

## Sample Food Security Screening Tool

Information to be collected by _____ (position)	
Ask the client or caregiver the following questions:	Answer
In the <b>past week</b> , did anyone in the household Had to reduce meal size because of lack of food?	<input type="checkbox"/> Yes <input type="checkbox"/> No
In the <b>past week</b> , did anyone in the household skip meals because of lack of food?	<input type="checkbox"/> Yes <input type="checkbox"/> No
In the <b>past month</b> , has anyone in the household gone hungry because of lack of food?	<input type="checkbox"/> Yes <input type="checkbox"/> No
In the <b>past month</b> , have you had to borrow money to buy food for anyone in the household?	<input type="checkbox"/> Yes <input type="checkbox"/> No

**If the answer is “yes” to ANY of these questions, refer for economic strengthening or food security support.**