

EFNEP | UCCE Instruction Guide

About Me Pgs.5-28

EFNEP | Expanded Food and Nutrition Education Program
About Me Lesson 1

WAIT

Date _____
Name _____
Address _____
City _____ Zip _____
Phone () - _____
Email _____
 Female Male Age _____

Pregnant? Y N
Nursing? Y N
Hispanic? Y N


Check one or more.
 Native American
 Asian
 Black
 Pacific Islander
 White


Ages of others who live with you.


WAIT


Checklist Name _____ Date _____ Lesson 1

These questions are about the ways you plan and fix food. Think about how you usually do them. Mark 1 answer for each question.

1 
I plan meals.
 no sometimes often very often almost always

2 
I compare prices.
 no sometimes often very often almost always

3 
I shop with a list.
 no sometimes often very often almost always

4 
I shop with a list.
 no sometimes often very often almost always

DO NOT COPY

Checklist Pgs.29-68

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About Me Instruction Guide

FY October 2013-September 2014

Version 3

Purpose of *About Me* form

- Facilitate group data collection of demographic data required by NEERS.
- Reduce respondent burden.
- Increase readability for low literate participants.

Purpose of *About Me Instruction Guide*

- Provide information to educators about the *About Me* form and its administration.
- Provide educator responses to potential participant questions.
- Promote consistency of data collection.

Why is the *About Me Instruction Guide* important?

- Ensures that each EFNEP educator administers *About Me* in the same consistent way.
- Ensures that participants hear the same instructions at each EFNEP site.
- Increases the reliability of the data across the state.

Audience for the *About Me Instruction Guide*

- EFNEP educators

Audience for the *About Me* form

- EFNEP participants, limited literacy
- Groups up to 25

How to use the *About Me* form

- Use one *About Me* form per participant.
- Use with all participants.
- Use the form at entry/Lesson 1.

About Me Available in:

English
Spanish
Chinese
Vietnamese
Hmong
Russian

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Townsend MS, Ganthavorn C, Donohue S, Smith D. **EFNEP Instruction Guide: About Me. Version 3 for FY 2013-14.** October 2013. [23-page Guide includes instructions and background information for staff, a script/protocol, potential questions from participants and recommended responses for staff. The Guide accompanies data collection tool, *About Me.*] University of California Cooperative Extension. Spanish translation provided by Myriam Grajales-Hall, Myriam Acevedo and Nelly Carrillo-Carlos. Graphic design by M Reed.

The authors thank Mary Wilson, Karen Barale and Janice Smiley for their valuable comments.

Townsend MS, Ganthavorn C, Wolford BR, Donohue S, Smith D. **EFNEP Instruction Guide: About Me. Version 2 for FY 2012-13.** October 2012. [18-page Guide includes instructions and background information for staff, a script/protocol, potential questions from participants and recommended responses for staff. The Guide accompanies data collection tool, *About Me.*] University of California Cooperative Extension. © 2012, Regents of the University of California. All rights reserved. Graphic design by M Reed.

Townsend MS, Ganthavorn C, Donohue S, Wilson M. **EFNEP About Me Instruction Guide. Version 1 for FY 2011-12.** December 2011. [9-page guide includes instructions and background information for staff, a script/protocol, potential questions from participants and recommended responses for staff.] The Guide accompanies data collection tool, *About Me.* University of California Cooperative Extension. Graphic design by J Shijo.

The design of the *EFNEP About Me* form is based on earlier research.

- Townsend MS, Ganthavorn C, Donohue S, Roche B, Lamp C, Johns MC, Neelon M. EFNEP Data Collection: Using Cognitive Load Theory to Design a New Family Record. *J Nutr Educ Behavior* 2012; Suppl 4 (Vol 44, P128): S75.
- Townsend MS, Sylva K, Martin A, Metz D, Wooten Swanson P. Improving readability of an evaluation tool for low-income clients using visual information processing theories. *J Nutrition Education Behavior* 2008;40:181-186.
- Johns M, Townsend MS. Client-driven tools: Improving evaluation for low-literate adults and teens while capturing better outcomes. *Forum for Family and Consumer Issues*. 2010 v15(3). ISSN 15405273.

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Information for Educators

Educators use this guide when administering *About Me* to EFNEP classes. The *About Me* form is designed to help the educator with group classes to a maximum of 25 participants. To reduce the amount of information collected from each participant at Lesson 1, some questions were moved to the Staff box on the flip side and some were transferred to Lesson 8. Particularly sensitive questions, such as monthly income and education level, were moved to Lesson 8. This should give educators a chance to interact with participants for eight lessons before asking for this sensitive information.

Why were some demographic questions moved to Page 4 of the Checklist for lesson 8?

Some educators reported that distributing the *About Me* form with participant names from Lesson 1 to participants again at Lesson 8 required too much class time. They asked us to find another option. Our answer was to place the *About Me* exit questions with the *Checklist* items on one form for Lesson 8.

Why are the forms in color? The color is designed to serve an important purpose. Each section of the *About Me* form is color coded. This color coding should help Educators keep clients on task and together when filling out the form. Educators can refer to the gold box or green box instead of asking clients to locate specific text. You will also notice two colored "hand" icons. The grey colored hand means "wait" and the red colored hand means "stop".

Literacy. The majority of our participants function with low or limited literacy skills. Readability of the EFNEP forms is an important consideration for participants. Consequently, the form has been simplified by

- Adding icons to facilitate giving directions to participants
- Adding color coding to facilitate keeping participants at the same place on the page
- Replacing 3, 4 and 5 syllable words with 1 and 2 syllable words
- Removing unnecessary text
- Replacing academic terminology with client-friendly words
- Removing complex punctuation such as colon, semi-colon, parentheses, etc.
- Moving the "Place of Residence" question to the staff box

Examples in Appendix A demonstrate how the text has been simplified on the new EFNEP *About Me* form.

Readability: Improving reading level of the data collection forms is a goal. Given participant literacy, a grade 3-4 reading level is desirable. The *About Me* form has a readability score of 3rd grade. The previous form had a readability score of Grade 9. Refer to Appendix B for specific readability scores.

Instruction Guide. Making the *About Me* form easier to read simultaneously makes the *Instruction Guide* more important to the data collection process. As words are simplified or removed, clear specific directions are now moved to the *Guide*. For this reason, it is very important for the educator to read and follow the *Guide*.

Instructions for Educators

This script in blue is an example of what educators might say to participants as they walk them through the *EFNEP About Me* form. Educators should read the script highlighted in light blue boxes word for word until comfortable with the text. Once they no longer need to use the script, they may want to use the overview provided instead. The *EFNEP About Me* form will take 10-15 minutes to complete. Larger classes may require more time.

Overview

Introduction..... *EFNEP About Me* form

Green Section (pg. 1) .Date, name and contact information

Gold Section (pg. 1).... Information about participant and family

Purple Section (pg. 1). Assistance program information about participant and family

Tan Section (pg. 2) Educator completes this section after class

It is important to have participants complete the participant sections of the *About Me* form at the first class. The remainder of the questions (exit questions) are now located on Page 4 of the *Checklist*. The *About Me* forms from Lesson 1 can now be securely stored at the UCCE county office. Educators only need to bring a *Checklist* for each participant to the last class for exit/Lesson 8.

Introduction to *About Me*

Hint: Educator's scripted lines are highlighted in boxes throughout this guide.
Light blue for English and light purple for Spanish.

Hello. My name is _____. [educator inserts name] I am from _____ [insert university name and extension]. I work at the University's _____ [insert county name] county office in _____ [insert city located in].

Hola. Mi nombre es _____. [educadora da su nombre aquí] Vengo de _____ [menciona el nombre de la universidad y programa de extensión]. Trabajo en la oficina de la Universidad en el condado de ____ [da el nombre del condado] de la Universidad en la ciudad de _____ [da el nombre de la ciudad donde está ubicada la oficina].

Before we start today's lesson, you will enroll in the Expanded Food and Nutrition Education Program or "EFNEP" by filling out some paperwork. EFNEP is a federal program for families with children. Our lessons are about helping feed your family better and saving you money.

Antes de empezar la lección de hoy, usted se va a inscribir en el Programa Ampliado de Educación sobre Nutrición, o EFNEP, como le llamamos, y para ello, necesita llenar algunos papeles. EFNEP es un programa federal para familias con niños. Nuestras lecciones son para ayudarles a alimentar mejor a su familia y a ahorrar dinero.

Pass out *About Me* forms and pencils. Get out About Me poster board.



As I mentioned, EFNEP means Expanded Food and Nutrition Education Program.

Como dije antes, EFNEP significa Programa Ampliado de Educación sobre Nutrición.

Educator points to the top of the poster board to help participants understand the acronym EFNEP.

The form you will fill out is called *About Me*. This form provides EFNEP with basic information about the people we serve. All information you provide will be kept private and confidential.

El formulario que llenarán se llama *Acerca de mí*. Este formulario le provee a EFNEP información básica sobre las personas que participan en sus clases. Mantendremos toda la información que ustedes nos den de manera privada y confidencial.

I will read each question aloud and we will work through the form as a group. It will take about 10 minutes. Feel free to ask questions. We will complete the green, gold and purple boxes together. Wait at each grey hand and stop at the red hand when we are finished. Please be sure to print or write clearly.

Yo leeré cada una de las preguntas en voz alta, y llenaremos el formulario en grupo. Nos debe tomar aproximadamente 10 minutos. Siéntanse en confianza de hacer preguntas. Llenaremos juntos los recuadros verdes, naranja y morados. Espere cuando vea una mano gris y pare cuando vea la mano roja, cuando hayamos terminado. Por favor asegúrese de escribir en letra de molde y claramente.

Green Section: Participant

EFNEP | Expanded Food and Nutrition Education Program
About Me

Date _____ Phone () - _____
Name _____ Email _____
Address _____ Female Male Age _____
City _____ Zip _____

Printed? Y N Number? Y N Ages of others who live with you:
Household? Y N
 0 or more
 Native American
 Asian
 Black
 Pacific Islander
 White

Programs you and your family use:
 School meals
 Indian reservation foods
 Head Start
 Other _____
 CalFresh (Food stamps, SNAP)
 CalWORKs (WAFD)
 Emergency food (pantry, food bank, community)
 WIC

DO NOT COPY

We will start with the green section. The green box is here.

Empezaremos con la sección verde. Aquí está el recuadro verde.

