



# FOOD SECURITY SCREENING



# 1 - Initial Screening      Family Name: \_\_\_\_\_      Date: \_\_\_\_\_

For each statement, please tell me whether the statement was “often true, sometimes true, or never true” for your household:

- A. “Within the past 12 months we worried whether our food would run out before we got money to buy more.”  
 **often true**     **sometimes true**     **never true**     **don't know, or refused**
- B. “Within the past 12 months the food we bought just didn't last and we didn't have money to get more”  
 **often true**     **sometimes true**     **never true**     **don't know, or refused**

**Never true, don't know or refuse:**  
Perform follow up screening at next home visit or conclude services per program schedule

**Often true or sometimes true**

1  
Assess Growth

- Weight
- Height
- Head Circumference
- BMI
- Growth Charts

2  
Assess for Health Consequences

- Developmental
- Hearing
- Vision
- Oral Health
- Iron (Hgb)
- Lead Level

3  
Provide Resources

- SNAP (Food Stamps)
- WIC Program (Women, Infants and Children)
- Meal Programs (school, after-school, and summer)
- Emergency Food Resources

4  
Referrals & Other Considerations

- WIC Program (Women, Infants and Children)
- Registered Dietitian
- Medical/Dental Provider

FOLLOW-UP PLANS: (Considering steps 1-4 above)

# \_\_\_\_\_ Screening

Date: \_\_\_\_\_

For each statement, please tell me whether the statement was “often true, sometimes true, or never true” for your household:

A. “Since the last screening, we worried whether our food would run out before we got money to buy more.”

**often true**     **sometimes true**     **never true**     **don’t know, or refused**

B. “Since the last screening, the food we bought just didn’t last and we didn’t have money to get more”

**often true**     **sometimes true**     **never true**     **don’t know, or refused**

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**Often true or sometimes true: Follow-UP Plans** (Considering progress with steps 1-4 on page 1).

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