1. The food that (I/we) bought just didn’t last and, (I/we) didn’t have money to get more.
2. (I/we) couldn’t afford to eat balanced meals.
3. Have you had trouble paying rent, mortgage, or utility bills in the past year?
4. Have you had to move in with family or friends because you had no other choice?
5. Do you have a usual medical provider to go to when sick?
6. Do you experience a delay in obtaining healthcare?
7. Do you experience a delay in obtaining prescription medication?