Oregon Child Development Coalition

FOOD SECURITY SCREENING

Childhood Hunger COALITION

 # 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

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Often true or sometimes true

1 Assess Growth	2 Assess for Health Consequences	3 Provide Resources	4 Referrals & Other Considerations
• Weight • Height • Head Circumference • BMI • Growth Charts	• Developmental • Hearing • Vision • Oral Health • Iron (Hgb) • Lead Level	• SNAP (Food Stamps) • WIC Program (Women, Infants and Children) • Meal Programs (school, after-school, and summer) • Emergency Food Resources	• WIC Program (Women, Infants and Children) • Registered Dietitian • Medical/Dental Provider

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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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