UtahStateUniversity
COOPERATIVE EXTENSION

Behavioral Checklist

Family Nutrition Program (FNP)

Name	ID#
Date	Check if interview is: Entry ☐ Exit ☐

This is a survey about the ways you plan and fix foods for your family. As you read each statement, think about the recent past. This is not a test. There are not any wrong answers. If you do not have children, just answer the questions for yourself.

For these questions, think about how you usually do things. Please put a check in the box that best answers each question.	Don't Do	Seldom	Some-times	Most of the time	Almost Always
(1) How often do you plan meals ahead of time?					
(2) How often do you compare prices before you buy food?					
(3) How often do you run out of food before the end of the month?					
(4) How often do you shop with a grocery list?					
(5) This question is about meat and dairy foods. How often do you let these foods sit out for more than two hours?					
(6) How often do you thaw frozen foods at room temperature?					
(7) When deciding what to feed your family, how often do you think about healthy food choices?					
(8) How often have you prepared food without adding salt?					
(9) How often do you use the "Nutrition Facts" on the food label to make food choices?					
(10) How often do your children eat something in the morning within 2 hours of waking up?					
(11) How often do you wash your hands before eating?					
(12) When storing foods, how often do you keep raw meat separate from other foods?					
(13) How often do you participate in planned exercise?					
(14) How often do you walk, take the stairs, run with your kids, and take other opportunities to be physically active?					

FNP DIET RECALL and ENROLLMENT

1. Nutrition Assistant's Name	2. Nutrition Assistant: Fill out for each family at ENTRY, update at EXIT

4. Family ID	5. Enrolled in FNP before> (circle Y of Yes N for No) Y N 6. If yes, did you receive a Certificate of Completion? Y N	7. Age _____ 8. Sex F M	9. Pregnant Y N 10. Nursing Y N

(First) (MI) (Last)	Print out Diet Report? Y N
a) Name _____	Referred by:
b) Address _____	
c) City _____ Zip_____	Problem?
d) Phone _____	Date entered on computer_____

11. Race: Check the category you identify with	12. Place of Residence: Circle One	13. Total Household Income Last Month:
1-00 ___White (non-Hispanic) 2-00____ Black (non-Hispanic) 3-00___ Am Indian/Alaskan Native 4-00___ Hispanic 5-00____Asian or Pacific Islander	1. Farm 2. Towns under 10,000 & rural non-farm 3. Towns and Cities 10,000-50,000 4. Suburbs of cities of 50,000 5. Central Cities over 50,000	$_____

14. Children in the home and age (up to 19 years)	Age Years	15. Number of Other Adults in Household _____ (Don't count homemaker)
1)		16. Instruction (Lesson Type) 1. Group 3. Both 2. Individual 4. Other
2)		
3)		
4)		
5)		
6)		Education Level Highest grade completed _____
7)		College Y N Degree _____
8)		17. Total number of Lessons

18. Entry Date	20. EXIT Date:	22. Did your family receive assistance as the result of a referral or suggestion from FNP Personnel

19. Assistance Programs that the Family Participates in at ENTRY: (Circle)			21, EXIT Reason (Circle)	22. Did your family receive assistance as the result of a referral or suggestion from FNP personnel?
				Yes No
Women Infant Children (WIC)	Y	N	1. Educational Objective Met (Graduated)	(If Yes, check)
Food Stamp	Y	N	2. Returned to School	___WIC
FDPIR (Food Distribution Prog on Indian Reservation	Y	N	3. Took Job	___Food Stamps
Commodities	Y	N	4. Family Concerns	___FDPIR
Child Nutrition or School Lunch	Y	N	5. Staff Vacancy	___ Commodities
AFDC (Aid to Families with Dependent children	Y	N	6. Moved	___Headstart
Other _____	Y	N	7. Lost interest	___Child Nutrition
Specify			8. Other	___AFDC
				___Other _____
				Specify

Comments:

October 1, 1999

UTAH STATE UNIVERSITY FAMILY NUTRITION PROGRAM
24-HOUR ENTRY RECALL

1. ID. #	**2. Date Taken**
3. Homemaker Name:	**4. NEA Name:**
5. Pregnant ( )Yes ( )No **6. Nursing ( ) Yes ( ) No**	**7. Takes Nutritional Supplements ( ) Yes ( ) No If "Yes" List Type:**
8. Money Spent on Food Last Month $_____	

MEAL TYPE		MEAL TYPE		SERVING ABBREVIATIONS			9. Check which food record:
Morning	= 1	Afternoon	= 4	TBSP	= tablespoon	c = cup	(X) ENTRY ( ) EXIT
Mid-Morning	= 2	Evening	= 5	tsp	= teaspoon	lb = pound	( ) OTHER
Noon	= 3	Late Evening	= 6	oz	= ounce	sl = slice	

What did homemaker eat and drink in the last 24 hours?	11. To be coded by NEA:			
FOOD ITEMS AND DESCRIPTION (List all foods and beverages. List separately main ingredients in mixed dishes)	**AMOUNT EATEN (Ex. ½ c)**	**MEAL TYPE**	**FOOD ID NUMBER**	**AMOUNT CODE (ex. .50)**

October 1 1999

UTAH STATE UNIVERSITY
FAMILY NUTRITION PROGRAM
EXIT RECALL

Date _____

Homemaker _____ Total number of lessons _____

Pregnant _____ Nursing _____ Taking Vitamins _____ Money spent on food last month: $_____

Nutrition Assistant _____ Assistance/Referrals:

County _____

MEAL TYPE		MEAL TYPE		SERVING ABBREVIATIONS			9. Check which fkood record:
Morning	= 1	Afternoon	= 4	TBSP	= tablespoon	c = cup	( ) ENTRY **(X) EXIT**
Mid-Morning	= 2	Evening	= 5	tsp	= teaspoon	lb = pound	( ) OTHER
Noon	= 3	Late Evening	= 6	oz	= ounce	sl = slice	

What did homemaker eat and drink in the last 24 hours?	11. To be coded by NEA:			
FOOD ITEMS AND DESCRIPTION (List all foods and beverages. List separately main ingredients in mixed dishes)	AMOUNT EATEN (Ex. ½ c)	MEAL TYPE	FOOD ID NUMBER	AMOUNT CODE (ex. .50)

October 1, 1999