

**Satisfaction Survey FFY19**  
***Title III- C1 Congregate Meals Program***

County of Residence: \_\_\_\_\_

Facility where you receive meals from: \_\_\_\_\_

1. How much do you worry about having enough to eat?
  - I never worry
  - I worry occasionally
  - I worry some of the time
  - I worry most of the time
  - I worry all of the time
  
2. How many days each week do you usually eat at the meal program?
  - 1
  - 2
  - 3
  - 4
  - 5
  
3. Are there times when you have not been able to attend the meal program because you have no way to get there?
  - Yes
  - No
  
4. When you do not eat at the meal program, how many total meals do you eat that day?
  - 0 meals
  - 1 meal
  - 2 meals
  - 3 meals
  - 4 meals
  - 5 meals or more
  
5. On the days you eat at the meal site, how many meals do you usually eat?
  - 0 meals
  - 1 meal
  - 2 meals
  - 3 meals
  - 4 meals
  - 5 meals or more

6. How would you rate your overall health?

- Excellent
- Very good
- Good
- Fair
- Poor

7. Compared to 1 year ago, how would you rate your health now?

- Much better now than 1 year ago
- Somewhat better now than 1 year ago
- About the same
- Somewhat worse now than 1 year ago
- Much worse now than 1 year ago

8. Gender

- Male
- Female

9. Age

- Under 60
- 60-69
- 70-79
- 80-89
- 90+

10. Number of years receiving Congregate Meals?

- Less than 1 year
- 1-2 years
- 3-5 years
- 5-9 years
- 10+ years

11. While at the meal program:

- Did staff treat you in a friendly manner?  Yes  No
- Did staff treat you respectfully?  Yes  No
- Did you feel welcome?  Yes  No

12. Do services received at the meal program help you to:

- Eat healthier foods?  Yes  No
- Achieve or maintain a healthy weight?  Yes  No
- Improve your health?  Yes  No
- Eat a variety of fruits, vegetables, dairy, grains and protein?  Yes  No
- See your friends more often?  Yes  No
- Continue to live at home?  Yes  No

13. How satisfied are you with:

- The way the foods smells.           Always      Sometimes      Never
- The way the food looks.           Always      Sometimes      Never
- The way the food tastes.           Always      Sometimes      Never
- The variety of foods.           Always      Sometimes      Never
- The temperature of the foods.   Always      Sometimes      Never

14. Do you feel that you know more about nutrition after receiving nutrition education?

- Yes                                       No

15. Would you say the meal program has helped you?

- Yes                                       No

16. If yes, how has the meal program helped you?

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17. What recommendations do you have to improve the meal program?

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