



1. In the past three months, how often has it happened that there was not enough money in the household for food? *(ANSWER OPTIONS: never, occasionally, fairly often, very often)*
2. Which of the following best describes your situation in terms of food you eat? *(ANSWER OPTIONS: Get enough of the kinds of foods you want to eat, Get enough, but not always what you want to eat, Sometimes not enough to eat, Often not enough to eat)*
3. This past week that is in the last seven days approximately how many cooked meals did you eat? *(ANSWER OPTIONS: None, 1- 4 meals, 5 -7 meals, 8 or more meals)*
4. In the last 30 days, did you go a whole day without anything at all to eat (because you did not have adequate access to food)? *(ANSWER OPTIONS: Yes, No)*
5. Household Facilities *(ANSWER OPTIONS: Refrigerator, Freezer, Oven, Microwave)*
6. Cognitive Limitations *(ANSWER OPTIONS: Client exhibits impaired judgment, Client is disoriented to person/place/time, Client exhibits wandering)*
7. Physical Limitations *(ANSWER OPTIONS: Client cannot stand for more than 20 minutes, Client has severely limited range of motion in arms and legs, Client needs assistance ambulating outside, With the exception of appointments, client's mobility is restricted to the home, Client is bedbound)*
9. Does the patient have any food allergies/exclusions?
12. Patient resides *(ANSWER OPTIONS: Alone, w/Partner, w/Family, w/help of HHA / PCA, Other)*
13. How many people reside in the patient's home?