

Newborn/2 Weeks

Name \_\_\_\_\_

Today's Date \_\_\_\_\_

Date of Birth \_\_\_\_\_

**Hunger Vital Sign Questionnaire:** (NB then yearly)

For each statement, please tell me whether the statement was Often True, Sometimes True, or Never True for your household in the past 12 months.

	<b>Often True</b>	<b>Sometimes True</b>	<b>Never True</b>
Within the past 12 months, we worried whether our food would run out before we got money to buy more.			
Within the past 12 months, the food we bought just didn't last and we didn't have money to get more.			