a variety of foods from MyPlate now?	Never	Rarely	Sometimes	Most of the Time	Almost Always	
	33. How often do you walk, take the stairs, run with your kids, and take other opportunities to be physically active now?	Never	Rarely	Sometimes	Most of the Time	Almost Always	
	34. How often do you use reduced fat (2%), low-fat (1%), or non-fat milk now?	Never	Rarely	Sometimes	Most of the Time	Almost Always	
	35. How often do you drink regular soda now?	Never	Rarely	Sometimes	Most of the Time	Almost Always	
	36. How often do you read food labels to select whole grain foods now?	Never	Rarely	Sometimes	Most of the Time	Almost Always	
	37. How often do you read food labels to select foods with less fat now?	Never	Rarely	Sometimes	Most of the Time	Almost Always	
	38. How often do you currently eat 2 or more kinds of fruit every day? (This includes fresh, frozen, canned, and 100% juice.)	Never	Rarely	Sometimes	Most of the Time	Almost Always	
	39. How often do you currently eat 3 or more kinds of vegetables every day? (This includes fresh, frozen, canned, and 100% vegetable juice.)	Never	Rarely	Sometimes	Most of the Time	Almost Always	
	40. How often do you wash utensils and surfaces that have touched raw poultry or meat in hot soapy water, before using them again now?	Never	Rarely	Sometimes	Most of the Time	Almost Always	
	41. Since participating in the program, have you ever eaten less than you felt you should because there was not enough money to buy food?	Yes	No				
	42. Since participating in the program, when you do your grocery shopping, do you try to buy foods from all the different food groups?	Yes	No				