

# Food Security Risk Assessment Tool



*This form should take 15-20 minutes to complete*

<b>Client Details (Optional):</b>	
Name:	Date:
Age:	
Number of dependents:	
Living Arrangement:	

After completing this form, if you are particularly concerned about the nutritional status of your client, you may wish to contact a dietitian at one of the Community Health Centres listed below.

Community Health Centres		
	<i>Name</i>	<i>Contact</i>
City of Glen Eira	<b>Bentleigh Bayside Community Health Service</b>	Gardeners Rd, East Bentleigh Ph. 9575 5333
	<b>Caulfield Community Health Service</b>	260 Kooyong Rd, Caulfield Ph. 9706 6666
City of Stonnington	<b>Caulfield Community Health Service</b>	260 Kooyong Rd, Caulfield Ph. 9706 6666
	<b>Inner South Community Health Service</b>	Prahran Ph. 9525 1300
City of Port Phillip	<b>Inner South Community Health Service</b>	South Port Ph. 9690 9144 Mitford St Ph. 9534 0981 Inkerman St Ph. 9534 8166

# INITIAL SCREEN

**In the past 12 months, were there any times that you/your household ran out of food and couldn't afford to buy more? YES/NO**

*If your client answers 'No' there is no need to continue with the assessment tool.*

*If your client answers 'Yes', please continue to complete the assessment tool.*

## **Section 1: Severity of Food Insecurity**

<b>1. How often do you usually eat?</b>	
<input type="checkbox"/> 3 meals/day <input type="checkbox"/> 2 meals/day <input type="checkbox"/> 1 meal/day <input type="checkbox"/> 2-3 meals/week <input type="checkbox"/> Other _____	
<b>2. How do you usually get your food? Tick as many as you need to</b>	
<input type="checkbox"/> I get takeaway <input type="checkbox"/> Home cooked – Prepare from scratch <input type="checkbox"/> Packet meals from super market <input type="checkbox"/> Free /Cheap Meals (e.g. Salvation Army) <input type="checkbox"/> Other _____	
<b>3. In the past four weeks did you: Tick as many as you need to</b>	
<i>If ticked, please indicate <b>Rarely/Sometimes/Often</b></i>	
<input type="checkbox"/> Worry that you would not have enough food	<i>Rarely/Sometimes/Often</i>
<input type="checkbox"/> Have a limited variety of foods because of a lack of resources (e.g. money, transport, cooking facilities)	<i>Rarely/Sometimes/Often</i>
<input type="checkbox"/> Eat a smaller meal or eat fewer meals in a day than you felt you needed because there wasn't enough food	<i>Rarely/Sometimes/Often</i>
<input type="checkbox"/> Have no food available to eat	<i>Rarely/Sometimes/Often</i>

*Now that you have assessed the severity of your client's food insecurity status, you may use section 2 to identify the factors that are contributing to your client's food insecurity status.*

## **Section 2: Contributing Factors to Food Insecurity**

*Please tick the statements relevant to your client and tally the scores for each section*

<b>Money</b>	
Runs out of money for food most weeks	<input type="checkbox"/> 1
Spends less than \$30/week on food	<input type="checkbox"/> 1
Food is a low spending priority	<input type="checkbox"/> 1
Difficulty accessing money from the bank	<input type="checkbox"/> 1
Limited budgeting skills	<input type="checkbox"/> 1
<b>Section Score /5</b>	

<b>Access to Food</b>	
Difficulty using transport to get food	<input type="checkbox"/> 1
Difficulty using or no access to cooking facilities	<input type="checkbox"/> 1
No fridge/fridge is too small for needs	<input type="checkbox"/> 1
Doesn't know where to get cheap/free meals	<input type="checkbox"/> 1
Cheap or free meals not appropriate (e.g. not culturally acceptable)	<input type="checkbox"/> 1
<b>Section Score /5</b>	

<b>Food-related Behaviour</b>	
Food is sought from non-conventional sources (e.g. garbage bin)	<input type="checkbox"/> 1
Low motivation to cook/eat	<input type="checkbox"/> 1
Limited meal planning, preparation skills and healthy eating	<input type="checkbox"/> 1
Socially isolated (minimal contact with others)	<input type="checkbox"/> 1
Feels obliged to provide food to others	<input type="checkbox"/> 1
<b>Section Score /5</b>	

<b>Health</b>	
Appears underweight	<input type="checkbox"/> 1
Has food poisoning from unsafe food	<input type="checkbox"/> 1
Physical or cognitive disability	<input type="checkbox"/> 1
Poor appetite	<input type="checkbox"/> 1
Difficulty chewing or swallowing food	<input type="checkbox"/> 1
Substance abuse	<input type="checkbox"/> 1
<b>Section Score /6</b>	

### **Interpreting Results**

**Total Score ( /21):** A higher total score indicates a higher risk of food insecurity

This score can be used to:








- compare relative risk between clients
- identify contributing factors to client's food insecurity and

**Section Scores ( /5 or /6)** The sections with the highest scores represent the major contributing factors to a client's food insecurity and may indicate a need for intervention in that area. The *Referral Pathway Poster* will assist in selecting the most appropriate intervention.

*Now that you have identified the main barriers preventing your client from accessing food, you may complete Section 3 which will assist you in developing an individualised action plan for your client.*

### Section 3: Plan for action

Please complete the following section together with your client. Goals for each contributing factor can be discussed with clients. The action plan can be used to identify the service which will most benefit the client in achieving their goal/s. **Please refer to the “Improving Food Access Booklet” for an extensive list of services.**

	Contributing factors	Goal	Action plan
MONEY 			
ACCESS TO FOOD  			
FOOD BEHAVIOUR  			
HEALTH  			

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