

# Hunger Assessment Questionnaire

***In the last 12 months,***

1. Did you ever run out of money to buy food to make a meal?
2. Did you ever eat less than you felt you should because there was not enough money for food?
3. Did you ever cut the size of your meals or skip meals?
4. Did your child(ren) ever eat less than you felt he/she (they) should because there was not enough money?
5. Did you ever cut the size of your child(ren)'s meal?
6. Did your child(ren) say he/she (they) was (were) hungry because there was not enough food in the house?
7. Did your child(ren) ever go to bed hungry because there was not enough money to buy food?

*Source: Wehler CA, et al. Risk and protective factors for adult and child hunger among low-income housed and homeless female-headed families. American Journal of Public Health. January, 2004; Vol. 94, No. 1: 109-115.*