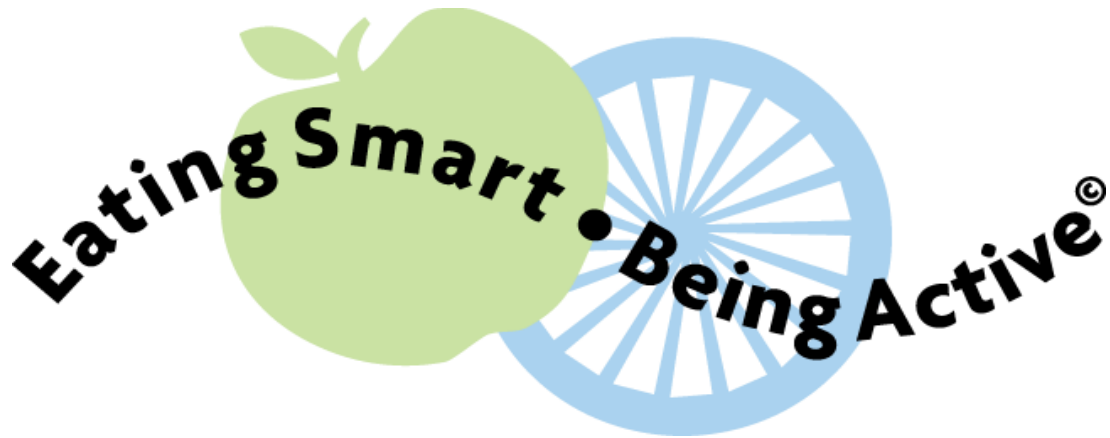


Thanks for participating in



*Before we begin,
we have a few questions to ask you
about your nutrition habits...*



Name _____

Street _____

City _____ Zip _____

Phone (____) _____

Age _____ Check one: Female Male

What grade are you in now? _____

If female:

Pregnant? Yes No

Breastfeeding? Yes No

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

Check the ethnicity you identify with:

- Hispanic/Latino Non-Hispanic/non-Latino

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

Youth Entry Form - For EFNEP Educator's use only:

Educator Name/County: _____ Today's Date: _____

Comments: _____

Group Name (from Youth Group Registration Form): _____

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United States Department of Agriculture
National Institute of Food and Agriculture



EFNEP
COLORADO STATE UNIVERSITY
EXTENSION

This is not a test and there are no wrong answers. These are questions about ways you plan and fix food.

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

The first 4 questions ask about food you ate or drank. Circle the answer that best describes you.

| | 0 | 1 | 2 | 3 | 4 |
|---|------|--------|---------|---------|----------|
| 1) Yesterday, how many times did you eat vegetables, not counting French fries? Include cooked vegetables, canned vegetables, and salads. If you ate 2 or more different vegetables in a meal or snack, count each of them in your total number of times. | None | 1 time | 2 times | 3 times | 4+ times |
| 2) Yesterday, how many times did you eat fruit, not counting juice? Include fresh, frozen, canned, and dried fruits. If you ate 2 or more different fruits in a meal or snack, count each of them in your total number of times. | None | 1 time | 2 times | 3 times | 4+ times |
| 3) Yesterday, how many times did you drink nonfat or 1% low-fat milk? Include low-fat chocolate or flavored milk, and low-fat milk on cereal. | None | 1 time | 2 times | 3 times | 4+ times |
| 4) Yesterday, how many times did you drink sweetened drinks like soda, fruit-flavored drinks, sports drinks, energy drinks, and vitamin water? Do not include 100% fruit juice. | None | 1 time | 2 times | 3 times | |

The next 2 questions are about how often you choose certain foods. Circle the answer that best describes you.

| | 1 | 2 | 3 | 4 | 5 |
|--|-------|-----------------|-----------|------------------|--------|
| 5) When you eat grain products, how often do you eat whole grains, like brown rice instead of white rice, whole grain bread instead of white bread, and whole grain cereals? | Never | Once in a while | Sometimes | Most of the time | Always |
| 6) When you eat out at a restaurant or fast food place, how often do you make healthy choices when deciding what to eat? | Never | Once in a while | Sometimes | Most of the time | Always |

The next 3 questions are about physical activity. Circle the answer that best describes you.

| | 0 | 1 | 2 | 3 | 4 | 5 | 6 | 7 |
|--|--------|-------|--------|--------|--------|--------|--------|--------|
| 7) During the past 7 days, how many days were you physically active for at least 1 hour? | 0 days | 1 day | 2 days | 3 days | 4 days | 5 days | 6 days | 7 days |

| | 1 | 2 | 3 | 4 | 5 |
|--|----------------|------------------|-------------------|-------------------|---------------------------|
| 8) During the past 7 days, how often were you so active that your heart beat fast and you breathed hard most of the time? | Never | 1 time last week | 2 times last week | 3 times last week | 4 or more times last week |
| 9) How many hours a day do you spend watching TV or movies, playing electronic games, or using a computer for something that is not school work? | 1 hour or less | 2 hours | 3 hours | 4 hours | 5 or more hours |

The next 5 questions ask about how you handle food. Circle the answer that best describes you.

| | 1 | 2 | 3 | 4 | 5 |
|--|-------|-----------------|-----------|------------------|--------|
| 10) How often do you wash your hands before preparing something to eat? Think about preparing snacks or meals. | Never | Once in a while | Sometimes | Most of the time | Always |
| 11) How often do you wash vegetables and fruits before eating them? | Never | Once in a while | Sometimes | Most of the time | Always |
| 12) When you take foods out of the refrigerator, how often do you put them back within 2 hours? | Never | Once in a while | Sometimes | Most of the time | Always |
| 13) How often do you check the expiration date before eating or drinking foods? | Never | Once in a while | Sometimes | Most of the time | Always |

| | 0 | 1 | 2 | 3 | 4 | 5 |
|---|----------------|-------|--------|---------|---------|-----------------|
| 14) In the last month, when your family did not have enough money for food, how often did you help by using store coupons, going to a food pantry, or finding other free- or low-cost food resources? | Does not apply | Never | 1 time | 2 times | 3 times | 4 or more times |