HUNGER VITAL SIGN ™ SCREENING TOOL

Patient Label	

Screen all patients at least once and high-risk patients (low income, limited or no transportation, difficulty chewing/swallowing, social isolation, depression, mobility limitations, cognitive impairment, existing medical conditions) annually.

Name:	DOB:	Age:

STEP 1: Identify patients who are at risk for food/nutrition insecurity.

Preface questions with "I ask all of my patients about access to food. There are many community resources available often free of charge for individuals. For each statement, please tell me if it was often true, sometimes true, or never true."	Date:			
	Often True	Sometimes True	Never True	
Within the past 12 months I/we were worried whether our food would run out before we got money to buy more.				
 Within the past 12 months the food I/we bought just didn't last and I/we didn't have the money to get more. 				
"Often true" or "sometimes true" to any statement indicates the patient is at risk for food/nutrition insecurity.				

STEP 2: If at risk for food/nutrition insecurity, refer patient to the Good Food Box.

- a. Send or give patients the Good Food Box Handout. This handout provides the patient with all of the information they need to register for a box.
- b. Patients will register for a Good Food Box themselves:
 - Online: https://nanaimofoodshare.ca/campaign/good-food-box/
 - Email: gfb@nanaimofoodshare.ca
 - **Phone:** 778-744-3250

They will also have access to a Food Navigator that they can contact if they need further assistance.