Point to the green box on the About Me poster board.

Fill in the date. Today's date is _____.

Escriba la fecha. La fecha de hoy es _____.

Now print your name and address. Include your house number, street, unit or apartment number, city, and zip code.

Ahora escriba su nombre y dirección en letra de molde. Incluya el número de su casa, calle, número de unidad o apartamento, ciudad y código postal.

Fill in your phone number. This might be a phone for messages, a cell phone or land line.

Escriba su número de teléfono. Puede ser un teléfono para dejar mensajes, un celular o un teléfono fijo.

Check male or female.

Marque si es hombre o mujer

Write the age you are today.

Escriba la edad que tiene hoy.

We will wait at the grey hand for others to finish filling out the questions in the green box. Please let me know if you have a question.

Vamos a esperar al llegar a la mano gris a que otros terminen de llenar las preguntas del recuadro verde. Déjenme saber si tienen alguna pregunta o necesitan ayuda.

Give participants a chance to fill in this section. Walk around the room and provide assistance.

We are now done with the green section. Any questions?

Ya hemos terminado con la sección verde. ¿Tienen alguna pregunta?

Gold Section: Participant

EFNEP Expanded Food and Nutrition Education Program

About Me

Date: _____ Phone: () _____

Name: _____ Email: _____

Address: _____

Female Male Age: _____

Pregnant? Y N
Breastfeeding? Y N

Hispanic? Y N

Check one or more:

Native American
 Asian
 Black
 Pacific Islander
 White

Programs you or your family use:

School meal
 Nutrition education
 Food bank
 Community meal (SNAP)
 Other
 Community (SNAP)
 Emergency food pantry (food bank, community)

DO NOT COPY

Now we will work on the gold box located here.

Ahora vamos a trabajar en el recuadro naranja que ven aquí.

Point to the gold box on the About Me poster board.

Check “Y” for yes if you are pregnant or breast feeding. Check “N” for no if you are not.

Marque con una “S” de SÍ, si está embarazada o amamantando. Marque con una “N” de no, si no es así.

Check “Y” for yes if you consider yourself Hispanic. Check “N” for no if you do not.

Marque con una “S” para SÍ, si se considera hispano/latino. Marque con una “N” de no, si no es así.

The next question is about race. There are five categories: Native American, Asian, Black, Pacific Islander, White. Check the race you consider yourself. Check more than one box, if you consider yourself of more than one race.

La siguiente pregunta es sobre el grupo racial. Hay cinco categorías: Nativo Americano, Asiático, Negro, de las Islas del Pacífico, Blanco. Marque el grupo racial al que usted considera que pertenece. Marque más de una casilla, si considera que pertenece a más de un grupo.

Add ages of everyone who lives with you. Do not include yourself (your age). Some families might live with relatives, such as a sister and her children or a grandmother. Include them. Give ages, not names.

Anote las edades de todas las personas que viven con usted. No se incluya usted (su edad). Algunas familias quizás vivan con familiares, como una hermana y sus hijos o con una abuela. Inclúyalos. Dé las edades, pero no los nombres.

We will wait at the grey hand for others to finish filling out the questions in the gold box. Please let me know if you have a question.

Esperaremos en la mano gris hasta que los otros terminen de responder las preguntas del recuadro naranja. Y por favor, déjenme saber si tienen alguna pregunta o necesitan ayuda.

Give participants a chance to fill in this section. Walk around the room and provide assistance.

We are now done with the gold section. Any questions?

Hemos terminado con el recuadro naranja. ¿Tienen alguna pregunta?

Purple Section: Participant

EFNEP | Expanded Food and Nutrition Education Program

About Me

Date: _____ Phone: () _____
Name: _____ Email: _____
Address: _____ Female Male Age: _____
City: _____ Zip: _____

Prepared? Y N
Reading? Y N
Hypert? Y N

Check one or more:

- Native American
- Asian
- Black
- Pacific Islander
- White

Programs you and your family use:

- School meals
- Indian reservation foods
- Head Start
- Other
- CalFresh (Food stamps, SNAP)
- CalWORKs (TANF)
- Emergency food (pantry, food bank, commodity)
- WIC

DO NOT COPY

Now locate the purple box like the one here.

Ahora, encuentre el recuadro morado, como este.

Point to the purple box on the About Me poster board.

Check the programs your family is currently using. School meals, Indian reservation foods, Head Start, Other, CalFresh (Food stamps, SNAP), CalWORKs (TANF), Emergency food (pantry, food bank, commodity), WIC. If your family is participating or using a program that is not listed, write the name of the program in the white box next to "other". I have information with me about resources and food assistance for families. You and your family may qualify.

Marque los programas que usted y su familia están usando actualmente. Comidas escolares (gratis/a bajo costo), programas de alimentos para reservas indígenas, Head Start, otros, Calfresh (estampillas de comida, SNAP), CalWORKs (TANF), alimentos para emergencias (alacenas/bancos de alimentos, otros programas de distribución de alimentos), WIC. Si su familia participa o usa un programa que no está en la lista, escriba el nombre del programa en el recuadro blanco, al lado de "otro". Yo tengo información sobre recursos y ayuda alimenticia para familias. Usted y su familia podrían calificar.

We will stop at the red hand while others finish. Please let me know if you need help filling out this section.

Nos detendremos al llegar a la mano roja mientras que los otros terminan. Por favor, déjenme saber si necesitan asistencia para completar esta sección.

Give participants a chance to fill in this section. Walk around the room and provide assistance.

If you suspect any of your participants live on a farm, ask. If yes, put a check mark on the front of the *About Me* form. Later, check the farm box for 'Residence' on the flip side of the form in the tan Staff box.

We are now done with the purple section and with this form. Any questions?

Con esto hemos terminado con la sección morada y con este formulario. ¿Tienen alguna pregunta?

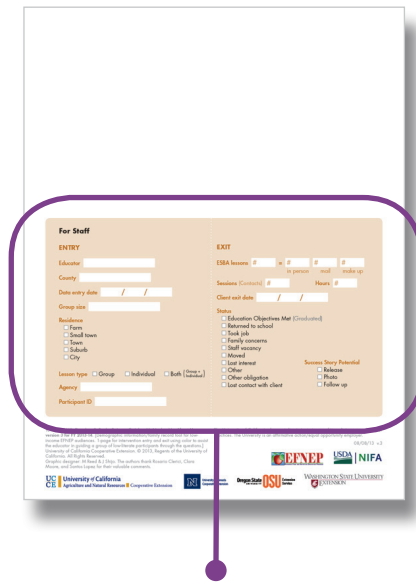
Collect the About Me forms.

Note
Educators and participants update the demographic information at exit/Lesson 8.

About Me Form



<p>Programs you and your family use.</p> <ul style="list-style-type: none"> <input type="checkbox"/> School meals <input type="checkbox"/> Indian reservation foods <input type="checkbox"/> Head Start <input type="checkbox"/> Other _____ <input type="checkbox"/> CalFresh (Food stamps, SNAP) <input type="checkbox"/> CalWORKs (TANF) <input type="checkbox"/> Emergency food (pantry, food bank, commodity) <input type="checkbox"/> WIC 	<p>Public Assistance at Entry</p> <ul style="list-style-type: none"> <input type="checkbox"/> F: Child Nutrition <input type="checkbox"/> F: FDPIR (Food Distribution Program on Indian Reservations) <input type="checkbox"/> F: Head Start <input type="checkbox"/> F: Other <input type="checkbox"/> F: SNAP (Supplemental Nutrition Assistance Program) <input type="checkbox"/> F: TANF (Temporary Assistance for Needy Families) <input type="checkbox"/> F: TEFAP - (The Emergency Food Assistance Program) Commodity <input type="checkbox"/> F: WIC/CSPF (Women, Infants and Children/ Commodity Supplemental Food Program)
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The educator will answer questions in this tan section after the first and last classes. The participant should not fill out this section.

ENTRY (Lesson 1) for staff

The educator completes the tan section titled “For Staff” on the back of the *About Me* form. This work is done after Lesson 1.

- Educator**..... Fill in your name next to “Educator”.
- County**..... Fill in the county name.
- Data entry date**..... Fill in the date data is entered into NEERS.
- Group size**..... Fill in the number of participants in the group.
- Residence**..... Check off the area where the program took place. For example, if a class is held at a community center in Fresno, mark 'city' for all participants in this group.

About Me Form



For Staff

Residence

- Farm
- Small town
- Town
- Suburb
- City

Residence

Central cities over 50,000

--Select One--

- Farm
- Towns under 10,000 & rural non farms
- Towns and cities 10,000-50,000 and their suburbs
- Suburbs of cities over 50,000
- Central cities over 50,000


Lesson type Check off the lesson type.

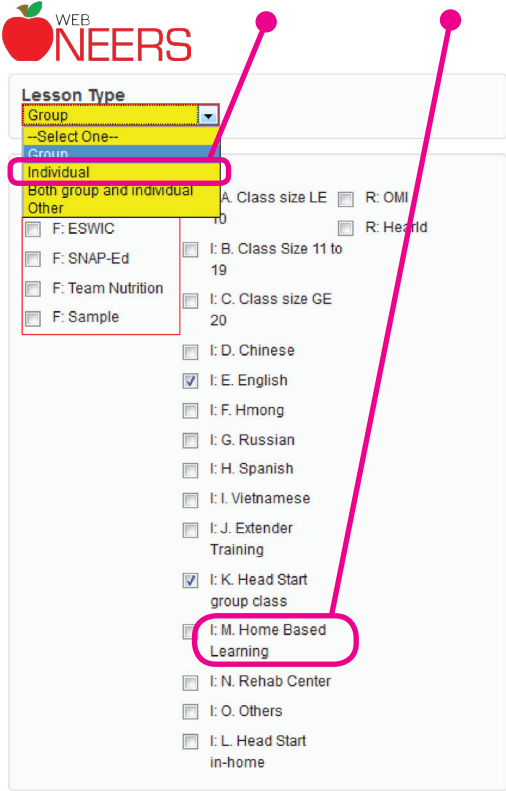
Group - traditional meeting of 5-25 participants at a community site.

Individual - CA is not using this lesson type.

Both - a combination of 'group' and 'individual/make up' lessons.

Home-based Learning - Learn at home.

In  NEERS, for the Lesson Type drop down menu, select 'Individual'. Then in the Subgroups section, check 'Home Based Learning'.



