



Expanded Food and Nutrition Education Program

All About Me

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 of 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					
Lesson 1	Lesson 2	Lesson 3	Lesson 4	Lesson 5	Lesson 6
Date of Lesson 1	Date of Lesson 2	Date of Lesson 3	Date of Lesson 4	Date of Lesson 5	Date of 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? <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"/> FDIPIR
<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		

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