

NAME: _____

TODAY'S DATE: _____

Address			
City	State	Zip	
Cell		Email	

1	Age				
2	Gender	<input type="checkbox"/> Male	<input type="checkbox"/> Female		
3	Are you pregnant?	<input type="checkbox"/> Yes	<input type="checkbox"/> No		
4	What date is your baby due?				
5	Do you plan to breastfeed?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Maybe	
6	Do you smoke?	<input type="checkbox"/> Yes	<input type="checkbox"/> No		
7	Are you Hispanic or Latino?	<input type="checkbox"/> Yes	<input type="checkbox"/> No		
8	What is your race?	<input type="checkbox"/> American Indian or Alaskan Native	<input type="checkbox"/> Asian		
		<input type="checkbox"/> Black or African American	<input type="checkbox"/> Native Hawaiian or Pacific Islander		
		<input type="checkbox"/> White	<input type="checkbox"/> Other		
9	What is your highest grade in school?				
10	What do you or your children receive?	<input type="checkbox"/> Child Nutrition (Free or Reduced School Lunch)			
		<input type="checkbox"/> Head Start	<input type="checkbox"/> SNAP (Food Stamps)		
		<input type="checkbox"/> TANF	<input type="checkbox"/> WIC/CSPF		
		<input type="checkbox"/> FDPIR	<input type="checkbox"/> TEFAP (Commodity)		
		<input type="checkbox"/> Other			
11	What is your monthly income?	\$			
12	How many children live with you?				
		Age	Age	Age	Age
		Age	Age	Age	Age
13	How many adults live with you?				

FOR OFFICE USE ONLY

Date	ID	Group			
Residence	<input type="checkbox"/> Farm	<input type="checkbox"/> Town under 10,000 or rural nonfarm			
	<input type="checkbox"/> Town or city 10,000–50,000 or its suburb	<input type="checkbox"/> Suburb or city over 50,000			
	<input type="checkbox"/> Central city over 50,000				
Instruction					
<input type="checkbox"/> Group	<input type="checkbox"/> Individual	<input type="checkbox"/> Both			
Completed Lessons					
<input type="checkbox"/> Lesson 1	<input type="checkbox"/> Lesson 2	<input type="checkbox"/> Lesson 3	<input type="checkbox"/> Lesson 4	<input type="checkbox"/> Lesson 5	<input type="checkbox"/> Lesson 6
Length of Lesson 1	Length of Lesson 2	Length of Lesson 3	Length of Lesson 4	Length of Lesson 5	Length of Lesson 6

EXIT ONLY

Did family receive assistance as the result of a referral or suggestion from EFNEP? Yes <input type="checkbox"/> No <input type="checkbox"/>		
If yes, check all that apply:		
<input type="checkbox"/> Child Nutrition (Free School Lunch)	<input type="checkbox"/> Head Start	<input type="checkbox"/> TANF
<input type="checkbox"/> SNAP (Food Stamps)	<input type="checkbox"/> WIC/CSFP	<input type="checkbox"/> FDPIR
<input type="checkbox"/> TEFAP—Commodity	<input type="checkbox"/> Other	
Exit reason:		
<input type="checkbox"/> Graduated/Completed the Program	<input type="checkbox"/> Moved	<input type="checkbox"/> Family Concerns
<input type="checkbox"/> Lost Interest	<input type="checkbox"/> Returned to School	<input type="checkbox"/> Took a Job
<input type="checkbox"/> Lost Contact with Client	<input type="checkbox"/> EFNEP Staff Vacancy	<input type="checkbox"/> Other Obligations
<input type="checkbox"/> Other		



FCS-2251

For more information, contact your county Extension office. Visit www.aces.edu/directory.

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