Note
 The first letter of the subgroup designates the source.
 F = Federal
 I = Institutional (State)
 R = Regional (County)

Agency name Fill in the name of the agency collaborator.

Participant ID Fill in the participant's ID number. It is generated by NEERS when data is entered.

EXIT (Lesson 8) for staff

Educator completes these questions in the tan section after Lesson 8.

California Home Based Learning

The standardized protocol requires 1 'in person' lesson + 10 'individual' lessons via 3 mailings + 4 educator initiated phone calls to the participant to discuss lesson progress. So count 10 lessons = 10 'by mail'

ESBA lessons Enter the total number of 'Eating Smart Being Active' lessons completed by the participant. 'In Person' + 'Mail' + 'Make Up' should add up to the total number of lessons.

ESBA Lesson Examples

8 total lessons = 6 'in person' + 2 'make up'
Most participants will have 8 'in person' lessons.



Status
Active

Exit Date

Number of Lessons

Number of Sessions

Number of Hours

Sessions Enter the total number of contacts you had with the participant. Include in person, by mail and phone contacts. The minimum entered should be 8. Learn at Home also has 8 contacts (1 face-to-face + 3 mailings + 4 phone calls).

WEB NEERS will ask you to report number of lessons, number of sessions and number of hours for each participant. The majority of participants will have 8 ESBA lessons, 8 sessions or contacts, and 8 hours of instruction.

Hours Enter the total number of hours for the participant. Include in person, by mail and phone contacts.

Client exit date Enter the date the participant exited from the program. This could be the last class they attended or the last contact you had with them.

Status Check "Education Objectives Met" under status if the participant graduated from the program. If the participant did not graduate check off the reason why they left the program.

Success story Check the appropriate box if the educator has a signed story and photo release, has taken an appropriate photo of participant or wants to follow up with this participant.

Success Stories

Space for participant "Success Stories" is located on Page 4 of the *Checklist*, in the green box.

EXIT (Lesson 8) for participant

This section is located on Page 4 of the Checklist. See Page 50 for instructions.

Potential Participant Questions

Table 1. Potential participant questions and corresponding responses recommended by Nutrition Education Specialist

Potential questions from participants	Recommended educator response
I am African-American and Asian. What do I mark?	Mark two racial categories: African-American and Asian.
I think I might be pregnant, but not sure. What do I mark?	Because there is uncertainty, mark 'No'.
My daughter does not live with me. Do I list her age?	List only the ages of those family members who share the household food supply. For your daughter who doesn't live with you, the response is probably "no". Mark a "yes" response, only if she shares your food supply.
My child eats the school breakfast and lunch program. How do I include that in my monthly food cost?	Because you do not receive cash income, food or vouchers, do not include the value of the national school meal program in the Monthly Family Income.

Educator adds additional questions as they arise in class. For clarification on response, check with the state office or CA Nutrition Education Specialist.



Appendix A: Question Text Comparison

Table A. Examples of previous and new text used to collect EFNEP demographic data via the *EFNEP Family Record* and *EFNEP About Me*.

LESSON 1 To be completed by participant		
<i>EFNEP Family Record (previous)</i>	<i>EFNEP About Me (new)</i>	Comments
If female: Are you pregnant? Are you lactating?	Pregnant? <input type="checkbox"/> Y <input type="checkbox"/> N Nursing? <input type="checkbox"/> Y <input type="checkbox"/> N	Wording simplified and complex punctuation removed.
Check the ethnicity you identify with: Hispanic/Latino; non-Hispanic/non-Latino. (10 words, 26 syllables)	Hispanic? <input type="checkbox"/> Y <input type="checkbox"/> N (3 words, 5 syllables)	Wording simplified and reduced. Complex punctuation removed.
Check the race category you identify with: (you may check more than one) <input type="checkbox"/> Asian <input type="checkbox"/> Native American <input type="checkbox"/> Black or African American <input type="checkbox"/> White (13 words, 19 syllables)	Check one or more. <input type="checkbox"/> Native American <input type="checkbox"/> Asian <input type="checkbox"/> Black <input type="checkbox"/> Pacific Islander <input type="checkbox"/> White (4 words, 4 syllables)	The race categories make this self-explanatory. Lengthy text and complex punctuation have been deleted. Two 4 syllable words removed.
Household members. List ages of people who live with you. Do not include yourself: (14 words, 20 syllables)	Ages of others who live with you. (7 words, 9 syllables)	Wording simplified and complex punctuation removed.
Programs you and your family participate in (check all that apply): <input type="checkbox"/> Free or reduced school lunch or breakfast <input type="checkbox"/> Food distribution – Indian Reservations <input type="checkbox"/> Food stamps (EBT) <input type="checkbox"/> Head start <input type="checkbox"/> TANF or CalWORKs <input type="checkbox"/> TEFAP (Commodities) <input type="checkbox"/> WIC <input type="checkbox"/> Other _____	Programs you and your family use. <input type="checkbox"/> School Meals <input type="checkbox"/> Indian reservation foods <input type="checkbox"/> Head start <input type="checkbox"/> Other _____ <input type="checkbox"/> Cal Fresh (Food stamps, SNAP) <input type="checkbox"/> CalWORKs (TANF) <input type="checkbox"/> Emergency food (pantry, food bank, commodity) <input type="checkbox"/> WIC	Technical names for government food programs are replaced with participant preferred terms. Data entry person should be made aware of participant friendly names.

Table A (Continued). Examples of previous and new text used to collect EFNEP demographic data via the *EFNEP Family Record* and *EFNEP About Me*.

FOR STAFF To be completed by staff		
<i>EFNEP Family Record</i> (previous)	<i>EFNEP About Me</i> (new)	Comments
Place of residence: <input type="checkbox"/> Farm/rural <input type="checkbox"/> Towns under 10,000 and rural non-farm <input type="checkbox"/> Towns & cities 10,000 to 50,000 <input type="checkbox"/> Suburbs of cities over 50,000 <input type="checkbox"/> Central cities over 50,000	Residence: <input type="checkbox"/> Farm <input type="checkbox"/> Small town <input type="checkbox"/> Town <input type="checkbox"/> Suburb <input type="checkbox"/> City	'Place of Residence' is moved to the staff box. Participants no longer have to deal with this complex question. Lengthy text simplified and reduced. Staff will fill out instead of participants.


Appendix B: Readability

Table B. Readability scores for previous and new text used to collect EFNEP demographic data via the *EFNEP Family Record* and *EFNEP About Me*.

Readability index	<i>EFNEP Family Record</i> Entry/Exit	<i>EFNEP About Me</i>
Flesh-Kincaid Readability Index	8.8 = Grade 9	2.8 = Grade 3
Flesh Reading Ease*	Difficult reading	Easy reading

*90-100 very easy; 80-89 easy; 70-79 fairly easy; 60-69 standard; 50-59 fairly difficult; 30-49 difficult; 0-29 very confusing

About Me

 **Date**

Name


Address

City **Zip**

Phone () -

Email

Female Male **Age**



Pregnant? Y N

Nursing? Y N


Hispanic? Y N

Check one or more.

- Native American
- Asian
- Black
- Pacific Islander
- White


Ages of others who live with you.

<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>



Programs you and your family use.

- School meals
- Indian reservation foods
- Head Start
- Other
- CalFresh (Food stamps, SNAP)
- CalWORKs (TANF)
- Emergency food (pantry, food bank, commodity)
- WIC



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SAMPLE

For Staff

ENTRY

Educator

County

Data entry date / /

Group size

Residence

- Farm
- Small town
- Town
- Suburb
- City

Lesson type Group Individual Both (Group + Individual)

Agency

Participant ID

EXIT

ESBA lessons # = # # #
in person mail make up

Sessions (Contacts) # Hours #

Client exit date / /

Status

- Education Objectives Met (Graduated)
- Returned to school
- Took job
- Family concerns
- Staff vacancy
- Moved
- Lost interest
- Other
- Other obligation
- Lost contact with client

Success Story Potential

- Release
- Photo
- Follow up

Townsend MS, Donohue S, Roche B, Lamp C, Johns M, Neelon M. **About Me, version 3 for FY 2013-14.** [Demographic information/family record tool for low-income EFNEP audiences. 1-page for intervention entry and exit using color to assist the educator in guiding a group of low-literate participants through the questions.] University of California Cooperative Extension. © 2013, Regents of the University of California. All Rights Reserved.
Graphic designer: M Reed & J Shijo. The authors thank Rosario Clerici, Clara Moore, and Santos Lopez for their valuable comments.

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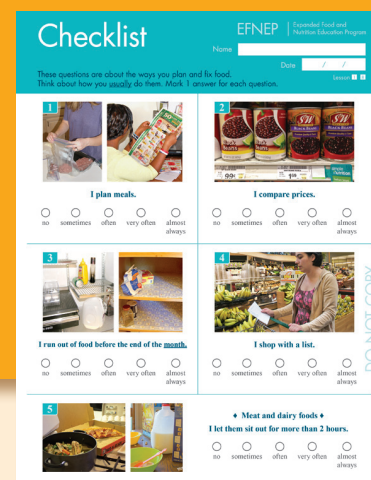
08/08/13 v.3



Checklist Instruction Guide

FY October 2013-September 2014

Version 3



Purpose of the Checklist

- Facilitate group data collection of demographic data required by NEERS.
- Reduce total respondent burden for participants.
- Increase readability for low-literate participants.

Purpose of Checklist Instruction Guide

- Provide information to educators about the Checklist and its administration.
- Provide educator responses to potential participant questions.
- Promote consistency of data collection among EFNEP sites and classes.

Why is the Checklist Instruction Guide important?

- Ensures that each EFNEP educator administers the Checklist in the same consistent way.
- Ensures that participants hear the same instructions at each EFNEP site.
- Increases the reliability of the data from 19 counties.

Audience for the Checklist Instruction Guide

- EFNEP educators

Audience for the Checklist

- EFNEP participants, limited literacy
- Groups of 10-25 participants

How to use the Checklist*

- Use the Checklist form with all participants.
- Use one copy per participant at entry/Lesson 1.
- Use a second copy of the form with each participant at exit/Lesson 8.

