

All About Me



NAME:

TODAY'S DATE:

Address			
City		State	Zip
Phone		Email	
1	What is your gender?	<input type="checkbox"/> Male	<input type="checkbox"/> Prefer not to respond
2	What is your age?	<input type="checkbox"/> Female	<input type="checkbox"/> Other _____
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"/> Black or African American	<input type="checkbox"/> American Indian or Alaskan Native <input type="checkbox"/> Native Hawaiian or Pacific Islander
		<input type="checkbox"/> White	<input type="checkbox"/> Asian <input type="checkbox"/> Other
		If 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
		If 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"/> SNAP (Food Stamps) <input type="checkbox"/> TEFAP (Commodity) or Food Banks
		<input type="checkbox"/> Head Start	<input type="checkbox"/> TANF <input type="checkbox"/> WIC/CSFP
		<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
15	How many adults live with you, not including yourself?		
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, websites, social media platforms, or any educational use by the Alabama Cooperative Extension System. I also recognize that these pictures, video, or audio recordings belong to the Alabama Cooperative Extension System.		<input type="checkbox"/> Yes <input type="checkbox"/> No

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Date	ID	Group			
Residence	<input type="checkbox"/> Central city more than 50,000 <input type="checkbox"/> Town fewer than 10,000 or rural nonfarm <input type="checkbox"/> Farm	<input type="checkbox"/> Suburb or city more than 50,000 <input type="checkbox"/> Town or city 10,000 to 50,000 or its suburb			
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 <i>Welcome to ESBA/ Get Moving</i>	<input type="checkbox"/> Lesson 2 <i>Plan, Shop, \$ave</i>	<input type="checkbox"/> Lesson 3 <i>Fruits & Veggies: Half Your Plate/Make Half Your Grains Whole</i>	<input type="checkbox"/> Lesson 4 <i>Go Lean with Protein/ Build Strong Bones</i>	<input type="checkbox"/> Lesson 5 <i>Make a Change</i>	<input type="checkbox"/> Lesson 6 <i>Celebrate ESBA!</i>
Date:	Date:	Date:	Date:	Date:	Date:
Length of Lesson:	Length of Lesson:	Length of Lesson:	Length of Lesson:	Length of Lesson:	Length of Lesson:

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 (<i>Free School Lunch</i>) <input type="checkbox"/> SNAP (<i>Food Stamps</i>) <input type="checkbox"/> TEFAP (<i>Commodity</i>) or Food Banks <input type="checkbox"/> Head Start <input type="checkbox"/> WIC/CSFP <input type="checkbox"/> TANF <input type="checkbox"/> FDPIR <input type="checkbox"/> Other _____
Exit Reason	
<input type="checkbox"/> Graduated/Completed the Program <input type="checkbox"/> Lost Interest <input type="checkbox"/> Lost Contact with Client <input type="checkbox"/> Other _____	<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

