

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	Are you breastfeeding?	<input type="checkbox"/> Yes	<input type="checkbox"/> No			
7	Do you smoke?	<input type="checkbox"/> Yes	<input type="checkbox"/> No			
8	Are you Hispanic or Latino?	<input type="checkbox"/> Yes	<input type="checkbox"/> No			
9	What is your race?	<input type="checkbox"/> American Indian or Alaskan Native	<input type="checkbox"/> White	<input type="checkbox"/> Native Hawaiian or Pacific Islander		
		<input type="checkbox"/> Black or African American	<input type="checkbox"/> Asian	<input type="checkbox"/> Other _____		
10	What is your Ethnic group/nationality?	<input type="checkbox"/> African American	<input type="checkbox"/> European	<input type="checkbox"/> Creole		
		<input type="checkbox"/> American Indian	<input type="checkbox"/> Mexican	<input type="checkbox"/> Other _____		
11	What is your highest grade completed in school?					
12	What do you or your children receive?	<input type="checkbox"/> Free or Reduced School Lunch	<input type="checkbox"/> Head Start	<input type="checkbox"/> TANF		
		<input type="checkbox"/> SNAP (Food Stamps)	<input type="checkbox"/> TEFAP (Commodity)	<input type="checkbox"/> WIC/CSPF		
		<input type="checkbox"/> FDPIR	<input type="checkbox"/> Other			
13	What is your monthly income?	\$ _____				
14	How many children live with you?	Age _____	Age _____	Age _____		
		Age _____	Age _____	Age _____		
15	How many adults live with you?	_____				
16	I give the Alabama Cooperative Extension System approval to use any pictures, video, or audio of me (or my child, if under 18 years of age) taken during EFNEP activities for programs, promotions, web sites, Facebook, Twitter, or for any educational use by the Alabama Extension System. I also recognize that these pictures, video, or audio recordings belong to the Alabama Extension System.				<input type="checkbox"/> Yes	<input type="checkbox"/> No

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Date		ID		Group	
Residence		<input type="checkbox"/> Farm	<input type="checkbox"/> Town or city 10,000–50,000 or its suburb	<input type="checkbox"/> Town under 10,000 or rural nonfarm	<input type="checkbox"/> Suburb or city over 50,000
Instruction (Check all that apply.)		<input type="checkbox"/> Group	<input type="checkbox"/> Individual	<input type="checkbox"/> Remote Delivery	
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
Date:	Date:	Date:	Date:	Date:	Date:
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"/> SNAP (Food Stamps)	<input type="checkbox"/> TEFAP—Commodity	<input type="checkbox"/> Head Start	<input type="checkbox"/> WIC/SCFP	<input type="checkbox"/> Other
<input type="checkbox"/> TANF	<input type="checkbox"/> FDPIR				
Exit reason:					
<input type="checkbox"/> Graduated/Completed the Program	<input type="checkbox"/> Lost Interest	<input type="checkbox"/> Lost Contact with Client	<input type="checkbox"/> Moved	<input type="checkbox"/> Returned to School	<input type="checkbox"/> EFNEP Staff Vacancy
<input type="checkbox"/> Family Concerns	<input type="checkbox"/> Took a Job	<input type="checkbox"/> Other Obligations			
<input type="checkbox"/> Other					



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

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