Checklist Available in:

- English
- Spanish
- Chinese
- Vietnamese
- Hmong
- Russian

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Townsend MS, Ganthavorn C, Smith D, Donohue S. ***EFNEP Checklist Instruction Guide: Checklist.***

Version 3 for FY 2013-14. October 2013. [39-page guide includes a background information for educators, script for educators, questionnaire items, photographic content, potential questions from clients and recommended responses for educators.] Accompanies data collection tool, *EFNEP Checklist*. University of California Cooperative Extension. Spanish translation provided by Myriam Grajales-Hall, Myriam Acevedo and Nelly Carrillo-Carlos. Graphic design by M Reed.

The authors thank Mary Wilson, Janice Smiley and Karen Barale for their valuable comments.

Townsend MS, Ganthavorn C, Wolford BR, Smith D, Donohue S. ***EFNEP Checklist Instruction Guide: Checklist. Version 2 for FY 2012-13.*** October 2012. [30-page guide includes a background information for educators, script for educators, questionnaire items, photographic content, potential questions from clients and recommended responses for educators.] Accompanies data collection tool, *EFNEP Checklist*. University of California Cooperative Extension. © 2012, Regents of the University of California. Graphic design by M Reed.

The authors thank Estela Cabral de Lara, Guadalupe Cabrera and Mary Maser for their valuable comments.

Townsend MS, Donohue S, Roche B, McMurdo T. ***EFNEP Checklist Instruction Guide. Version 1 for FY 2011-12.*** December 2011. [18-page guide includes background information for educators, script for educators, questionnaire items, photographic content, potential questions from clients and recommended responses for educators.] Accompanies data collection tool, *EFNEP Checklist*. University of California Cooperative Extension. © 2012, Regents of the University of California. Graphic design by J Shijo.

Content and design of the *EFNEP Checklist* are based on earlier research.

- Townsend MS, Donohue S, Roche B, Ganthavorn C, Johns MC, Neelon M, Lamp C. Designing a Food Behavior Checklist for EFNEP's Low-literate Participants. *J Nutr Educ Behavior* 2012; Suppl 4 (Vol 44,P129): S75-76.
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- Townsend MS. Patient-driven education materials: Low-literate adults increase understanding of health messages and improve compliance. *Nursing Clinics North America* 2011; 525, Vol 46 (3): 367-378.

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v.3 08/23/13



Information for Educators

Educators use this guide when administering the *Checklist* to EFNEP classes. This *Checklist* form is designed to help the educator with classes that may range in number from 10 to 25 participants.

How? Using design principles appropriate for low-literate audiences we:

- Replaced 3, 4 and 5 syllable words with 1 and 2 syllable words
- Moved appropriate text to the instruction guide
- Replaced text with color photographs to convey content
- Used color photographs to convey realism*
- Changed interrogative format to declarative statements.
- Reordered text because asking participants ‘how often’ they do the behavior before knowing if they do the behavior is confusing.
- Replaced academic terminology with client friendly words
- Removed complex punctuation such as colon, semi-colon, parentheses, etc.
- Used realistic visuals of foods

In addition, we photographed real participant families and their children in their homes, kitchens, and supermarkets, etc.

Five examples of how we changed the original *Food Behavior Checklist* to generate the new *EFNEP Checklist* are shown in Appendix A.

*EFNEP participants preferred realistic color photos over black/white photos, color drawings (abstract), black/white drawings and text only (Townsend MS, Sylva K, Martin A, Metz D, Wooten-Swanson P, 2008).

Why the name Checklist? We are trying to use client-friendly names for our EFNEP data collection forms. Participants stated in interviews they do not use terms “Food Behavior Checklist”, “Food Behavior” or “Behaviors” (Townsend et al., 2008). They preferred simplified title, *Checklist*. *Checklist* is a more friendly name for participants than *Food Behavior Checklist*.

Readability. Improving readability of the data collection forms is a goal. Given participant literacy skills, a Grade 3-4 reading level is desirable. The new *Checklist* has a readability score of Grade 2. That means that an adult should be reading at or better than the beginning of 2nd grade or end of 1st grade to understand the text without assistance. The previous *Food Behavior Checklist* had a readability score of the middle of Grade 5.

Instruction Guide. Making the *Checklist* easier for participants to read simultaneously makes the *Checklist Instruction Guide* more important to the data collection process. As words are simplified and eliminated on the *Checklist*, clear specific directions are moved to the Guide. For this reason, it is very important for the educator to become familiar with and follow the Guide.

Instructions for Educators

This script provides an example of what educators might say to participants as they take them through the *EFNEP Checklist*. Educators read the script included in this guide.

It is important to have participants complete all questions on the *Checklist*. Participants complete this Checklist two times: once, at Lesson 1 and then again at Lesson 8.

Overview

- Introduction to the *EFNEP Checklist*
- Questions 1-5 -on page 1
- Questions 6-9 -on page 2
- Questions 10-15 -on page 3
- Exit questions (previously on About Me) -on page 4
- Success stories -on page 4

Time line -The 15-Item *EFNEP Checklist* will take about 10 minutes to complete. Page 4 of the checklist may take another 10 minutes depending on the level of detail in the success stories. Larger classes may take more time.

Note

For this fiscal year 2013-14, we will use the prospective pre post model for the *Checklist*. During this time, we will test versions of a retrospective pre model for the *Checklist* at the request of EFNEP advisors.

Each question is shown exactly how it is on the participant's Checklist form.

Read aloud each question and the answer choices.

Script to read aloud with each question.

Description of photo content (pink text) read aloud. It is important for each participant to understand the content of the photo in the way it is intended.

Background information for educator (grey text). Do not read aloud.

Potential participant questions in yellow boxes.

Educator responses to participant questions: blue for English purple for Spanish

My child drinks soda ___ times a day.
 0 1 2 3 4 or more

My child drinks soda ___ times a day. **Mi niño bebe soda ___ veces al día.**

Left photo - liter bottles of soda (Sprite and Fanta), 16.9 oz bottles of soda (Coca-Cola, Jarritos, and Sidral Aga), 12 oz cans of soda (Coca-Cola and Select-grape), and a cup of Pepsi.
Right photo - a boy drinking a can of Lemon Lime soda.

This is a children's sugar question. More sweetened beverage in the child's diet usually means less dairy/calcium, and more restaurant prepared foods. The child who drinks soda is less likely to drink milk or water.

Does juice count?
 For this question only count soda. Para esta pregunta solo cuenta la soda o refrescos gaseosos.

If my child drinks 2 glasses of soda with dinner, how do I count that?
 Count as 1 time because the 2 glasses are part of 1 meal. Cuenta como 1 vez porque los 2 vasos son parte de 1 comida.

If my child drinks soda but not the drinks in the picture. What do I mark?
 Count all types of soda. Include any non-diet soda, even if not in the picture. Mark 1,2,3, or 4 times a day. Cuente todos los tipos de refrescos gaseosos. Incluya cualquier soda que no sea de dieta, aun si no está en la fotografía. Marque 1, 2, 3 o 4 veces al día.

I have more than one child. One drinks a lot of soda, but the other rarely does. What do I mark?
 Answer the question for the youngest child 2 years or older. Responda a la pregunta teniendo en cuenta a su niño más chico: que tenga dos años o más.

45 | Page

CHECKLIST

CHECKLIST

Entering Checklist Data in WebNEERs:
 Coding sheet for data entry is located in Appendix C.
 An e-file is also located on the EFNEP website.

Introduction to the EFNEP Checklist

Hint: Educator's scripted lines are highlighted in boxes throughout this guide. Light blue for English and light purple for Spanish.

Lesson 1

Now that you are enrolled in EFNEP. We would like you to fill out this survey.

Ahora que ya se encuentra inscrito en el EFNEP, nos gustaría que respondiera a esta encuesta.

Pass out the Checklist forms and pencils. Take out and display poster board for participants to see.

Fill out your name and date at the top. Also, check the box next to "Lesson 1"

Escriba su nombre y fecha en la parte de arriba. También, marque la casilla al lado de la "Lección 1"

This survey is called the *Checklist*. These questions are about the ways you plan and fix food. Think about how you usually fix or plan meals. Mark 1 answer for each question. Answers you provide will be kept private and confidential. I will read each question and the choices aloud. Mark the answer choice that best applies to you. We will work through this form together as a group. It will take about 10 minutes to complete. There are no "right" and "wrong" answers. Take your time and ask questions, if you have them.

La encuesta se llama *Cuestionario*. Estas preguntas tienen que ver con la forma en la que usted planea y prepara sus alimentos. Piense sobre cómo planea o prepara usualmente las comidas. Marque una respuesta por cada pregunta. Sus respuestas se mantendrán de manera privada y confidencial. Yo leeré en voz alta cada pregunta y las opciones de respuestas. Marque las respuestas que estén más de acuerdo en su caso. Llenaremos este formulario en grupo. Nos debe tomar aproximadamente 10 minutos. No hay respuestas "correctas" o "incorrectas". Tómense su tiempo y déjenme saber si tienen alguna pregunta.

Continue on to "Questions 1-5 on page 1.

Lesson 8

Pass out the Checklist forms and pencils. Take out and display poster board for participants to see.

Because today is our last class, we will finish by completing some paperwork. This is the Checklist form. You completed one of these forms during our first meeting. Now you will complete this form again. We will see what changes you have made with planning meals and preparing food for your family during the time you participated in EFNEP. All information you provide will be kept private and confidential. I will read each question aloud and we will work through the form as a group. It will take about 10 minutes to complete this form. There are no “right” and “wrong” answers. Take your time and ask questions, if you have them.

Now let’s begin. Fill out your name and date at the top. Also, check the box next to “Lesson 8”

Puesto que hoy es nuestra última clase, la terminaremos llenando algunos papeles. Este es el *Cuestionario*. Ustedes llenaron uno de estos formularios la primera vez que nos reunimos. Ahora van a llenarlo de nuevo. Veremos qué cambios han hecho en cuanto a la planeación y preparación de las comidas para su familia durante el tiempo que participaron en EFNEP. Toda la información que ustedes nos den se mantendrá de manera privada y confidencial. Yo leeré cada una de las preguntas en voz alta y trabajaremos en grupo. Nos debe tomar aproximadamente 10 minutos. No hay preguntas “correctas” o “incorrectas”. Tómense su tiempo y déjenme saber si tienen preguntas.

Y ahora vamos a comenzar. Escriba su nombre y fecha en la parte de arriba. También marque la casilla al lado de la “Lección 8”

Questions 1-5 on page 1 of *Checklist*

We will start off by answering questions 1-5 on page 1 of the *EFNEP Checklist*.

