Food Insecurity Assessment - 4B

TB LION ID Number:	_____
Name of field staff:	_____
Date of evaluation:	_____
Visit:	◯ Visit 1 ◯ Visit 5 (~3 months after visit 3) ◯ Visit 6 (~6 months after visit 3) ◯ Visit 7 (~12 months after visit 3) ◯ Visit 8 (~18 months after visit 3) ◯ Visit 9 (~24 months after visit 3) ◯ Bi-weekly
1. In the past four weeks, did you worry that your household would not have enough food?	◯ Yes ◯ No ◯ Refused to answer
1a. How often did this happen?	◯ Rarely (one or twice in the past four weeks) ◯ Sometimes (three to ten times in the past four weeks) ◯ Often (more than ten times in the past four weeks)
2. In the past four weeks, were you or any household member not able to eat the kinds of foods you preferred because of a lack of resources?	◯ Yes ◯ No ◯ Refused to answer
2a. How often did this happen?	◯ Rarely (one or twice in the past four weeks) ◯ Sometimes (three to ten times in the past four weeks) ◯ Often (more than ten times in the past four weeks)
3. In the past four weeks, did you or any household member have to eat a limited variety of foods due to a lack of resources?	◯ Yes ◯ No ◯ Refused to answer
3a. How often did this happen?	◯ Rarely (one or twice in the past four weeks) ◯ Sometimes (three to ten times in the past four weeks) ◯ Often (more than ten times in the past four weeks)
4. In the past four weeks, did you or any household member have to eat some foods that you really did not want to eat because of a lack of resources to obtain other types of food?	◯ Yes ◯ No ◯ Refused to answer
4a. How often did this happen?	◯ Rarely (one or twice in the past four weeks) ◯ Sometimes (three to ten times in the past four weeks) ◯ Often (more than ten times in the past four weeks)

5. In the past four weeks, did you or any household member have to eat a smaller meal than you felt you needed because there was not enough food?	◯ Yes ◯ No ◯ Refused to answer
5a. How often did this happen?	◯ Rarely (one or twice in the past four weeks) ◯ Sometimes (three to ten times in the past four weeks) ◯ Often (more than ten times in the past four weeks)
6. In the past four weeks, did you or any other household member have to eat fewer meals in a day because there was not enough food?	◯ Yes ◯ No ◯ Refused to answer
6a. How often did this happen?	◯ Rarely (one or twice in the past four weeks) ◯ Sometimes (three to ten times in the past four weeks) ◯ Often (more than ten times in the past four weeks)
7. In the past four weeks, was there ever no food to eat of any kind in your household because of lack of resources to get food?	◯ Yes ◯ No ◯ Refused to answer
7a. How often did this happen?	◯ Rarely (one or twice in the past four weeks) ◯ Sometimes (three to ten times in the past four weeks) ◯ Often (more than ten times in the past four weeks)
8. In the past four weeks, did you or any household member go to sleep at night hungry because there was not enough food?	◯ Yes ◯ No ◯ Refused to answer
8a. How often did this happen?	◯ Rarely (one or twice in the past four weeks) ◯ Sometimes (three to ten times in the past four weeks) ◯ Often (more than ten times in the past four weeks)
9. In the past four weeks, did you or any household member go a whole day and night without eating anything because there was not enough food?	◯ Yes ◯ No ◯ Refused to answer
9a. How often did this happen?	◯ Rarely (one or twice in the past four weeks) ◯ Sometimes (three to ten times in the past four weeks) ◯ Often (more than ten times in the past four weeks)
Signature:	_____
Initials	_____
Date completed	_____