Virginia Cooperative Extension

Family Nutrition Program
Family Record

PUBLICATION 360-095

Complete on each family at ENTRY into FNP and again at EXIT. Program Assistant should fill in shaded items.

Name:	Age:	DO NOT WRITE IN THIS SPACE PA USE ONLY Residence Code: F T TC S C
Street:	Birth Date:	Highest Grade Completed CHECK ONE ☐ Graduated High School or GED ☐ Some College ☐ Graduated 2-year College ☐ Graduated College ☐ Post Graduate
City: Zip:	☐ Female ☐ Male	
Phone: ( )	Check all that apply: ☐ Pregnant ☐ Nursing	

Household Members: List the first names and ages of people who live with you:

First Name	Age

Monthly Household Income
$_____

DO NOT WRITE IN THIS SPACE
PA USE ONLY Lesson Type:
☐ Group ☐ Individual
☐ Both ☐ Other

Remarks:

DO NOT WRITE IN THIS SPACE
PA USE ONLY Subgroup Codes

Check the Ethnicity you identify with (All answers are voluntary)**:** ☐ Hispanic/Latino ☐ Non-Hispanic/Non-Latino

Check the race category you identify with (You may check more than one. All answers are voluntary.):

☐ American Indian/Alaskan Native ☐ Asian ☐ Black or African American
☐ Native Hawaiian or other Pacific Islander ☐ White ☐ Other (please specify)

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

☐ Free or reduced school lunch or breakfast
☐ SNAP Benefits (Virginia EBT card)
☐ Head Start
☐ Other (please specify):
☐ TANF (Temporary Assistance for Needy Families)
☐ Food Pantries or Commodities
☐ WIC

☐ ENTRY Date: / /	☐ EXIT Date: / / # of Lessons: # of Contacts:
PA Name:	☐ Educational Objective Met
Group Name:	Termination Reason: ☐ Returned to School ☐ Took Job ☐ Family Concerns ☐ Staff Vacancy ☐ Moved ☐ Lost Interest ☐ Other:
Participant ID#	Did the Family get help from one or more of programs above, due to referral or suggestion by FNP Program Assistant? ****Please check above****

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VirginiaTech
Invent the Future

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VT/638/0811/20M/120277/360095

VIRGINIA STATE

1) Do you take nutritional supplements? ☐ Yes ☐ No 2) How much did you spend on food last month? $_____

3) In addition to your normal daily routine, how much moderate to vigorous activity (such as walking, gardening, bike riding, or dancing) do you do most days:

☐ Less than 30 minutes ☐ 30-60 minutes ☐ over 60 minutes

4) What did you have to eat and drink in the last 24 hours?

	FOOD ITEM	HOW MUCH	DO NOT WRITE IN THESE BLOCKS PA USE ONLY Food ID # CODE	SUB CODE
Morning Meal				
Snack				
Midday Meal				
Snack				
Evening Meal				
Snack				

This is a survey about the ways you plan and fix foods for yourself and what you think about health issues. As you read each question, think about the recent past. This is not a test. There are no wrong answers.

Circle the answer that best describes how you usually do things.

	1	2	3	4	5
1. How often do you plan meals ahead of time?	Never	Seldom	Sometimes	Most of the Time	Almost Always
2. How often do you compare prices before you buy food?	Never	Seldom	Sometimes	Most of the Time	Almost Always
3. How often do you run out of food before the end of the month?	Never	Seldom	Sometimes	Most of the Time	Almost Always
4. How often do you shop with a grocery list?	Never	Seldom	Sometimes	Most of the Time	Almost Always
5. This question is about meat and dairy foods. How often do you let these foods sit out for more than two hours?	Never	Seldom	Sometimes	Most of the Time	Almost Always
6. How often do you thaw foods at room temperature?	Never	Seldom	Sometimes	Most of the Time	Almost Always
7. When deciding what to feed your family, how often do you think about healthy food choices?	Never	Seldom	Sometimes	Most of the Time	Almost Always
8. How often have you prepared foods without adding salt?	Never	Seldom	Sometimes	Most of the Time	Almost Always
9. How often do you use the “Nutrition Facts” on the food label to make choices?	Never	Seldom	Sometimes	Most of the Time	Almost Always
10. How often do you and your children eat something within 2 hours of waking up in the morning?	Never	Seldom	Sometimes	Most of the Time	Almost Always
11. How often do you eat meals or snacks with one or more family members?	Never	Seldom	Sometimes	Most of the Time	Almost Always
12. Do you use low-fat (2%), very low-fat (1%) or nonfat milk?	Never	Seldom	Sometimes	Most of the Time	Almost Always
13. Do you drink regular soda every day?	Never	Seldom	Sometimes	Most of the Time	Almost Always
14. How often do you make meals that include a variety of foods?	Never	Seldom	Sometimes	Most of the Time	Almost Always
15. Do you serve a variety of fruits and vegetables?	Never	Seldom	Sometimes	Most of the Time	Almost Always
16. How often do you eat low fat foods instead of high fat foods?	Never	Seldom	Sometimes	Most of the Time	Almost Always
17. How often do you use a written spending plan or budget?	Never	Seldom	Sometimes	Most of the Time	Almost Always
18. When you have the option of getting a “super-sized” portion of food or beverage, how often do you order it for just you?	Never	Seldom	Sometimes	Most of the Time	Almost Always
19. How many times a week do you eat in a restaurant?	_____ times				

FNP Picture Release Form

I give the Virginia Cooperative Extension FNP Office permission and consent to take photographs during the Virginia Cooperative Extension nutrition classes. I further give permission and consent that any such photographs may be used in Virginia Cooperative Extension's FNP promotions (brochures) and on the Virginia Cooperative Extension website.

Client's Name – printed: _____

Client's Signature: _____

Name of VCE Program Assistant/Unit: _____

Name of VCE Program: _____

Date: _____

SUBGROUP CODES			
A	EFNEP Participant	Q	Gardening Project
B	SNAP-Ed Participant	R	SNAP Recipients
M	20+ Pregnant/Breastfeeding	S	Not Receiving SNAP
N	Teen+ Pregnant/Breastfeeding	T	Non-English Speaking
O	SCYF Newsletter Participant	U	Client with Chronic Disease
P	Internet Lesson Participant	V	Working Homemaker

RESIDENCE CODES									
F	Farm	T	Towns under 10,000 & rural non-farm	TC	Towns & Cities 10,000-50,000	S	Suburbs of Cities over 50,000	C	Central Cities over 50,000

This publication was partially funded by USDA's Supplemental Nutrition Assistance Program (SNAP). The Supplemental Nutrition Assistance Program provides nutrition assistance to people with low incomes. It can help you buy nutritious foods for a better diet. To find out more, contact your local county or city **Department of Social Service**s (phone listed under city/county government). For help finding a local number, call toll-free: **1-800-552-3431** (M-F 8:15-5:00, except holidays). By calling your local DSS office, you can get other useful information about services.

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