Empezaremos respondiendo a las preguntas 1 a la 5 de la página 1 en el *Cuestionario* de EFNEP.

Using the poster board, educator reads aloud each question and answer choices. Participants are given time to answer the questions.



I plan meals.

no
 sometimes
 often
 very often
 almost always

I plan meals.

Yo planeo las comidas.

Left photo - a person separating the ground beef from large package into smaller amounts in zip lock bags for future meals.

Right photo - a person looking through store ads planning foods to buy.

Research shows that people who plan meals ahead tend to have better diets. The important word here is “ahead”. “Planning” involves thinking about meals ahead of the meal time. Examples of meal planning: Making a menu for the week, shopping for food for the entire week or several days at one time, taking food out of the freezer to thaw in the refrigerator for a meal the next day, using store ads to plan meals, using store coupons to plan meals.

Color Code Reminder:
 Gold = Participant question
 Blue = Educator answer (English)
 Purple = Educator answer (Spanish)

Can I count planning at the supermarket?

No.

No.

Does ‘planning’ mean I have to be cooking?

It means you plan ahead what to prepare and have those foods in your kitchen. Most of the time it would involve cooking but not always.

Significa que planea con anticipación lo que va a preparar y cuenta con esos alimentos en su cocina. La mayor parte del tiempo incluirá cocinar pero no siempre.

Does heating frozen dinners in the microwave count?

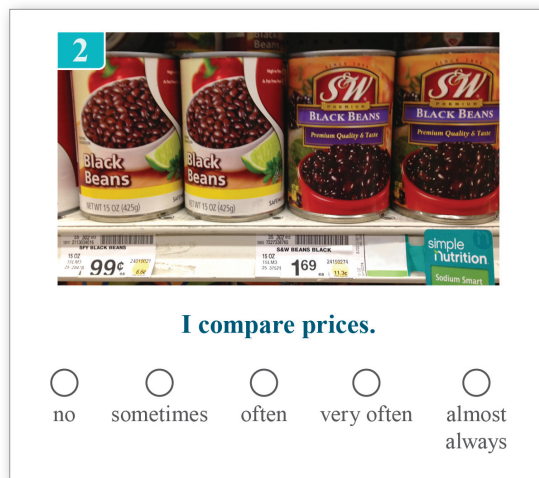
Mark “no”. Heating frozen dinners does not count as planning. You did not plan the contents of the meal.

Marque “no”. Calentar comidas congeladas no cuenta como parte de la planeación. Usted no planeó el contenido de esas comidas.

I don’t shop for a week at a time, but I think of what to make for dinner while at work. Does this count?

Mark a “yes” response (sometimes, often, very often, almost always)

Marque una de las respuestas afirmativas (a veces, seguido, muy seguido, casi siempre).



I compare prices.

Comparo precios.

Photo: Shows store brand can of black beans 99¢ each and name brand black beans at \$1.69.

EFNEP teaches participants that comparing prices of the same foods at the market can save money. Learning how to compare prices takes practice.

I compare prices in the hardware store. Does that count?

Mark "no". The question is about comparing prices while shopping for food.

Marque "no". La pregunta es acerca de comparar precios mientras compra alimentos.

I compare prices but sometimes choose the more expensive item. Does that count?

Yes.

Sí.




3

I run out of food before the end of the month.

no
 sometimes
 often
 very often
 almost always

I run out of food before the end of the month.

This question is about food security. Mark a “yes” answer if some family members go without food at some time during the month. Mark “no” if all your family members have enough food to eat during the month.

Se me acaban los alimentos antes de que termine el mes.

La pregunta es sobre seguridad alimentaria. Marque “sí” si algunos miembros de su familia se quedan sin alimentos en algún momento del mes. Marque “no” si todos los miembros de su familia cuentan con suficientes alimentos para todo el mes.

Left photo - Items pictured inside a nearly empty refrigerator: plastic container of French’s mustard, bottle of salad dressing, can of soda, bottle of ketchup, two eggs, nearly empty gallon container of milk.

Right photo - Items pictured inside a nearly empty cupboard: partial bag of flour, Lipton tea bags, salt and pepper.

Food security may be a sensitive issue. If necessary, explain that this does not imply that the client does not find food to feed children. Money for food could mean cash, credit, debit card, food stamps/CalFRESH/SNAP or WIC vouchers. Use one of the ‘yes’ answers if the participant does not have enough food for her family. A family’s refrigerator could contain several food items and still indicate a level of food insecurity. If she has enough to eat, but prefers other food, mark ‘no’ (she is not food insecure).

Another piece of this question is having this food by socially acceptable methods. Methods of getting food that are socially acceptable include growing it in her garden, exchanging or sharing with others, using money (cash, credit, debit card, food stamps/CalFresh/SNAP or WIC vouchers), visiting a soup kitchen or food bank. Collecting food from a trash can or asking strangers for money to buy food are not considered socially acceptable methods of gathering food.

The food security question applies to an involuntary lack of food, not a voluntary lack such as when a person is on a weight loss diet.

If my mother gives me food so I won't be without food, how do I count that?

Mark "no".

Marque "no".

My fridge may be empty but I have rice, beans, and many canned foods in my cupboards. I am tired of these foods. Should I mark "no"?

Mark "no".

Marque "no".

I use the food bank every month. But I still do not have enough to feed my family.

A "yes" answer (sometimes, often, very often, almost always) means you have no food in your home and you ran out of money, vouchers or food stamps/EBT card to buy food before the end of the month.

Responder con una de las siguientes respuestas afirmativas (a veces, seguido, muy seguido, casi siempre) significa que no tiene comida en su casa y que se queda sin dinero, vales o estampillas de alimentos/tarjeta de EBT para comprar alimentos antes del fin de mes.

I use the food bank every month and I have enough food to eat.

Mark "no".

Marque "no".

I want to cook bean soup for my hungry kids. They want pizza, but I have no money. What should I mark?

Mark "no".


Marque "no".

I skip dinner because I am trying to lose weight.

Mark "no".

Marque "no".

4



I shop with a list.

no
 sometimes
 often
 very often
 almost always

I shop with a list.

Voy de compras con una lista.

Photo: Woman shopping with a grocery list in the produce section of a grocery store.

This is a planning question. One way to plan ahead is to have a list. There is evidence to show that taking the time to make a written list before grocery shopping and using the list at the market can lead to better diets. EFNEP encourages participants to develop the habit of using written grocery lists.

I think about my list but do not write it on paper. Does that count?

If you plan your list in your head, mark "no". If you write down your list on paper or have an electronic list with you, mark one of the "yes" answers (sometimes, often, very often, almost always).

Si planea su lista mentalmente, pero no la escribe, marque "no". Si escribe su lista en un papel o tiene una lista electrónica con usted, marque una de las respuestas afirmativas (a veces, seguido, muy seguido, casi siempre).

I write my shopping list on the note pad in my phone. Does that count?

Yes, that counts if the phone list is with you in the market. Mark one of the "yes" answers (sometimes, often, very often, almost always).

Sí, cuenta si lleva consigo el teléfono con la lista al supermercado. Marque una de las respuestas afirmativas (a veces, seguido, muy seguido, casi siempre).

I make a grocery list and use it in the store but sometimes I do not buy everything on it. Does that count?

Yes, that counts. Mark one of the "yes" answers (sometimes, often, very often, almost always).

Sí, eso cuenta. Marque una de las respuestas afirmativas (a veces, seguido, muy seguido, casi siempre).



◆ Meat and dairy foods ◆

I let them sit out for more than 2 hours.

- no
 sometimes
 often
 very often
 almost always

Meat and dairy foods. I let them sit out for more than 2 hours.

Carnes y productos lácteos. Los dejo fuera del refrigerador más de 2 horas.

Left photo - includes leftover pot of chicken soup, leftover pizza in box on counter, eggs sitting out on counter.

Right photo - milk sitting out on table after children have had cereal in the morning.

This question is about food safety and the safe handling of meat dishes and dairy foods. Meat dishes include cold cuts and other cooked meats on sandwiches, roasted turkey, mixed meat dishes, etc. Dairy foods include individual foods such as milk and mixed dishes made with milk or other dairy foods. Refrigerate these foods within 2 hours to be safe.

I cooked 2 fried eggs for my son for his breakfast. He didn't eat them. The eggs stayed on the table until lunch. Should I give them to my son?

No, they are not safe to eat. Mark a "yes" response (sometimes, often, very often, almost always).

No, ya no son seguros para comer. Marque una de las respuestas afirmativas (a veces, seguido, muy seguido, casi siempre).

I leave them in the sink and don't check the clock. What should I mark?

Mark a "yes" response (sometimes, often, very often, almost always).

Marque una de las respuestas afirmativas (a veces, seguido, muy seguido, casi siempre).

My house is cool, so I leave the leftovers on the counter.

Mark a "yes" response (sometimes, often, very often, almost always).

Marque una de las respuestas afirmativas (a veces, seguido, muy seguido, casi siempre).

What are dairy foods?

Milk, cream, half and half, sour cream, cheese and foods made with these such as mayonnaise, cheese sauce, nacho cheese, etc.

Leche, crema, media crema, crema agria, quesos y alimentos hechos con estos productos, como la mayonesa, salsa de queso, etc.

I left a carton of eggs in my car for 3 hours. What do I mark?

Mark a "yes" response (sometimes, often, very often, almost always).

Marque una de las respuestas afirmativas (a veces, seguido, muy seguido, casi siempre).

Please let me know if you need help with any of the questions.

Déjenme saber si necesitan ayuda con alguna de las preguntas.

(Educator walks around the room, answers questions and provides assistance.)

We are now done with questions 1-5 on page 1. Questions?

Ya hemos terminado con las preguntas 1 a la 5 en la página 1. ¿Tienen alguna pregunta?

Questions 6-9 on page 2 of Checklist

6 I clean frozen foods at room temperature.
 not sometimes often very often almost always always

7 I choose healthy foods for my family.
 not sometimes often very often almost always always

8 I make food without adding salt.
 not sometimes often very often almost always always

9 I use the food label.
 not sometimes often very often almost always always


Questions 6-9 are about your child. If you have more than one child, think about your youngest child who is 2 years or older.

Now we will answer questions 6-9 on page 2 of the EFNEP Checklist.

