



Done-for-you:

Nutrient Security

Food Dignity Screening Tool

If you've ever wondered about your clients' experience with food insecurity and hidden hunger, now you can ask them.

This done-for-you collection of screening questions makes it easy to survey your audience on their thoughts about hunger. Use the answers to help shape policy, allocate resources, or launch new initiatives.

Pick and choose from the questions below or ask them all. Don't forget to use the name of your organization in the highlighted sections.

A (reasonably priced) paid subscription to [Survey Monkey](#) will allow you to ask all the questions online. (Free accounts are limited to 10 questions.) You can also use a tool like [Google Forms](#) (free) or [Typeform](#) (free or paid). And, of course, you could also use the questions as the basis for a printed survey.

Tips to ask value-driven questions:

We cannot help someone unless we understand their barriers, problems, and fears. The question bank is available so you can strategically select the questions to drive appropriate solutions that ultimately:

- improve overall organizational outcomes that leads to funding
- improve health outcomes of clients
- identify gaps in nutrition education
- plan activities for nutrition students and interns

My favorite 3 questions to ask in every survey include:

1. What thoughts keep you up at night about food and nutrition?
2. What is your biggest fear around food and nutrition?



3. What do you worry most about with food and nutrition?

All three questions ultimately ask the same thing but in different ways. You can swap out “food and nutrition” with any subject. The answers will be written in the clients’ words, thoughts, feelings, and emotions. And they will provide insight into daily fears and struggles around your specific topic. If you identify their biggest fear, you have everything you need to be the solution to their problem.

I couple these questions with others that strategically target other information, such as medical diagnosis or lab values.

Then, I ask specific questions that aim to identify a potential behavior change:

- cooking skill level
- transportation access
- willingness to apply for food assistance programs
- food access questions

Practical Tips:

1. Keep your survey short and simple.
2. Ask a couple questions for their comments, ideas, and thoughts.
3. A survey should take 5-10 minutes to complete.
4. Though anyone trained to use your evaluation tool can administer this survey, interns can also administer it and identify projects that align with their internship outcomes to make it a win-win for you and the student.
5. Use your clients’ language in the marketing of your programs to increase participation. If they feel you can solve their problem, they will work with you.



Survey questions

Demographics

Please describe your identity.

- Black or African-American
- Asian
- American Indian or Alaska Native
- Middle Eastern or North African
- Native Hawaiian or Other Pacific Islander
- Caucasian or White
- Some other race, ethnicity, or origin (please identify) _____
- Prefer not to answer

Please describe your gender identity.

- Male
- Female
- Transgender male
- Transgender female
- Gender variant/Non-conforming
- Not listed (please identify) _____
- Prefer not to answer



What is your marital status?

- Married
- Living with partner
- Widowed
- Divorced
- Separated
- Never married

What is the highest academic degree you have achieved?

- High School Diploma
- Ged Vocational Certificate (Post-high School or GED)
- Associate's Degree (Junior College)
- Bachelor's Degree
- Master's Degree
- Doctorate

Are you the primary food preparer in your household?

- Yes
- No



Screening

Please list any medical conditions/ailments with which you have been diagnosed.

In the past 12 months, has a lack of reliable transportation kept you from going to medical appointments, meetings, or work—or from getting the things you need for daily living?

- Yes
- No

Do you need help identifying a bus route in your area?

- Yes
- No

Within the past 12 months, how often have you worried that your food would run out before you got money to buy more?

- Often
- Sometimes
- Rarely
- Never



Within the past 12 months, how often was it that the food you bought “just didn't last”—and you didn't have money to get more.

- Often
- Sometimes
- Rarely
- Never

Is there anything else you have to pay for instead of buying food? Place your answers in the space provided.

Where do you get the majority of your food that you consume? Please identify the name of the store(s) in the space provided.



Do you use any of the following food assistance programs? Pick all that apply to you.

- The Expanded Food and Nutrition Program (EFNEP)
- The Child and Adult Care Food Program (CACFP)
- National School Breakfast and Lunch Program
- Supplemental Nutrition Assistance Program for Women, Infants, and Children (WIC)
- Supplemental Nutrition Assistance Program (SNAP)
- Food from food pantries
- I use other kinds of benefits (please identify): _____

- I don't use any of these benefits.

If not, why don't you receive benefits? Pick all that apply to you.

- I was cut off benefits because of work issues.
- I was denied because I did not complete my application.
- I don't know how to sign up for benefits.
- I don't want these benefits.
- I did not know these benefits existed.
- Place any other reasons in the space provided: _____



Barriers to Healthy Eating

What are your most significant barriers to cooking healthful foods? Pick all that apply to you.

- Eating healthy is not a priority in my life.
 - It's too expensive.
 - I don't have access to healthy foods.
 - I don't know how to cook healthy foods.
 - I don't have the cooking equipment to cook healthy foods.
 - I don't have enough time to cook healthy foods.
 - List any other reasons in the space provided. _____
-

What kitchen equipment do you have? Pick all that apply to you.

