NEDHSA Mental Health and Food Insecurity Assessment

Date	Client ID *(If applicable)*	Age	Gender
/ /	0 0 0 0 0 0 0 0 0 0	Years	☐0M ☐1F ☐2Other

Race

☐1 Alaska Native ☐2 American Indian ☐3 Asian ☐4 White ☐5 Black/African American ☐6 Native Hawaiian/Pacific Islander ☐7 Unknown ☐8 Other

Have you heard about Northeast Delta Human Services Authority and their services to individuals suffering from mental illness, substance abuse disorder and developmental disabilities?	☐1 Yes ☐0 No

If NEDHSA or Food Bank Client, Select Program(s) [select all that applies]

☐1 Outpatient Clinic ☐2 Tobacco Treatment ☐3 Gambling Treatment ☐4 Developmental Disability ☐5 PIPBHC ☐6 LA-Re ☐7 SOWS ☐8 LaARK ☐9 B&B ☐10 Wellspring ☐11 Fairhaven ☐12 Jackson House ☐13 Rays of Sonshine ☐14 FHF ☐15 TEM ☐16 Easter Seals ☐17 Prevention & Wellness ☐18 Food Bank Programs (Backpack, School Pantry, Senior, Disaster Dist.) ☐19 Food Bank Pantry Partners. ☐19 SNAP (Food Stamps) ☐19 Other

Marital Status	Current Living Situation
☐1 Single	☐1 Living in own home/apartment
☐2 Married	☐2 Living in residential or group home
☐3 Divorced	☐3 Living in long term care facility (nursing home)
☐4 Widowed	☐4 Staying with relative or friend
☐5 Other	☐5 Homeless/Other:

Household

Total number of people **currently** living in household *(please circle)*:	1	2	3	4	5	6	7	8	9	10+
Number of children in the household *(please circle)*:	1	2	3	4	5	6	7	8	9	10+

Employment Status

Are you currently working? ☐1 Yes ☐0 No

If Yes:

Frequency	Location
☐0 Part-time ☐1 Full-time	☐0 At home /inside of home ☐1 Away from /outside of home

If No:

☐0 Retired ☐3 Unemployed, looking
☐1 Disabled ☐4 Unemployed, not looking
☐2 Laid Off ☐5 Other

Industry

☐1 Healthcare ☐6 Education
☐2 Food service ☐7 Non-food retail
☐3 Transportation/Utilities ☐8 Manufacturing
☐4 Business/Professional services ☐9 Construction
☐5 Public service ☐10 Other

Education

How many years of school experience do you have?

Income

What is your monthly household income ($) that goes in your pocket (after tax)?

Parish of Residence

☐0 Caldwell	☐7 Ouachita
☐1 East Carroll	☐8 Richland
☐2 Jackson	☐9 Tensas
☐3 Franklin	☐10 Union
☐4 Lincoln	☐11 West Carroll
☐5 Madison	☐12 Other in Louisiana
☐6 Morehouse	☐13 Not in Louisiana

Resource Concerns

Rate each of the following using a scale of 1 to 5, with 1 being the least concern and 5 being most concern. ***(Circle one for each item below.)***

1	Having enough income/money to pay the household bills (rent, utilities)	1	2	3	4	5
2	Being able to make household payments online, at post office, or in person	1	2	3	4	5
3	The conditions of your living place	1	2	3	4	5
4	Being able to find adequate housing	1	2	3	4	5
5	Having access to transportation	1	2	3	4	5
6	Finding work or keeping a job	1	2	3	4	5

Health Concerns

7	Do you have a good health insurance coverage so that you do not worry to visit health facilities?	☐1Yes	☐0No
8	Have you been hospitalized within the past 12 months?	☐1Yes	☐0No
9	Have you visited an outpatient psychiatry clinic within the past 12 months?	☐1Yes	☐0No
10	Have you visited a primary care facility within the past 12 months?	☐1Yes	☐0No
11	Have you developed a chronic/diet related disease?	☐1Yes	☐0No
12	Have you ever experienced violence or trauma in any setting (including community or social violence; domestic violence; physical; psychological, or sexual maltreatment/assault within or outside of the family; natural disaster; terrorism; neglect; or traumatic grief?	☐1Yes	☐0No
13	Did any of these experiences feel so frightening, horrible, or upsetting that in the past and/or present: you tried hard not to think about it or went out of your way to avoid situations that remind you of it?	☐1Yes	☐0No