Ahora responderemos a las preguntas 6 a la 9 en la página 2 del Cuestionario de EFNEP

Using Page 2 on the poster board, educator reads aloud each question and answer choices. Participants are given time to answer the questions.

6



I thaw frozen foods at room temperature.

no
 sometimes
 often
 very often
 almost always

I thaw frozen foods at room temperature.

Descongebo alimentos afuera del refrigerador.

Left photo - package of frozen hamburger sitting on the kitchen counter.

Right photo - package of frozen chicken thighs sitting on the kitchen counter.

This question is about thawing foods safely. It is not safe to thaw foods at room temperature. There are 3 USDA recommended methods for thawing frozen foods.

1. In the refrigerator
2. In a bowl or sink of cold water
3. In the microwave

Educators may use this information for a “teachable moment”, if participants ask for more information. The refrigerator thawing method is safest of the three methods, because it requires the least attention. This method requires planning ahead by placing the frozen item in the refrigerator section at 40°F or below, usually the day or night before using it. After thawing in the refrigerator, food items, such as ground meat, stew meat, poultry, and seafood, should remain safe and good quality for an additional day or two before cooking. Red meat cuts should be safe for 3-5 days. Food thawed in the refrigerator can be refrozen without cooking, although there may be loss of quality.

The second method, cold water thawing, is faster than the first method, but requires more attention. The food must be in a leak-proof package. With this method, the leak-proof bag should be submerged in cold tap water. It’s important to change the water every 30 minutes or just keep running cold water into the pan and let excess drain out. Small packages of meat, poultry or seafood may thaw in an hour or less. A 3-4 pound package may take 3 hours. For whole turkeys, plan on 30 minutes per pound of thaw time.

Note to educators: These USDA recommendations are for consumers. They are different from the ServSafe recommendations for restaurants and professional use.

If thawed completely, the food must be cooked immediately. Foods thawed by the cold water method should be cooked before refreezing.

Note: If the bag or package leaks while thawing in cold water, bacteria could be introduced into the food. Also, the meat may absorb water, changing the meat quality. So check the package.

For thawing food in the microwave, method 3, use the directions on the package or instructions for your microwave. Plan to cook the food immediately after thawing. This is because some areas of the food may become warm and begin to cook during the thawing process. This may bring the food to the “Danger Zone”. Holding partially cooked food is not safe; bacteria in the food would not have been killed and may begin to grow. Bottom line: if you use the microwave thawing method, cook food immediately. Foods thawed with this method should be cooked before refreezing.

No time to wait? It is safe to cook frozen foods. The cooking will take about 50% more time.

There is a safety problem with thawing food on the counter. While waiting for the center of the package to soften as the food thaws on the counter, the outer layer of the food could be in the “Danger Zone” (between 40°F and 140°F, temperatures where bacteria grow rapidly).

I always thaw hamburger meat in the sink using hot water.
What should I mark?

Mark a “yes” response (sometimes, often, very often, almost always). Instead use running cold water or change the cold water every 30 minutes.

Marque una de las respuestas afirmativas (a veces, seguido, muy seguido, casi siempre). En vez de hacer esto, use agua fría de la llave o cambie el agua fría cada 30 minutos.

I always thaw chicken in the sink using the cold water method. What should I mark?

Mark “no”. You are using cold water and changing the water every 30 minutes or using cold running water.

Marque “no”. Usted está usando agua fría y cambiando el agua cada 30 minutos o usando agua fría de la llave.

7



I choose healthy foods for my family.

no

sometimes

often

very often

almost
always

I choose healthy foods for my family.

Escojo opciones de alimentos saludables para mi familia.

Photo: Mother and daughter shopping for vegetables in the produce section of the supermarket.

This question is about buying healthy foods. This mother consistently buys vegetables, fruit, whole grains, low-fat dairy and low-fat protein foods. She would mark “almost always”.

I only think about healthy choices when I visit my mother.
What should I mark?

Mark “no” or “sometimes”

Marque “no” o “a veces”.

What do you mean by the words “healthy foods”?

Vegetables, fruit, whole grains, low-fat dairy and low-fat protein foods.

Verduras, frutas, granos integrales, productos lácteos bajos en grasa y alimentos con proteína baja en grasa.

8



I make food without adding salt.

no
 sometimes
 often
 very often
 almost always

I make food without adding salt.

This question is about preparing food with or without salt. It is not about adding salt at the table.

If you never use salt during preparation then mark ‘almost always’.

If you use it sometimes, and sometimes not then mark sometimes, often or very often.

If you always use salt when preparing food then mark ‘no’.

Preparo los alimentos sin agregar sal.

Esta pregunta se trata de si prepara los alimentos con o sin sal. La pregunta no tiene que ver con si agrega sal en la mesa.

Si usted nunca usa sal cuando prepara los alimentos, marque “casi siempre”.

Si la usa a veces y otras no, entonces marque a veces, seguido o muy seguido.

Si siempre usa sal cuando prepara los alimentos, entonces marque “no”.

Photo: Fresh and dried herbs and spices, fresh produce. Containers include: star anise, summer savory, oregano, thyme, cumin, turmeric, red pepper. Fresh ingredients include: ginger, jalapeño pepper, cayenne pepper, habanero pepper, green onions, parsley, garlic.

This question is about regular table salt, sodium chloride. Another name is iodized salt. This question is about using spices, herbs and flavorful vegetables to flavor food instead of salt. The spices and herbs may be fresh, whole, cracked, powdered, dried, frozen or prepared. For mixed spices such as curry and chili powders, check the ingredient label. Many contain salt and sodium.

I use a salt substitute instead of regular salt.

Mark a “yes” response (sometimes, often, very often, almost always).

Marque una de las respuestas afirmativas (a veces, seguido, muy seguido, casi siempre).

I use rock salt.

Rock salt is regular salt before it is ground into smaller flakes. Mark “no”.

La sal de roca es sal común antes de ser molida en pequeñas hojuelas. Marque “no”.

I don't like salt.

The question is about using salt, not liking salt.

La pregunta es sobre el uso de sal. La pregunta no es sobre el gusto a la sal.

I don't cook with salt. I use spices and herbs instead. I like to add salt at the table.

This question is about preparing food with or without salt. It is not about adding salt or using the salt shaker at the table. If you never use salt during preparation then mark 'almost always'. If you use it sometimes, and sometimes not, then mark one of the other answers.

Esta pregunta es sobre la preparación de alimentos con o sin sal. No es sobre agregar sal o usar el salero en la mesa. Si nunca usa sal durante la preparación de alimentos, entonces marque "casi siempre". Si la usa a veces y a veces no, entonces marque una de las otras respuestas.

I use soy sauce when cooking. What do I mark?

Soy sauce contains a lot of salt. Mark "no" or "sometimes".

La salsa de soya contiene mucha sal. Marque "no" o "a veces".

I use chili powder. What do I mark?

If you use it consistently mark "no". Chili powder along with many other packaged blends include salt.

Si lo usa constantemente, marque "no". El chile en polvo al igual que muchas otras especias empacadas contiene sal.

I like to use fresh herbs. What do I mark?

Fresh herbs do not contain salt. Mark a "yes" response (sometimes, often, very often, almost always).

Las hierbas frescas no contienen sal. Marque una de las respuestas afirmativas (a veces, seguido, muy seguido, casi siempre).

9



Nutrition Facts
Serving Size 1 Cup (28g)

Amount Per Serving	Calories from Fat 0
Calories 100	
% Daily Value**	
Total Fat 0g	0%
Saturated Fat 0g	0%
Trans Fat 0g	
Cholesterol 0mg	0%
Sodium 200mg	8%
Potassium 45mg	1%
Total Carbohydrate 24g	8%
Dietary Fiber 1g	4%
Sugars 3g	
Proteins 2g	
Vitamin A	10%
Vitamin C	10%

I use this food label.

no

sometimes

often

very often

almost always

I use this food label.

Usó esta etiqueta de alimentos.

Left photo - woman in the cereal aisle of the grocery store in front of boxes of Honey Bunches of Oats. She is looking at the nutrition facts label on a box of Kellogg's Corn Flakes.

Right photo - a nutrition facts label

If you do not do the food shopping for your household, mark "no".

I look at it but don't know what it means. What do I mark?

Mark "no". You are 'looking' but not 'using'.

Marque "no". La está 'mirando' pero no la está 'usando'.

Is it the same as looking at the front of the package?

No. The front of the package contains the product name, nutrition claims, manufacturer or distributor. The front does not contain the nutrition facts label.

No, la parte del frente del paquete contiene la marca del producto, afirmaciones sobre nutrición y la compañía fabricante o distribuidora. La parte del frente no muestra la etiqueta sobre los datos de nutrición.

I look at it but price and preference determines my purchase. Should I mark "yes" or "no"?

Mark "no".

Marque "no".

I look at it but don't read it. Should I mark "yes" or "no"?

Mark "no".

Marque "no".

Please let me know if you need help with any of the questions.

Por favor déjenme saber si necesitan ayuda con alguna de las preguntas.

(Educator walks around the room, answers questions and provides assistance.)

We are now done with questions 6-9 on page 2. Questions?

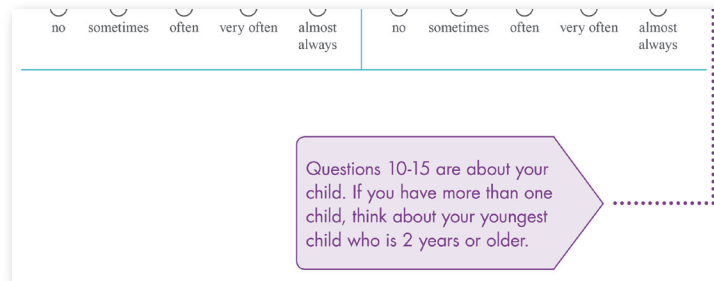
Ya hemos terminado con las preguntas 6 a la 9 de la página 2. ¿Tienen preguntas?

Questions 10-15 on page 3 of Checklist

Now we will answer questions 10-15 on page 3 of the *EFNEP Checklist*.

Ahora vamos a responder a las preguntas 10 a la 15 de la página 3 del *Cuestionario de EFNEP*.

Using Page 3 on the poster board, educator reads aloud each question and answer choices. Participants are given time to answer the questions.



