



# EFNEP Exit Form

Name \_\_\_\_\_  
 Street \_\_\_\_\_  
 City \_\_\_\_\_ Zip \_\_\_\_\_  
 Phone (\_\_\_\_) \_\_\_\_\_  
 Email \_\_\_\_\_  
 Age \_\_\_\_\_

Check one:  Female  Male  
 Other \_\_\_\_\_  
 Prefer not to answer

**If female:**

Pregnant?  Yes  No  
 Breastfeeding?  Yes  No

**Do you take nutritional supplements (vitamins, herbs)?**

Yes  No

**How much money did you spend on food last month (money plus SNAP)? \$ \_\_\_\_\_**

**How much moderate physical activity do you get on an average day?**

- Less than 30 minutes
- 30 to 60 minutes
- More than 60 minutes

**Programs that you and your family participate in (check all that apply):**

- Free or reduced school lunch or breakfast
- FDPIR (Food Distribution – Indian Reservations)
- SNAP (Food Stamps)
- Head Start (CPCD)
- TANF (Temporary Assistance for Needy Families)
- TEFAP (Commodities)
- WIC
- Other \_\_\_\_\_
- None

**For Educator's use only:**

Educator Name: \_\_\_\_\_  
 Participant ID (provided by state office): \_\_\_\_\_  
 Number of Lessons: \_\_\_\_\_  
 Number of Teaching Visits: \_\_\_\_\_  
 Average Length of Lessons (circle one): 1.5 hrs 2.0 hrs  
 Lesson Type:  Group  Individual  Both \_\_\_\_\_  
 Group Name: \_\_\_\_\_  
 Comments \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Participant Exit Date: \_\_\_\_\_  
 County: \_\_\_\_\_  
 Termination Reason:  
 Returned to School  Lost Interest  
 Took Job  Other Obligation  
 Family Concerns  Lost Contact with Client  
 Staff Vacancy  Other \_\_\_\_\_  
 Moved

Please mark the response that **best** describes how you **usually** do things.

1. How many **times a day** do you eat fruit?

Examples of **fruits** are apples, bananas, oranges, grapes, raisins, melon and berries. Include fresh, frozen, dried, or canned fruit. *Do not include juice.*

- I rarely eat fruit
- Less than 1 time a day (a couple times a week)
- 1 time a day
- 2 times a day
- 3 times a day
- 4 or more times a day

2. How many **times a day** do you eat vegetables?

Examples of **vegetables** are green salad, corn, green beans, carrots, potatoes, greens, and squash. Include fresh, canned, and frozen vegetables. *Do not count french fries, potato chips, or rice.*

- I rarely eat vegetables
- Less than 1 time a day (a couple times a week)
- 1 time a day
- 2 times a day
- 3 times a day
- 4 or more times a day

3. How many different kinds of vegetables do you usually eat a day?

- I rarely eat vegetables
- 1 kind a day
- 2 kinds a day
- 3 kinds a day
- 4 or more kinds a day

4. How many **times a day** do you drink milk or soymilk?

*Do not count almond or coconut milk, or milk with cereal.*

- I do not drink milk
- I rarely drink milk
- 1 time a day
- 2 times a day
- 3 or more times a day

5. Over the last week, **how many days** did you eat red and orange vegetables?

Examples of **red or orange vegetables** are tomatoes, red peppers, carrots, sweet potatoes, winter squash, and pumpkin.

- I did not eat red or orange vegetables
- 1 day a week
- 2 days a week
- 3 days a week
- 4 days a week
- 5 days a week
- 6-7 days a week

6. Over the last week, **how many days** did you eat dark green vegetables?

Examples of dark green vegetables are broccoli, spinach, dark green lettuce, turnip greens, or mustard greens.

- I did not eat green vegetables
- 1 day a week
- 2 days a week
- 3 days a week
- 4 days a week
- 5 days a week
- 6-7 days a week

7. Over the last week, **how many days** did you eat beans and peas?

Examples of beans and peas include pinto beans, black beans, navy beans, chili beans, refried beans, pork and beans, bean soup, barbeque beans, chickpeas, split peas, and black eyed peas. Include beans from a can or cooked from dry.

- I did not eat beans and peas
- 1 day a week
- 2 days a week
- 3 days a week
- 4 days a week
- 5 days a week
- 6-7 days a week

8. Over the last week, **how many days** did you eat yogurt or drink smoothies with yogurt?

- I did not eat yogurt
- 1 day a week
- 2 days a week
- 3 days a week
- 4 days a week
- 5 days a week
- 6-7 days a week

9. Over the last week, **how many days** did you eat cereal with milk?

- I did not eat cereal with milk
- 1 day a week
- 2 days a week
- 3 days a week
- 4 days a week
- 5 days a week
- 6-7 days a week

10. How many **days a week** do you cook dinner (your main meal) at home?

- I rarely cook dinner at home
- 1 day a week
- 2 days a week
- 3 days a week
- 4 days a week
- 5 days a week
- 6-7 days a week

11. How often do you drink regular sodas (not diet)?

- Never
- 1-3 times a week
- 4-6 times a week
- 1 time a day
- 2 times a day
- 3 times a day
- 4 or more times a day

**Write your first and last name here:**

12. In the past week, **how many days** did you exercise for at least 30 minutes?

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This includes things like jogging, playing soccer, and doing fitness or dance classes, or exercise videos. This 30 minutes could be all at once or a few minutes at a time. *Do not count housework, taking care of your kids, or walking from place to place.*

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- 0 days
- 1 day
- 2 days
- 3 days
- 4 days
- 5 days
- 6 days
- 7 days

13. In the past week, **how many days** did you do workouts to build and strengthen your muscles?

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This includes things like lifting weights and doing push-ups, sit-ups, or planks.