- | | | |
|---|---|---|
| <input type="checkbox"/> Baking pan/bakeware | <input type="checkbox"/> Ladle | <input type="checkbox"/> Sink/dishwasher |
| <input type="checkbox"/> Baking sheet | <input type="checkbox"/> Large pot | <input type="checkbox"/> Silverware |
| <input type="checkbox"/> Barbecue grill | <input type="checkbox"/> Liquid measuring cup | <input type="checkbox"/> Skillet/frying pan/wok |
| <input type="checkbox"/> Blender | <input type="checkbox"/> Measuring cups | <input type="checkbox"/> Spatula |
| <input type="checkbox"/> Can opener | <input type="checkbox"/> Measuring spoons | <input type="checkbox"/> Specialty machine |
| <input type="checkbox"/> Colander/strainer | <input type="checkbox"/> Microwave | <input type="checkbox"/> Spice rack or spices |
| <input type="checkbox"/> Cookbook | <input type="checkbox"/> Mixing bowls | <input type="checkbox"/> Stovetop/range |
| <input type="checkbox"/> Crockpot | <input type="checkbox"/> Mixing spoon | <input type="checkbox"/> Toaster |
| <input type="checkbox"/> Dishes | <input type="checkbox"/> Oven | <input type="checkbox"/> Toaster oven |
| <input type="checkbox"/> Electric grill/griddle | <input type="checkbox"/> Oven mitt/pot holder | <input type="checkbox"/> Tongs |
| <input type="checkbox"/> Electric mixer | <input type="checkbox"/> Peeler | <input type="checkbox"/> Waffle iron |
| <input type="checkbox"/> Food processor | <input type="checkbox"/> Potato masher | <input type="checkbox"/> Warming plate |
| <input type="checkbox"/> Food thermometer | <input type="checkbox"/> Refrigerator | <input type="checkbox"/> Whisk |
| <input type="checkbox"/> Freezer | <input type="checkbox"/> Rolling pin | <input type="checkbox"/> None of the above |
| <input type="checkbox"/> Grater | <input type="checkbox"/> Saucepan | <input type="checkbox"/> I don't have access to a kitchen |
| <input type="checkbox"/> Hot plate | | |
| <input type="checkbox"/> Knife/knives | | |



List the kitchen equipment you wish you had.

How would you rate your cooking skills from 1 to 10? 1 means you are a beginner, and 10 means you feel very confident in the kitchen.

- 1 2 3 4 5 6 7 8 9 10

Are there foods that are hard for you to get? List up to five in the space provided:

During an average week, how often do you eat fresh fruits and vegetables?

- Everyday
- Most days
- Once or twice a week
- Never

Are fresh fruits and vegetables hard to get in your neighborhood?

- Yes
- No



Readiness to Change

Do you buy healthy foods for your friends and family on a budget? Pick one.

- Yes, I have been buying healthy food for MORE than 6 months.
- Yes, I have been buying healthy food for LESS than 6 months.
- No, but I intend to buy healthy food in the next 30 days.
- No, but I intend to buy healthy food in the next 6 months.
- No, and I will NOT be able to buy healthy food in the next 6 months.

Will you cook healthy foods for your friends or family on a budget? Pick one.

- Yes, I have been cooking healthy food for MORE than 6 months.
- Yes, I have been cooking healthy food for LESS than 6 months.
- No, but I intend to cook healthy food in the next 30 days.
- No, but I intend to cook healthy food in the next 6 months.
- No, and I will NOT be able to cook healthy food in the next 6 months.

Have you found a healthy eating style that works for you? Pick one.

- Yes, MORE than 6 months ago.
- Yes, LESS than 6 months ago.
- No, but I intend to find a healthy eating style in the next 30 days.
- No, but I intend to find a healthy eating style in the next 6 months.
- No, and I will NOT be able to find a healthy eating style in the next 6 months.

Has a healthcare provider (doctor, nutritionist, registered dietitian) recommended that you eat certain healthy foods?

- Yes
- No



If yes, do you have easy access to the foods your healthcare provider recommended?

- Yes, I have had easy access for MORE than 6 months.
- Yes, I have had easy access for LESS than 6 months.
- No, but I intend to have easy access in the next 30 days.
- No, but I intend to have easy access in the next 6 months.
- No, and I will NOT be able to have easy access in the next 6 months.

Do you eat the foods that your healthcare provider recommended?

- Yes, I have been eating them for MORE than 6 months.
- Yes, I have been eating them for LESS than 6 months.
- No, but I intend to start eating them in the next 30 days.
- No, but I intend to start eating them in the next 6 months.
- No, and I will NOT be able to eat them in the next 6 months.



For the following statements, please rate your level of agreement about how confident you are. Place a check in the box that answers each question.

	Not at all confident	Not very confident	Neutral	Somewhat confident	Very confident	N/A
Do you feel confident that you won't run out of food before the end of the month?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Do you feel confident that you can buy healthy foods for your family on a budget?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Do you feel confident that you can cook healthy foods for your friends or family on a budget?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Do you feel confident signing up or seeing if you qualify for benefits like the Supplemental Nutrition Assistance Program?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

List five foods you would like to have offered to you through any food assistance program.



Suggestions for Programming

What would you like to learn more about? Pick all that apply to you.

- Access to healthier snack and meal options
- Basic cooking skills (such as knife skills and food storage)
- Nutrition classes
- Quick meals on a budget
- Child nutrition
- Healthier foods for you or your family member's medical conditions
- Purchasing food on a budget
- Help with food assistance applications
- Transportation schedule information, so you can more easily get to places like the grocery store
- Information on food pantry locations and the hours they're open
- List anything else you need in the space provided: _____

Are there any other food or health topics you would like to learn about? Place your answer in the space provided.



Do you have suggestions for improving your experience with **(insert name of program)?**

Place your answer in the space provided.



Goal Setting

**What would you like to achieve while working with (insert name of program)?
Write what you want to achieve, and by when, in the spaces provided.**

Goal 1: _____

Goal 2: _____

Goal 3: _____

What is your biggest fear around finding, buying, cooking, and eating enough healthy food? Place your answer in the space provided.

What do you worry about most when it comes to finding, buying, cooking, and eating enough healthy food? Place your answer in the space provided.

Next Steps

If you have questions, comments, need help implementing this survey starter, or you'd like next steps after survey completion, we'd be happy to help. Email clancy@fooddignitymovement.org to get started.