

HEALTH & WELLNESS SCREENING TOOL

Kerman Wellness Hub established this screening tool to identify food insecurity issues in Kerman. The responses will be confidential and will be used to provide resources which will strengthen healthy food decisions and improve health outcomes. **Circle your responses.**

	Questions	Response		
1.	Within the past 12 months, have you worried whether your food would run out before you had money to buy more?	Y	N	Not sure
2.	Within the past 12 months, have you felt that the food you bought did not last and you did not have money to get more?	Y	N	Not sure
3.	Within the past 12 months, have you received food from a food bank or food distribution?	Y	N	Not sure
4.	Is your child receiving Grab-and-Go meals thru the school district?	Y	N	Not sure
5.	Do you feel like you and your family is consuming a balanced and healthy meal?	Y	N	Not sure
6.	Are you worried that in the next 6 months, you and your family may not have a place to live?	Y	N	Not sure
7.	In the last 12 months, have you had difficulty paying for electricity, gas, water, or other services in your home?	Y	N	Not sure
8.	Does your family need diapers, clothing, or baby supplies?	Y	N	Not sure
9.	Have you or someone in your family been referred to a primary physician for any health issues?	Y	N	Not sure
10.	Has the lack of transportation kept you from meetings, work, or from getting things needed for daily living?	Y	N	Not sure
11.	Do you or someone in your family need behavioral/ mental health support?	Y	N	Not sure
12.	Do you need help finding a local career center and/or a job training program?	Y	N	Not sure
13.	Have you or someone in your family been affected by COVID-19?	Y	N	Not sure

Declaration

☐ I agree to have my information shared with Kerman Wellness Hub and to be contacted for further resource assistance.

☐ I do not agree to have my information shared with Kerman Wellness Hub and to be contacted for further resource assistance.

Name- _____	Contact number- ____/____/____
Date of birth- ____/____/____	Preferred Language- _____
Zip code- _____	Preferred day(s) of contact- ____ <input type="radio"/> AM <input type="radio"/> PM

Signature- _____

Date- _____

☐ Mark this circle if the information is filled out on behalf of the individual by a Kerman Wellness Hub or Valley Health Team representative.