Questions 10-15 are about your child. If you have more than one child, think about your youngest child who is 2 years or older. Answer these questions for this one child.

Las preguntas de la 10-15 son acerca de su niño o niña. Si tiene más de un niño, piense en el niño más chico que tenga 2 añitos o menos. Responda estas preguntas teniendo en cuenta a ese niño.

If needed, ask participants to think about the ages of their children they listed on their About Me form. Think about children living at home and in their care. These 6 questions are not for infants or children younger than 2.

I don't have children. What do I mark?

Do not answer these questions.

No responde a estas preguntas.

I am pregnant with my first child. What do I mark?

Do not answer these questions.

No responde a estas preguntas.

I have children, but they are not currently living with me. What do I mark?

Do not answer these questions.

No responde a estas preguntas.

My sister and her children live with me. Her child is the youngest in the house. Do I answer for her child?

No. Answer only for the children in your care.

No. Responda solo por los niños que cuida.

Do I answer for my grandchild who is in my care?

Yes.

Sí.



**My child eats food within
2 hours of waking up.**

- no
 sometimes
 often
 very often
 almost always

My child eats food within 2 hours of waking up.

Mi niño come algo durante las primeras 2 horas después de levantarse.

Photo: Child eating bread, fruit and milk after waking up.

This is a children’s breakfast question. Nutritionists encourage parents to always feed their children a “breakfast” meal. This meal may be traditional breakfast foods such as cereal or other foods such as leftovers from the previous night’s dinner. The important message to convey to participants is “Serve food to children in the morning within 2 hours of waking up.”.

Sometimes I feed my child leftover pizza. Does this count?

Yes. Count any food your child eats within 2 hours of waking up.



Sí, cuente cualquier alimento que su niña coma en las primeras dos horas después de haberse levantado.

I have more than one child. One never eats breakfast, but the other usually does. What do I mark?

Answer the question for the youngest child 2 years or older.

Responda a la pregunta teniendo en cuenta a su niño más chico: que tenga dos añitos o más.

11

My child drinks soda ____ times a day.

0
 1
 2
 3
 4
or more

My child drinks soda ____ times a day.

Mi niño bebe soda ____ veces al día.

Left photo - liter bottles of soda (Sprite and Fanta), 16.9 oz bottles of soda (Coca-Cola, Jarritos, and Sidral Aga), 12 oz cans of soda (Coca-Cola and Select-grape), and a cup of Pepsi.

Right photo - a boy drinking a can of Lemon Lime soda.

This is a children’s sugar question. More sweetened beverage in the child’s diet usually means less dairy/calcium, and more restaurant prepared foods. The child who drinks soda is less likely to drink milk or water.

Does juice count?

For this question only count soda.

Para esta pregunta solo cuenta la soda o refrescos gaseosos.

If my child drinks 2 glasses of soda with dinner, how do I count that?

Count as 1 time because the 2 glasses are part of 1 meal.

Cuenta como 1 vez porque los 2 vasos son parte de 1 comida.

If my child drinks soda but not the drinks in the picture. What do I mark?

Count all types of soda. Include any non-diet soda, even if not in the picture. Mark 1,2,3, or 4 times a day.



Cuenta todos los tipos de refrescos gaseosos. Incluye cualquier soda que no sea de dieta, aun si no está en la fotografía. Marque 1, 2,3 o 4 veces al día.

I have more than one child. One drinks a lot of soda, but the other rarely does. What do I mark?

Answer the question for the youngest child 2 years or older.

Responda a la pregunta teniendo en cuenta a su niño más chico: que tenga dos añitos o más.

12

My child drinks sports or sugared drinks _____ times a day.

0
 1
 2
 3
 4
or more

My child drinks sport or sugared drinks _____ times a day.

Mi niño toma bebidas deportivas o azucaradas _____ veces al día.

Left photo - SunnyD, Hawaiian Punch, Propel Fitness Water, Gatorade, Country Time lemonade, and Kool-Aid packets.

Right photo - a boy drinking Capri-Sun.

This is a children's sugar question. More sweetened beverage in the child's diet usually means less dairy/calcium, and more restaurant prepared foods. The child who drinks sports drinks, juice drinks, Kool-Aid and other sweetened beverages is less likely to drink milk or water.

Does juice count?

Count as sugared drinks if it is not 100% juice. These beverages are usually labeled "juice drinks."

El jugo cuenta como bebida azucarada si no es 100 por ciento jugo. Estas bebidas por lo general indican "bebidas con sabor a jugo" (juice drinks) en la etiqueta.

If my child drinks 2 glasses of punch with dinner, how do I count that?

Count as 1 time because the 2 glasses are part of 1 meal.

Cuenta como 1 vez porque los 2 vasos son parte de 1 comida.

If my child drinks sports drinks but not the drinks in the picture. What do I mark?

Count all types of sports drinks, even if not in the picture. Mark 1,2,3, or 4 times a day.

Cuente todas las bebidas deportivas aunque no estén en la fotografía. Marque 1, 2,3 o 4 veces al día.

I have more than one child. One drinks a lot of sports drinks, but the other rarely does. What do I mark?

Answer the question for the youngest child 2 years or older.

Responda a la pregunta teniendo en cuenta a su niño más chico: que tenga dos añitos o más.

13



My child eats fast food _____ times a week.

0
 1-2
 3-4
 5-6
 7

My child eats fast food ___ times a week.

For this question, think about the food places where you eat or take out food to eat elsewhere. Include the fast food places where there are no wait staff who take your order at your table. Include McDonald's, Pizza Hut, TacoBell and places like that.

Mi niño come comida chatarra o rápida _____ veces a la semana.

Para estas preguntas, piense en los lugares donde usted come o de donde lleva alimentos para comer en otro lugar. Incluya los restaurantes de comida rápida donde no hay meseros para tomar su orden una vez se sienta en la mesa. Incluya McDonald's, Pizza Hut, TacoBell y lugares similares.

Left photo - a boy eating pizza.

Right photos - a girl eating chicken nuggets.

This is a children's fast food question. Eating fast food is also related to other determinants of obesity: dairy/calcium, sweetened beverages and energy density. More fast food means more saturated fat, less dairy/calcium, and more sweetened beverages. Do not count food places like Applebees and Denny's where the wait staff take your order at your table. Some national fast food chains include:

- Arby's
- Baja Fresh
- Blimpe
- Burger King
- Carl's Jr.
- Chipotle
- Dairy Queen
- Del Taco
- Dominos
- Hardee's
- Jack in the Box
- Little Ceasars
- Mc Donald's
- Panda Express
- Pizza Hut
- Quiznos
- Sonic
- Subway
- Taco Bell
- Wendy's

Does KFC (Kentucky Fried Chicken) count?

Yes.

Sí.

Do we have to eat it there or can we bring it home?

Count all fast food no matter where it is eaten.

Cuente toda la comida rápida, sin importar dónde la come.

Does Denny's count?

No. This is considered a restaurant.

No. Este lugar se considera un restaurante.

14



My child watches TV ____ hours a day.

0
 1
 2
 3
 4
 or more

My child watches TV ____ hours a day.

Mi niño mira televisión _____ horas al día.

Photo: two girls sitting in front of and watching TV.

This is the 1st of 2 children's screen questions on the Checklist. Screen time is related to physical activity. The child who watches more TV generally spends less time being active.

The TV is on but my child is not watching it. What do I mark?

Count the hours the child is viewing the screen.

Cuente las horas que el niño ve la pantalla.

I have more than one child. One watches a lot of TV, but the other rarely watches TV. What do I mark?

Answer the question for the youngest child 2 years or older.

Responda a la pregunta teniendo en cuenta a su niño más chico: que tenga dos añitos o más.

15



My child plays video or computer games _____ hours a day.

0
 1
 2
 3
 4
 or more

My child plays video or computer games _____ hours a day.

Mi niño juega videojuegos _____ horas al día.

Photo: a boy playing a video game on a computer.

This is the second of two children's screen time questions on the Checklist. Screen time is related to physical activity. The child who has more screen time generally spends less time being active.

If my child plays a video game that gets him to move around like the Wii or Kinect systems, does this count?

If the game is very active increasing your child's heart rate, count this as play time, not screen time.

Si el juego es muy activo y aumenta los latidos de su corazón, cuéntelo como tiempo de juegos, no como tiempo ante la pantalla.

What if I am not sure the exact amount of time?

Then estimate his use of video or computer time.

Entonces calcule el tiempo que pasa jugando videojuegos o en la computadora.

We don't have a desktop computer. He has a hand held video game or plays games on my cell phone, does this count?

Yes. Count as screen time.

Si, cuenta como tiempo ante la pantalla.

Please let me know if you need help with any of the questions.

Déjenme saber si necesitan ayuda con alguna de las preguntas.

Educator walks around the room, answers questions and provides assistance.

We are now done with questions 10-15 on page 3. What are your questions?

Ya hemos terminado con las preguntas 10-15 de la página 3. ¿Tienen alguna pregunta?

Lesson 1: Thank participants and collect the *EFNEP Checklist* forms.

OR

Lesson 8: Continue on to Page 4 of the *Checklist*.

Participant Exit (Lesson 8) Information Page 4

Lesson 8

What changes have you made? Please share.

Highest grade:

- Grade
- GED
- Some college
- 2 year college
- 4 year college

Monthly family income:

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University of California, EFNEP, NIFA, and other logos.

Lesson 8: This section is to be completed at the end of Lesson 8.

Please turn to the last page of the Checklist which includes two colored sections (green and purple). This information will be kept private and confidential.

Por favor vayan a la última página del *Cuestionario* la cual incluye dos secciones de diferentes colores (verde y morada). Esta información se mantendrá de manera privada y confidencial.

Educator shows Page 4 on the poster board.

Green Section

Lesson 8

What changes have you made? Please share.

Highest grade: Grade GED Some college 2 year college 4 year college

Monthly family income: \$

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NIFA



In the green box, please describe any nutrition or physical activity changes you have made because of coming to EFNEP classes. Think about the time you enrolled in the EFNEP program until today.

En el recuadro verde, por favor describa cualquier cambio en su alimentación o actividad física que haya hecho desde que empezó a venir a las clases de EFNEP. Piense en el día en que se inscribió en el programa de EFNEP hasta el día de hoy.

Purple Section

Lesson 8

What changes have you made? Please share.