Over the last 2 weeks, how often have you been bothered by the following problems (14-29)?		**0 – Not at all**	**1 – Several Days**	**2 – More than half the day**	**3 – Nearly every day**
14	Do you have little interest or pleasure in doing things?	0	1	2	3
15	Are you feeling down, depressed, or hopeless?	0	1	2	3
16	Do you have trouble falling or staying asleep, or sleeping too much?	0	1	2	3
17	Are you feeling tired or have little energy?	0	1	2	3
18	Do you have poor appetite or are you overeating?	0	1	2	3
19	Are you feeling bad about yourself – or worried that you are a failure?	0	1	2	3
20	Do you have trouble concentrating on things, such as reading the newspaper or watching television?	0	1	2	3
21	Are you moving or speaking so slowly that other people could have noticed? Or the opposite - being so fidgety or restless that you have been moving around a lot more than usual?	0	1	2	3
22	Do you have thoughts that you would be better off dead or of hurting yourself in some way?	0	1	2	3
23	Feeling nervous, anxious or on edge	0	1	2	3
24	Not being able to stop or control worry	0	1	2	3
25	Worrying too much about different things	0	1	2	3
26	Trouble relaxing	0	1	2	3
27	Being so restless that it is hard to sit still	0	1	2	3

28	Becoming easily annoyed or irritable	0	1	2	3
29	Feeling afraid as if something awful might happen	0	1	2	3

Food Insecurity Concerns				
30	In the last 12 months, have you worried whether your food would run out before you got money to buy more?	☐₂ Often	☐₁ Sometimes	☐₀ Never
31	In the last 12 months, did the food you buy not last long, and you didn't have money to get more?	☐₂ Often	☐₁ Sometimes	☐₀ Never
32	In the last 12 months, could you afford to eat balanced meals?	☐₂ Often	☐₁ Sometimes	☐₀ Never
33	In the last 12 months, did you or other adults in the household ever cut the size of your meals, eat less than you ought to, or skip meals because there wasn't enough money for food?	☐₁ Yes		☐₀ No
34	(If yes to question 33) How often did this happen?	☐₂ Almost every month	☐₁ Some months but not every month	☐₀ Only 1 or 2 months
35	In the last 12 months, did you or other adults ever eat less than you or they ought (to eat less) because there wasn't enough money for food?	☐₁ Yes		☐₀ No
36	In the last 12 months, were you or other adults ever hungry, but didn't eat, because there wasn't enough money for food?	☐₁ Yes		☐₀ No
37	In the last 12 months, did you or other adults lose weight because there wasn't enough money for food?	☐₁ Yes		☐₀ No
38	In the last 12 months, did you or other adults in your household ever not eat for a whole day because there wasn't enough money for food?	☐₁ Yes		☐₀ No
39	(If yes to question 38) How often did this happen?	☐₂ Almost every month	☐₁ Some months but not every month	☐₀ Only 1 or 2 months
Please respond questions 40-47 if the household includes children age 0-17				
40	In the last 12 months, did you rely on only a few kinds of low-cost food to feed your children because you were running out of money to buy food?	☐₂ Often	☐₁ Sometimes	☐₀ Never
41	In the last 12 months, were you unable to feed your children a balanced meal, because you couldn't afford to?	☐₂ Often	☐₁ Sometimes	☐₀ Never
42	In the last 12 months, were your children not eating enough because you just couldn't afford enough food?	☐₂ Often	☐₁ Sometimes	☐₀ Never
43	In the last 12 months, were the children ever hungry but you just couldn't afford more food?	☐₁ Yes		☐₀ No
44	In the last 12 months, did you ever cut the size of any of the children's meals because there wasn't enough money for food?	☐₁ Yes		☐₀ No
45	In the last 12 months, did any of the children ever skip a meal because there wasn't enough money for food?	☐₁ Yes		☐₀ No
46	(If yes to question 45) How often did this happen?	☐₂ Almost every month	☐₁ Some months but not every month	☐₀ Only 1 or 2 months
47	In the last 12 months, did any of the children ever not eat for a whole day because there wasn't enough money for food?	☐₁ Yes		☐₀ No

You can either scan the QR code or browse the survey link to fill out the survey online.

https://docs.google.com/forms/d/e/1FAIpQLSdrs97IpfxpFCNosgSWsLdrIotMdNzTkkSUcbHNk_9x0TcbCw/viewform

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