



Expanded Food and Nutrition Education Program

— for office use —

NEA \_\_\_\_\_

Lesson type/s:  
 Group  Individual  Both  Other

Total lessons taught: \_\_\_\_\_

Number of contacts: \_\_\_\_\_

Reason for exit:  
 Met educational objective  
 Returned to school  
 Took a job  
 Family concerns  
 Staff vacancy  
 Moved  
 Lost interest  
 Other: \_\_\_\_\_

# EFNEP Exit Form

■ Name \_\_\_\_\_

■ Date \_\_\_\_\_

■ **24-hour recall:** Include all foods and beverages consumed in the last 24 hours, listing separately all the main ingredients in mixed dishes, such as casseroles.

Food/beverage item	Amount
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**Breakfast**

_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

**Lunch/Dinner**

_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

Food/beverage item	Amount
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**Dinner/Supper**

_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

**Snacks**

_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

■ Money spent on food last month, including food eaten out: (check one)

- \$50 or less     \$100-124     \$150-174  
 \$51-99     \$125-149     \$175 or more

■ Pregnant:  Yes  No

■ Breast feeding:  Yes  No

■ Nutritional supplements:  Yes  No

■ Did your family receive assistance as a result of a referral or suggestion from EFNEP personnel? (check one)  Yes  No

If yes, what type? (check all that apply)

- WIC                                     Head Start                                     TEFAP Commodities  
 Food Stamps                             School Lunch/Breakfast                             TANF  
 Food Distribution Program on Indian Reservation

■ Please indicate which description represents your physical activity level most days of the week.

- Less than 30 minutes each day  
 30 to 60 minutes each day  
 60 or more minutes each day

■ Please put a check in the box that best answers each question. This is not a test. There are no wrong answers.

	Do not do	Seldom	Sometimes	Most of the time	Almost always
1. How often do you plan meals ahead of time?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. How often do you compare prices before you buy food?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. How often do you run out of food before the end of the month?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. How often do you shop with a grocery list?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. How often do you let meat and dairy foods sit out more than two hours?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. How often do you thaw frozen foods at room temperature?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. When deciding what to feed your family, how often do you think about healthy food choices?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. How often do you prepare foods without adding salt?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9. How often do you use the "Nutrition Facts" on the food label to make food choices?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10. How often do you/your children eat something in the morning within 2 hours of waking up?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

■ In what ways has EFNEP education helped you?