Higher grade: Grade, GED, Some college, 2 year college, 4 year college

Monthly family income: \$

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EFNEP, USDA, NIFA, Oregon State University, Washington State University, Oregon State University, Washington State University

Now we will fill out the purple section.

Ahora vamos a llenar la sección morada.

Write the highest grade you competed in school. If you graduated high school you would check 'grade' and write the number 12.

Escriba el nivel de educación que alcanzó en la escuela. Si se graduó de la preparatoria, debe marcar "grado" y escribir el número 12.

Fill in your family income for the month. Include wages, salaries, social security, welfare, insurance payments, pensions and cash support from others. Do not include the value of CalFresh / SNAP, WIC or other food program benefits. This information is not shared with any group such as WIC, social security or food stamps/CalFresh/SNAP. It is used for EFNEP only.

Escriba el ingreso familiar para el mes. Incluya sueldos, salarios, seguro social, welfare, pagos de seguro, pensiones y apoyo en efectivo que recibe de otros. No incluya el valor de CalFresh/SNAP, WIC y otros beneficios de programas de alimentación. Esta información no se comparte con ningún otro grupo como WIC, seguro social o estampillas de alimentos/CalFresh/SNAP. Solo se usa para EFNEP.

Table 1. Educator writes additional participant questions here for Nutrition Education Specialist to answer.*

Participant Question	Recommended Staff Response

*Send your 'participant' questions to Melissa Tamargo at 530-754-5808.
We will answer them and post all on the EFNEP website.

Appendix A: Question Comparison

Table A. Five examples of previous and new text used to collect food behavior data via the previous *EFNEP Food Behavior Checklist* and new *EFNEP Checklist*.

EFNEP <i>Food Behavior Checklist</i> (previous)	EFNEP <i>Checklist</i> (new)	Comments
<p>How often do you plan meals ahead of time? (9 words, 11 syllables)</p>	<p>I plan meals. (3 words, 3 syllables)</p> 	<p>Original item incorporates two questions: how often? And do you? But asks how often before asking if you do. Confusing wording. Participants in focus groups preferred the new version.</p>
<p>How often do you use the “Nutrition Facts” on the food label to make food choices? (16 words, 21 syllables)</p>	<p>I use this food label. (5 words, 6 syllables)</p> 	<p>Participants said to include a photo of the nutrition facts label, take 2nd photo inside a market to convey shopping for food and delete words.</p>
<p>When deciding what to feed your family, how often do you think about healthy food choices? (16 words, 22 syllables)</p>	<p>I choose healthy foods for my family. (7 words, 13 syllables)</p> 	<p>Because the original question is not about a food behavior, it is very difficult to conceptualize. The new version is easier for participants to process and understand.</p>
<p>How often do you let meat and dairy foods sit out of the refrigerator for more than two hours? (19 words, 26 syllables)</p>	<p>◆ Meat and dairy foods ◆ I let them sit out for more than 2 hours. (14 words, 16 syllables)</p> 	<p>The five syllable word “refrigerator” is replaced with a visual containing a refrigerator.</p>
<p>How often do you shop with a grocery list? (9 words, 13 syllables)</p>	<p>I shop with a list. (5 words, 5 syllables)</p> 	<p>Replaced “grocery” with visual of the produce section of a grocery store.</p>

Appendix B: Readability

Table B. Readability scores for previous and new text used to collect food behaviors of EFNEP participants at entry/Lesson 1 and exit/Lesson 8

	EFNEP <i>Food Behavior Checklist</i> 2010-2011	EFNEP <i>Checklist</i> 2012-2013
	Items 1-19	Items 1-15
Flesh-Kincaid Readability Index	Grade 5	Grade 1.7
Flesh Reading Ease*	Score 81 (easy)	Score 93.2 (very easy)

* 90-100 very easy; 80-89 easy; 70-79 fairly easy; 60-69 standard; 50-59 fairly difficult; 30-49 difficult; 0-29 very confusing.

Appendix C: Coding Sheet for Data Entry

Checklist

These questions are about your usual behavior. Think about how you usually do things.

Coding Sheet for Data Entry

The yellow boxes show the text displayed in WebNEERs. For each of the 15 questions enter the **RED** number into WebNEERs.

Example: Maria marks "very often" for questions #1. Enter 4 into WebNEERs.



Plan meals ahead

I plan meals.

1 no 2 sometimes 3 often 4 very often 5 almost always



Compare prices before you buy food

I compare prices.

1 no 2 sometimes 3 often 4 very often 5 almost always



Run out of food before the end of the month

I run out of food before the end of the month.

1 no 2 sometimes 3 often 4 very often 5 almost always



Shop with a grocery list

I shop with a list.

1 no 2 sometimes 3 often 4 very often 5 almost always



Let foods sit out for more than two hours

◆ Meat and dairy foods ◆

I let them sit out for more than 2 hours.

1 no 2 sometimes 3 often 4 very often 5 almost always

DO NOT COPY



6
 Thaw frozen foods at room temperature

I thaw frozen foods at room temperature.

- 1 no
 2 sometimes
 3 often
 4 very often
 5 almost always



7
 Think about healthy food choices

I choose healthy foods for my family.

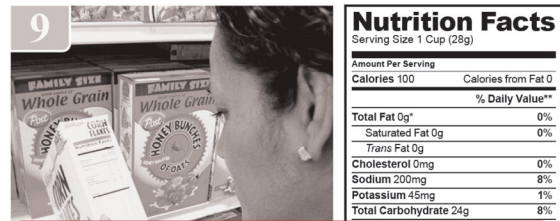
- 1 no
 2 sometimes
 3 often
 4 very often
 5 almost always



8
 Prepare foods without adding salt

I make food without adding salt.

- 1 no
 2 sometimes
 3 often
 4 very often
 5 almost always



9
 Use 'Nutrition Facts' on the label to make food choices

I use this food label.

- 1 no
 2 sometimes
 3 often
 4 very often
 5 almost always

Nutrition Facts	
Serving Size 1 Cup (28g)	
Amount Per Serving	
Calories 100	Calories from Fat 0
% Daily Value**	
Total Fat 0g	0%
Saturated Fat 0g	0%
Trans Fat 0g	
Cholesterol 0mg	0%
Sodium 200mg	8%
Potassium 45mg	1%
Total Carbohydrate 24g	8%

Questions 10-15 are about your child. If you have more than one child, think about your youngest child who is 2 years or older.



Children eat within 2 hours of waking up

My child eats food within 2 hours of waking up.

- 1
no
- 2
sometimes
- 3
often
- 4
very often
- 5
almost always



children drink regular soda

My child drinks soda ____ times a day.

- 1
0
- 2
1
- 3
2
- 4
3
- 5
4
or more



Drink regular soda

My child drinks sports or sugared drinks ____ times a day.

- 1
0
- 2
1
- 3
2
- 4
3
- 5
4
or more



children eat takeout

My child eats fast food ____ times a week.

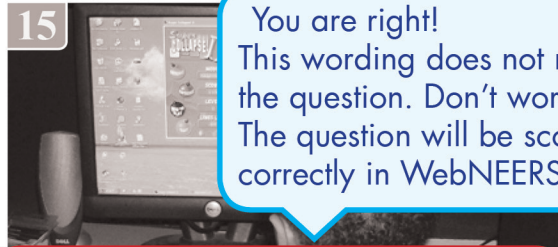
- 1
0
- 2
1-2
- 3
3-4
- 4
5-6
- 5
7



Children screen time

My child watches TV ____ hours a day.

- 1
0
- 2
1
- 3
2
- 4
3
- 5
4
or more



High fat/sugar snacks available

My child plays video or computer games ____ hours a day.

- 1
0
- 2
1
- 3
2
- 4
3
- 5
4
or more

You are right!
This wording does not match the question. Don't worry.
The question will be scored correctly in WebNEERS.

Checklist

EFNEP

Expanded Food and Nutrition Education Program

Name

Date / /

Lesson 1 8

These questions are about the ways you plan and fix food. Think about how you usually do them. Mark 1 answer for each question.



I plan meals.

- no
 sometimes
 often
 very often
 almost always



I compare prices.

- no
 sometimes
 often
 very often
 almost always



I run out of food before the end of the month.

- no
 sometimes
 often
 very often
 almost always



I shop with a list.

- no
 sometimes
 often
 very often
 almost always



◆ Meat and dairy foods ◆

I let them sit out for more than 2 hours.

- no
 sometimes
 often
 very often
 almost always

DO NOT COPY



I thaw frozen foods at room temperature.

- no
 sometimes
 often
 very often
 almost always



I choose healthy foods for my family.

- no
 sometimes
 often
 very often
 almost always



I make food without adding salt.

- no
 sometimes
 often
 very often
 almost always



Nutrition Facts	
Serving Size 1 Cup (28g)	
Amount Per Serving	
Calories 100	Calories from Fat 0
% Daily Value**	
Total Fat 0g*	0%
Saturated Fat 0g	0%
Trans Fat 0g	
Cholesterol 0mg	0%
Sodium 200mg	8%
Potassium 45mg	1%
Total Carbohydrate 24g	8%
Dietary Fiber 1g	4%
Sugars 3g	
Proteins 2g	
Vitamin A	10%
Vitamin C	10%

I use this food label.

- no
 sometimes
 often
 very often
 almost always

Questions 10-15 are about your child. If you have more than one child, think about your youngest child who is 2 years or older.

10



My child eats food within 2 hours of waking up.

- no
- sometimes
- often
- very often
- almost always

11



My child drinks soda _____ times a day.

- 0
- 1
- 2
- 3
- 4 or more

12



My child drinks sports or sugared drinks _____ times a day.

- 0
- 1
- 2
- 3
- 4 or more

13



My child eats fast food _____ times a week.

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

14



My child watches TV _____ hours a day.

- 0
- 1
- 2
- 3
- 4 or more

15



My child plays video or computer games _____ hours a day.

- 0
- 1
- 2
- 3
- 4 or more

Lesson 8

What changes have you made? Please share.

Highest grade

- Grade
- GED
- Some college
- 2 year college
- 4 year college

Monthly family income

\$

Townsend MS, Johns M, Lamp C, Donohue S, Ganthavorn C, Neelon M. **Checklist, version 3 for FY 2013-14.** [Outcome evaluation tool of selected food behaviors for low-literate EFNEP participants. 4-page booklet using color visuals to replace text to improve readability. Accompanies other data collection tools.] University of California Cooperative Extension.

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