

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 Sessions					
<input type="checkbox"/> <b>Session 1</b> Welcome to ESBA/ Get Moving	<input type="checkbox"/> <b>Session 2</b> Plan, Shop, \$ave	<input type="checkbox"/> <b>Session 3</b> Fruits & Veggies: Half Your Plate/ Make Half Your Grains Whole	<input type="checkbox"/> <b>Session 4</b> Go Lean with Protein/Build Strong Bones	<input type="checkbox"/> <b>Session 5</b> Make a Change	<input type="checkbox"/> <b>Session 6</b> Celebrate! ESBA
Date and Length of Session 1	Date and Length of Session 2	Date and Length of Session 3	Date and Length of Session 4	Date and Length of Session 5	Date and Length of Session 6

**EXIT ONLY**

Did family receive assistance as the result of a referral or suggestion from EFNEP? <input type="checkbox"/> Yes <input type="checkbox"/> No		
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/SCFP	<input type="checkbox"/> FDPPIR
<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		



For more information, contact your county Extension office. Visit [www.aces.edu/directory](http://www.aces.edu/directory).

The Alabama Cooperative Extension System (Alabama A&M University and Auburn University) is an equal opportunity educator and employer. Everyone is welcome!

Revised June 2018, FCS-2260

© 2018 by the Alabama Cooperative Extension System. All rights reserved.

[www.aces.edu](http://www.aces.edu)