



Participant ID # _____

ENTRY

1) Educator Name _____

Date _____

Lesson Type:

Group name _____

OR Individual

2) Name _____

Street _____

City _____ Zip: _____

Phone (_____) _____

Email _____

3) Age _____

4) Check one: Female Male

If female:

Pregnant? Yes No

Breastfeeding? Yes No

5) Where do you live? (Check one)

Farm/Rural

Towns under 10,000 and rural non-farm

Towns & cities 10,000 to 50,000

Suburbs of cities over 50,000

Central cities over 50,000

6) Highest Grade Completed (if not

High School Grad): _____

OR

Graduated High School or GED

Some college

Graduated 2 year college

Graduated college

Post Graduate

7) Monthly Household Cash Income \$ _____

8) Do you have children living with you?

Yes No

If yes, what are their ages? _____

9) How many adults over age 19 live with you?

10) Check the ethnicity you identify with:

Hispanic/Latino Non-Hispanic/non-Latino

11) Check the race category you identify with:

(you may check more than one)

American Indian/Alaskan Native

Asian

Black or African American

Native Hawaiian or other Pacific Islander

White

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

School lunch and/or school breakfast

FoodShare or Food Stamps

Head Start (CPCD)

W-2/TANF (Temporary Assistance for Needy Families)

TEFAP (Emergency Food Assistance Program)

WIC

13) Do you take nutritional supplements? (vitamins, herbs) Yes No

14) How much money did you spend on food last month (money plus Food Stamps)?

\$ _____

15) How much moderate physical activity such as walking briskly or gardening do you get on an average day?

Less than 30 minutes

30 to 60 minutes

More than 60 minutes