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- 0 days
- 1 day
- 2 days
- 3 days
- 4 days
- 5 days
- 6 days
- 7 days

14. How often do you make small changes on purpose to be more active?

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This includes things like walking instead of driving, getting off the bus one stop early, doing a few minutes of exercise, or moving around instead of sitting while watching TV.

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- Never
- Rarely (about 20% of the time)
- Sometimes (about 40% of the time)
- Often (about 60% of the time)
- Usually (about 80% of the time)
- Always

15. How often do you wash your hands with soap and running water before preparing food?

- Never
- Rarely (about 20% of the time)
- Sometimes (about 40% of the time)
- Often (about 60% of the time)
- Usually (about 80% of the time)
- Always

16. After cutting raw meat or seafood, how often do you wash all items and surfaces that came in contact with these foods?

- Never
- Rarely (about 20% of the time)
- Sometimes (about 40% of the time)
- Often (about 60% of the time)
- Usually (about 80% of the time)
- Always

17. How often do you thaw frozen food on the counter or in the sink at room temperature?

- Never
- Rarely (about 20% of the time)
- Sometimes (about 40% of the time)
- Often (about 60% of the time)
- Usually (about 80% of the time)
- Always

**18. How often do you use a meat thermometer to see if meat is cooked to a safe temperature?**

- Never
- Rarely (about 20% of the time)
- Sometimes (about 40% of the time)
- Often (about 60% of the time)
- Usually (about 80% of the time)
- Always

**19. How often do you compare food prices to save money?**

- Never
- Rarely (about 20% of the time)
- Sometimes (about 40% of the time)
- Often (about 60% of the time)
- Usually (about 80% of the time)
- Always

**20. How often do you plan your meals before you shop for groceries?**

- Never
- Rarely (about 20% of the time)
- Sometimes (about 40% of the time)
- Often (about 60% of the time)
- Usually (about 80% of the time)
- Always

**21. How often do you look in the refrigerator or cupboard to see what you need before you go shopping?**

- Never
- Rarely (about 20% of the time)
- Sometimes (about 40% of the time)
- Often (about 60% of the time)
- Usually (about 80% of the time)
- Always

**22. How often do you make a list before going shopping?**

- Never
- Rarely (about 20% of the time)
- Sometimes (about 40% of the time)
- Often (about 60% of the time)
- Usually (about 80% of the time)
- Always

**23. How often do you use food coupons for food purchases?**

- Never
- Rarely (about 20% of the time)
- Sometimes (about 40% of the time)
- Often (about 60% of the time)
- Usually (about 80% of the time)
- Always

**24. How often do you use a written weekly or monthly food spending plan?**

- Never
- Rarely (about 20% of the time)
- Sometimes (about 40% of the time)
- Often (about 60% of the time)
- Usually (about 80% of the time)
- Always

**25. How often do you budget enough money for food purchases?**

- Never
- Rarely (about 20% of the time)
- Sometimes (about 40% of the time)
- Often (about 60% of the time)
- Usually (about 80% of the time)
- Always

26. How often do you check for sales on foods **before** you shop?

- Never
- Rarely (about 20% of the time)
- Sometimes (about 40% of the time)
- Often (about 60% of the time)
- Usually (about 80% of the time)
- Always

27. How often do you check for food items on sale **when** you are at the store?

- Never
- Rarely (about 20% of the time)
- Sometimes (about 40% of the time)
- Often (about 60% of the time)
- Usually (about 80% of the time)
- Always

The next section has statements people have made about their food situation. Choose the answer that **best** fits your food situation over the last 30 days.

28. The food that I bought just didn't last, and I didn't have money to get more.

- Often true
- Sometimes true
- Never true
- Don't know

29. I couldn't afford to eat balanced meals.

- Often true
- Sometimes true
- Never true
- Don't know

30. Did you ever cut the size of your meals or skip meals because there wasn't enough money for food?

- Yes
- No
- Don't know

**What did you have to eat and drink yesterday?**  
**Give as much detail as possible, more detail is better.**

	<b>Food or Drink Item and How Prepared</b>	<b>How Much?</b>	<b>Food or Drink Item and How Prepared</b>	<b>How Much?</b>
<b>Morning Meal</b>				
<b>Snack</b>				
<b>Midday Meal</b>				
<b>Snack</b>				
<b>Evening Meal</b>				
<b>Snack</b>				

8/20/20

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