

DHS - Division of Aging Services**Food Security Survey Form**

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Client ID: _____

Client Name: _____

Date: _____

Staff Name: _____

Score: _____

1. During the last 30 days, how often was this statement true?

The food that we bought just didn't last, and we didn't have money to get more.

☐ a. Often [1]☐ b. Sometimes [1]☐ c. Never [0] _____

2. During the last 30 days, how often was this statement true?

We couldn't afford to eat balanced meals.

☐ a. Often [1]☐ b. Sometimes [1]☐ c. Never [0] _____

3. In the past 30 days, did you or other adults in your households ever cut the size of your meals because there wasn't enough money for food?

☐ a. Yes [1]☐ b. No [0] _____

4. In the past 30 days, did you or other adults in your households ever skip meals because there wasn't enough money for food?

☐ a. Yes [1]☐ b. No [0] _____

5. In the past 30 days, did you eat less than you felt you should because there wasn't enough money for food?

☐ a. Yes [1]☐ b. No [0] _____

6. In the past 30 days, were you ever hungry but didn't eat because you couldn't afford enough food?

☐ a. Yes [1]☐ b. No [0] _____**Total Score:** _____☐ High or Marginal Food Security (0 to 1)☐ Low Food Security (2 to 4)☐ Very Low Food Security (5 to 6)